The Nova Scotia Palliative Care COMPETENCY FRAMEWORK
A Reference Guide for Health Professionals and Volunteers 2017
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<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>ACP</td>
<td>Advance Care Plan/Planning</td>
</tr>
<tr>
<td>CAC</td>
<td>College of Family Physicians of Canada Palliative Care Certificate of Added Competency</td>
</tr>
<tr>
<td>CAM</td>
<td>Complementary and Alternative Medicines</td>
</tr>
<tr>
<td>CASC</td>
<td>Canadian Association of Spiritual Care</td>
</tr>
<tr>
<td>CCA</td>
<td>Continuing Care Assistant</td>
</tr>
<tr>
<td>CCAPAC</td>
<td>CCA Provincial Advisory Committee</td>
</tr>
<tr>
<td>CHPCA</td>
<td>Canadian Hospice Palliative Care Association</td>
</tr>
<tr>
<td>CHPCNC</td>
<td>Canadian Nurses Association Hospice Palliative Care Nursing Certification</td>
</tr>
<tr>
<td>CNA</td>
<td>Canadian Nurses Association</td>
</tr>
<tr>
<td>CNPCC</td>
<td>Canadian Network of Palliative Care for Children</td>
</tr>
<tr>
<td>CNS</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>CPAC</td>
<td>Canadian Partnership Against Cancer</td>
</tr>
<tr>
<td>CSPCP</td>
<td>Canadian Society of Palliative Care Physicians</td>
</tr>
<tr>
<td>CT</td>
<td>Computed Tomography Scan</td>
</tr>
<tr>
<td>DNR</td>
<td>Do Not Resuscitate</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EG</td>
<td>Example(s)</td>
</tr>
<tr>
<td>EHS</td>
<td>Emergency Health Services</td>
</tr>
<tr>
<td>EHS SPP</td>
<td>Emergency Health Services Special Patient Program</td>
</tr>
<tr>
<td>ELNEC</td>
<td>End-of-Life Nursing Education Consortium</td>
</tr>
<tr>
<td>EMR</td>
<td>Emergency Medical Responder</td>
</tr>
<tr>
<td>EPEC</td>
<td>Education in Palliative and End-of-Life Care</td>
</tr>
<tr>
<td>EPEC-O</td>
<td>Education in Palliative and End-of-Life Care – Oncology</td>
</tr>
<tr>
<td>ETC</td>
<td>Etcetera</td>
</tr>
<tr>
<td>GI</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>I-131</td>
<td>Iodine-131</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>ICPCN</td>
<td>International Children’s Palliative Care Network</td>
</tr>
<tr>
<td>IE</td>
<td>That Is</td>
</tr>
<tr>
<td>IV</td>
<td>Intravenously/Intravenous</td>
</tr>
<tr>
<td>IWK</td>
<td>Izaac Walton Killam Health Centre</td>
</tr>
<tr>
<td>LEAP</td>
<td>Learning Essential Approaches in Palliative and End-of-Life Care</td>
</tr>
<tr>
<td>LPN</td>
<td>Licensed Practical Nurse</td>
</tr>
<tr>
<td>LVAD</td>
<td>Left Ventricular Access Device</td>
</tr>
<tr>
<td>MAiD</td>
<td>Medical Assistance in Dying</td>
</tr>
<tr>
<td>ME</td>
<td>Medical Examiner</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
</tr>
</tbody>
</table>
### Explanation of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRT</td>
<td>Medical Radiation Technologists (includes Magnetic Resonance Imaging Technologists, Nuclear Medicine Technologists, Radiation Therapists and Radiological Technologists)</td>
</tr>
<tr>
<td>MSW</td>
<td>Master of Social Work</td>
</tr>
<tr>
<td>NMDA</td>
<td>N-methyl-D-aspartate</td>
</tr>
<tr>
<td>NP</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>Nonsteroidal Anti-Inflammatory Drugs</td>
</tr>
<tr>
<td>NSHA</td>
<td>Nova Scotia Health Authority</td>
</tr>
<tr>
<td>NSHPA</td>
<td>Nova Scotia Hospice Palliative Care Association</td>
</tr>
<tr>
<td>OIN</td>
<td>Opioid Induced Neurotoxicity</td>
</tr>
<tr>
<td>PCFLE</td>
<td>Palliative Care Front Line Education Program</td>
</tr>
<tr>
<td>PET</td>
<td>Positron Emission Technology Scan</td>
</tr>
<tr>
<td>PSW(s)</td>
<td>Personal Support Worker(s)</td>
</tr>
<tr>
<td>PICC</td>
<td>Peripherally Inserted Central Catheter</td>
</tr>
<tr>
<td>QEII</td>
<td>Queen Elizabeth II Health Sciences Centre</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>SCC</td>
<td>Metastatic Spinal Cord Compression</td>
</tr>
<tr>
<td>SDM</td>
<td>Substitute Decision Maker</td>
</tr>
<tr>
<td>SLP</td>
<td>Speech Language Pathology/Pathologist</td>
</tr>
<tr>
<td>SVCO</td>
<td>Superior Vena Cava Obstruction</td>
</tr>
<tr>
<td>TBD</td>
<td>To Be Determined</td>
</tr>
<tr>
<td>VP</td>
<td>Ventricular Peritoneal</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>90-Y</td>
<td>90Y Therasure</td>
</tr>
<tr>
<td>99M-TcMAA</td>
<td>Technetium Imaging</td>
</tr>
</tbody>
</table>
Preamble

Dedication

The Nova Scotia Palliative Care Competency Framework: A Reference Guide for Health Professionals and Volunteers, 2017 (herein referred to as the Framework) is dedicated to patients and families living with life-limiting conditions, bereaved family members and friends and the dedicated health professionals and volunteers who provide palliative care.

Acknowledgements

This Framework was adapted from the Palliative Care Competence Framework, with the permission of the Ireland Health Service Executive.1

The Nova Scotia Health Authority’s (NSHA) Palliative Care Capacity Building and Practice Change Working Group (herein referred to as the Working Group) would like to acknowledge and thank Meg McCallum for her outstanding leadership of the development of the Framework.

The Working Group would also like to acknowledge the contributions of the many individuals and groups who reviewed draft versions of the Framework and provided valuable input, those who validated the competencies and the authors of the source documents that informed the Framework.

Special thanks to Christy Thurber, Planning and Development Officer and Lori Crews, Administrative Assistant, NS Cancer Care Program, NSHA, for their detailed review of the Framework, Kris Kennedy for managing the logistics associated with the design of the Framework and to Jan Sykora, Trivium Design Inc. for applying his design expertise to the Framework.

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Preferred Citation

The Framework should be cited as follows:


To access the Framework electronically, please visit http://www.nshealth.ca.

Copyright


May be adapted with permission (please contact the Provincial Palliative Care Coordinator, palliativecare@nshealth.ca).

The Framework is to be reviewed every three years, or as clinical practice changes.

Support from Health Professional Colleges and Associations

One of the final steps of the development process was to ask the health professional associations and colleges representing the disciplines included in the Framework to review the Framework and provide feedback (these reviewers are acknowledged in the Endnotes section of the Framework, pages 170 to 172).

Feedback provided by the associations and colleges was invaluable in refining the shared and discipline-specific competencies. Any adjustments recommended by the provincial colleges and associations were incorporated into the Framework and recirculated for final validation (refer to Figure 6 on page 10). Some associations were able to provide formal endorsement of the Framework, other association’s mandates do not allow for the endorsement of documents authored by outside agencies.
Preamble

Support from Health Professional Colleges and Associations, continued…

We were pleased to receive formal endorsement of the relevant discipline-specific and shared competencies from the following organizations:

- Atlantic Palliative Medicine Group
- Canadian Association for Spiritual Care, Board and Professional Practice Commission
- College of Occupational Therapists of NS
- Continuing Care Assistant Advisory Committee
- Emergency Health Services
- NS Association of Medical Radiation Technologists
- NS College of Physiotherapy
- NS College of Respiratory Therapy
- NS College of Social Work
- NS Dietetic Association
- NS Hospice Palliative Care Association
- NS Physiotherapy Association
- NS Society of Diagnostic Medical Sonography
- Nurse Practitioners’ Association of NS
- Palliative Medicine Council, Doctors NS
- Primary Care Section, Doctors NS
- Speech and Hearing Association of NS

Use of Abbreviations

To enhance the readability of the Framework, a number of commonly accepted abbreviations are used throughout the Framework. The first instance a term is used it is spelled out in full, subsequent usages of the term are abbreviated. The explanation of the abbreviations used in the Framework is found on pages v-vi.

Use of the Terms “Patient, Family and Caregiver”

Throughout the Framework, the term “patient(s)” is used to refer to the person or persons receiving care. Patient refers to patients of all ages and those at risk for perinatal loss. In the case of pediatric patients, the term also includes parents or guardians.

The term “family” refers to the people the patient defines as family, including: blood relatives, spouses, in-laws, common-law partners, friends and pets.2

The term “caregiver(s)” refers to family or friends who are engaged in any aspect of the patient’s care and are not reimbursed for the provision of such care.3
The Format of Footnotes, Endnotes and References

Throughout the Framework, footnotes are used to clarify or define terminology. Footnotes are identified in the body of the Framework with a superscript lower case letter that corresponds to further information in the footnotes at the bottom of the page.

Example:

Figure 1. The Palliative Care Bow Tie Model.¹

Throughout the Framework, endnotes are used to acknowledge the individuals who validated and reviewed the competencies. Endnotes are identified in the body of the Framework with a superscript uppercase Roman numeral. The Endnote section of the Framework begins on page 170.

Example:

Neonatal and Perinatal Palliative Care.¹ II, XIV-XVI, XXII

Throughout the Framework, references are cited using a superscript decimal numeral. The Reference section of the Framework begins on page 173.

Example:

Competencies for Palliative Care Volunteers.¹, 10-11, 71-72, 80-84, 89

Glossary of Terms

Throughout the Framework a number of terms are used which may not be familiar to all readers. To ensure a common understanding of the terminology used in the Framework a glossary of terms is included in Appendix 1, pages 179 to 184.

a Adapted from P.H. Hawley, 2014.⁴
Introduction

An Overview of Palliative Care

The World Health Organization (WHO) defines palliative care as:

“An approach that improves the quality of life of patients and their families facing the problems associated with life-limiting conditions, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.”

Palliative care:
- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Neither hastens nor prolongs death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient’s illness and throughout bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counseling
- Can enhance quality of life and may also positively influence the course of a life-limiting condition
- Is applicable early in the course of a life-limiting condition, in conjunction with other therapies that are intended to prolong life and includes those investigations needed to better understand and manage distressing clinical complications.

Palliative care services have been demonstrated to:
- Improve patient satisfaction with care
- Improve symptom control and quality of life
- Reduce health care utilization
- Lengthen survival.

In addition to meeting patient preferences, palliative care has been shown to be cost-effective. Efficiencies are achieved through a variety of means, including:
- Reducing the overall length of stay
- Moving patients from hospital to home or to hospice, which have a lower cost per day than acute care
- Reducing the number of admissions to the Intensive Care Unit (ICU)
- Reducing unnecessary diagnostic testing
- Reducing inappropriate disease-targeting interventions.
Introduction

An Overview of Palliative Care, continued...

The Nova Scotia Palliative Care Competency Framework: A Reference Guide for Health Professionals and Volunteers

An Overview of Palliative Care, continued...

The Nova Scotia Department of Health and Wellness and the NSHA\(^b\) have embraced the WHO definition to bring a more holistic, integrated approach to palliative care. **Figure 1** illustrates an integrated approach to palliative care.\(^5\) Application of the palliative approach by health professionals and volunteers in all settings of care is a central tenet of the NS Integrated Palliative Care Strategy, as well as the Way Forward National Framework.\(^5,7,8\)

The palliative approach takes the principles of palliative care and applies them to the care of people with chronic, life-limiting conditions by meeting their full range of physical, psychosocial and spiritual needs at all stages of life, not only at end-of-life.\(^4,5,8-11\) The palliative approach does not associate the provision of care with prognosis, but rather provides care in keeping with people’s needs and wishes. This approach:

> “…reinforces the person’s autonomy and right to be actively involved in his or her own care and strives to give individuals and families a greater sense of control.”\(^9\)

**Figure 1. The Palliative Care Bow Tie Model\(^4,5\)**

**Figure 1** illustrates a care pathway where curative and palliative approaches to care are integrated from the time of diagnosis. The “Bow Tie Model” facilitates earlier acceptance of the role for palliative care for people diagnosed with life-limiting illness, whether fatal or not. It maximizes the time that people will benefit from palliative care.\(^4\)

Depending upon the complexity of the patient’s condition (refer to **Figures 2 and 3**), palliative care may be provided by:

- The Interprofessional Team solely\(^d\)
- The Interprofessional Team in collaboration with the Specialist Palliative Care Consult Team, also referred to as the care teams
- The Specialist Palliative Care Consult Team solely, while keeping the Interprofessional Team informed of the patient’s condition.\(^5,7,8\)

\(b\) The NSHA is a provincial health authority serving NS, Canada. It is the largest employer in the province, with more than 23,000 employees, 2,500 physicians and 7,000 volunteers working from 45 different facilities.

\(c\) Adapted from P.H. Hawley, 2014.\(^4\)

\(d\) The Interprofessional Care Team varies depending on the nature of the patient’s condition, it could refer to the Primary Care Team, Home Care, Continuing Care or an Acute Care Specialist Team (example (e.g.) Cardiology, Gerontology, ICU, INSPIRED COPD, Oncology and Neurology), or a combination thereof.
**Introduction**

An Overview of Palliative Care, continued…

**Figure 2. The Palliative Approach Depicting Four Trajectories of Life-Limiting Conditions**

Legend:

1. Person with a life-limiting condition who progresses as expected and is cared for solely by the Interprofessional Team.
2. Person with a life-limiting condition who experiences complex needs, requiring episodic consultation or collaboration with the Specialist Palliative Care Consult Team.
3. Person with life-limiting condition who experiences complex needs requiring ongoing support of the Specialist Palliative Care Consult Team, while keeping the Interprofessional Team advised about the patient’s condition.
4. Person with a highly complex life-limiting condition who begins and ends their journey being cared for by the Specialist Palliative Care Consult Team.

---

Adapted from Pallium Canada.
An Overview of Palliative Care, continued...

**Figure 3** further illustrates the relationship between the Patient, Family, Substitute Decision Maker (SDM), the Interprofessional Team and the Specialist Palliative Care Consult Team:

- In the Shared Care Model, decision making is shared by Interprofessional Care Team, Patient/Family/SDM and the Specialist Palliative Care Consult Team, with the Consult Team focusing on all palliative care needs and supporting the Interprofessional Care Team’s capacity to provide palliative care.
- In the Substitution Model, the Specialist Palliative Care Consult Team and the Patient/Family/SDM have full decision making responsibility and assume responsibility for all aspects of care, while keeping the main provider informed of the patient’s condition.
- In the Consultation Model, the Interprofessional Care Team and Patient/Family/SDM have responsibility for care decision making, consulting with the Specialist Palliative Care Consult Team as needed. The Specialist Palliative Care Consult Team focuses on one or some of the patient’s concerns and makes recommendations to the Interprofessional Care Team.9-10

**Figure 3. Palliative Care Models**9-10,†  
† Adapted from Hsien Seow, 2014, concept originally developed by Dr. Jose Pereira.9-10
Establishing Palliative Care Competencies

The establishment of palliative care competencies is intended to support the implementation of the NS Integrated Palliative Care Strategy, emphasize the interprofessional nature of palliative care and guide the selection, tailoring and creation of educational programs to facilitate attainment of the competencies. The Palliative Care Competence Framework developed by the Irish Health Service Executive serves as the foundation of this document. This Framework was selected because of its comprehensiveness, the number of disciplines included, its ability to distinguish between the competencies for the Interdisciplinary Team and the Specialty Team and the programmatic, quality improvement and monitoring initiatives it has driven.

The Irish Framework uses a three level model to represent various discipline’s palliative care competencies, the “all, some, few” model. A similar model is used by the Institute for Palliative Medicine, the “basic, advanced and expert” levels of competencies. To simplify the Framework, the Working Group elected to represent the competencies in two levels. Figure 4 illustrates the levels of palliative care competencies. The Framework outlines the shared and discipline-specific palliative care competencies for health professionals and volunteers in NS who care for people with life-limiting conditions and their families. In addition, the Framework outlines the shared and discipline-specific competencies for health professionals and volunteers who specialize or have a practice focused in palliative care. The competencies apply to all settings of care (e.g. hospital, collaborative care clinic, ambulatory clinic, long-term care facility (LTC), hospice and home).

Figure 4. Levels of Palliative Care Competencies

---

g Health professionals and volunteers who specialize in palliative care or have a practice focused in palliative care may be members of a Specialist Palliative Care Consult Team, practice in a Palliative Care Unit or Hospice, or practice in settings where the vast majority of patients require palliative care.
Establishing Palliative Care Competencies, continued…

Professional associations and colleges have established discipline-specific core competencies for their members, which are required to be licensed to practice. Discipline-specific core competencies that do not relate to palliative care are not included in the Framework. For example, documentation is considered a core competency, references to documenting palliative care assessments and interventions are not included, unless emphasis is warranted. Non-palliative care discipline-specific core competencies may be reviewed by visiting the professional associations and colleges websites. Please note, the shared competencies should be considered within the discipline-specific scope of practice. For example, while all disciplines play a role in optimizing comfort and quality of life, the discipline-specific functions related to optimizing comfort and quality of life vary amongst disciplines.

Important
Throughout the Framework the discipline-specific competencies are highlighted by a shaded background like this one.

Example:

<table>
<thead>
<tr>
<th>Additional Competencies for Pharmacists with a Practice Focused in Palliative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principles of Palliative Care</td>
</tr>
<tr>
<td>• Applies the Dignity Conserving Care approach when providing support</td>
</tr>
<tr>
<td>• Facilitates empathic and responsive relationships between those experiencing life-limiting conditions and their care teams</td>
</tr>
<tr>
<td>• Demonstrates leadership that encourages colleagues to foster a caring environment that supports staff working in sensitive situations</td>
</tr>
<tr>
<td>• Practices person-centred palliative care that incorporates the unique contributions of the family in routine care giving</td>
</tr>
<tr>
<td>• Demonstrates an understanding of palliative care standards, norms of practice and best practices</td>
</tr>
<tr>
<td>• Demonstrates an in-depth knowledge of the use of specialist resources providing information regarding medicines used in palliative care</td>
</tr>
<tr>
<td>• Demonstrates leadership in the identification, development and delivery of pharmacy related palliative care policy</td>
</tr>
<tr>
<td>• Identifies and actively responds to complex medication information needs of health professionals</td>
</tr>
</tbody>
</table>

Communication

• Uses a variety of strategies to engage in highly skilled, compassionate, individualized and timely communication with patients, their families, caregivers and members of their care teams
• Maintains ongoing communication with the patient, family and care teams regarding end-of-life plan of care
• Demonstrates expertise as an educator and advocate for the patient to access appropriate and timely palliative care
• Demonstrates awareness of one’s own responses to communication challenges and remains engaged in meaningful contact with patients, family and caregivers
• Applies comprehensive knowledge and understanding of the clinical presentation and disease trajectories of life-limiting conditions when responding to complex and multidimensional care needs, in order to comprehensively identify current and prospective clinical issues in palliative care
• Discusses the benefits and burdens of palliative pharmaceutical options to assist the patient in meeting their goals of care
• Communicates patients’ medication management needs to other health professionals
• Demonstrates expertise as a mediator and advocate for the patient in issues and decision making regarding pharmaceutical care
• Teaches communication skills regarding pharmaceutical care to members of the discipline and the interprofessional team
Introduction

Interprofessional Practice

The successful implementation of the NS Integrated Palliative Care Strategy is highly dependent on all members of the Interprofessional Care Team and Specialist Palliative Care Consult Team working within a well-functioning interprofessional practice model. The Canadian Interprofessional Health Collaborative (CIHC) defines interprofessional collaboration as:

“A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues…Elements of collaboration include respect, trust, shared decision making and partnerships.”

The CIHC’s National Interprofessional Competency Framework articulates an integrative approach to defining the competencies required for effective interprofessional collaboration. This framework includes six competency domains that highlight the knowledge, skills, attitudes and values that shape the judgments essential for interprofessional collaborative practice:

1) Interprofessional communication
2) Patient/client/family/community-centred care
3) Role clarification
4) Team functioning
5) Collaborative leadership
6) Interprofessional conflict resolution.

Refer to Appendix 4 to review how the Palliative Care Competency Framework domains map to the CIHC’s National Interprofessional Competency Framework. As aforementioned, the shared and discipline-specific palliative care competencies included in the Framework should be viewed through an interprofessional practice lens and the discipline’s scope of practice.

Framework Development Process

In the fall of 2015, the Working Group conducted a literature search for established provincial, national and international palliative care competency frameworks. Source documents are cited in the Reference section of this document (see pages 173 to 178). MEDLINE was searched using the following key terms: accreditation, advanced practice, approach, certification, competency, competencies, educational, educating, end-of-life, framework, gold standard, guiding principles, learning objectives, model, models, palliative care, practice standards, policy, profile, standards of practice, strategy and training.

The literature search was followed by an environmental scan of palliative care education programs that could be readily accessed by health professionals and volunteers in NS (refer to Appendix 2, pages 185 to 195). The environmental scan conducted by the Canadian Partnership Against Cancer (CPAC) in 2009 also informed the environmental scan. The Framework development process is outlined in Figure 5.

The Irish Framework was adapted to the NS practice context and in a number of cases additional competencies were added. In addition, terminology specific to the Irish practice context was altered to reflect the Canadian health care system. The palliative care competencies established by national, provincial and, in some cases, American, professional associations and colleges were also incorporated.

In order to represent all of the disciplines involved in palliative care in NS, the Working Group expanded upon the Irish Framework to include competencies for Clinical Nurse Specialists (CNS), Diagnostic Medical Sonographers, Emergency Department (ED) Nurses, Gerontology Nurses, Medical Radiological Technologists (MRTs) (includes Magnetic Resonance Imaging (MRI) Technologists, Nuclear Medicine Technologists, Radiation Therapists and
Introduction

Figure 5. Framework Development Process

1. Literature Search of Palliative Care Competency Frameworks Conducted
2. Environmental Scan of Palliative Care Education Programs Conducted
3. Shared and Discipline Specific Competencies Identified
4. Drafts Prepared and Reviewed by Working Group
5. Palliative Care Education Programs Mapped to Competencies
6. Stakeholder Validation and Review
7. Drafts Edited Until Working Group and Stakeholders were Satisfied
8. Final Draft Sent to Designer
9. Formatted Framework Edited
10. Framework Endorsed by the Executive Leadership Team, NSHA

Final Framework
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Framework Development Process, continued…

Radiological Technologists), Oncology Nurses, Nurse Practitioners, Registered Nurses (RNs) Specializing in Palliative Care, Palliative Care Specialist Physicians, Paramedics (Emergency Medical Responders (EMRs), Primary, Extended and Advanced Care Paramedics), Perinatal Nurses, Respiratory Therapists, Thoracic Surgeons, Those Who Supervise Palliative Care Volunteers and Palliative Care Volunteers.1, 21-29, 36-47, 80-86 These competencies were framed using the Irish Framework, health professional regulatory body competency profiles, various educational programs, accreditation standards, various palliative care policies and procedures and seminal palliative care resources.1, 4-66, 71-77, 79-110, 114-115 The Working Group elected not to include all nursing sub-specialities; Emergency, Gerontology, Oncology, Pediatric and Perinatal Nurses were included.36-42

In 2015, NS and Prince Edward Island implemented the Emergency Health Services Special Patient Program (EHS SPP) to enable Primary and Advanced Care Paramedics to provide certain types of palliative care, within their scope of practice, in patients’ homes, rather than transporting patients to the ED. EHS SPP calls require the direct oversight of an EHS physician. The National Competency Profile for Paramedics, objectives for the educational program to prepare Paramedics to provide palliative care in patients’ homes and the Canadian Paramedic Competency Profile for the Provision of Palliative and End-of-Life Care were used to frame the competencies for EMRs and Paramedics.85-87

A number of local and Canadian resources inform the competencies for Palliative Care Volunteers.80-84 After validating the competencies for Palliative Care Volunteers, the Working Group had an extensive discussion regarding the unique competencies needed to appropriately supervise Palliative Care Volunteers. The Working Group felt strongly that the unique competencies for those who supervise Palliative Care Volunteers be articulated in order for these individuals to best support Palliative Care Volunteers to function effectively as members of the Specialist Palliative Care Consult Team.

The Working Group also discussed the opportunity to include competencies for those who lead Specialist Palliative Care Teams. Due to the variation in leaders’ disciplines and the number of clinical areas a leader may manage, we elected not to include competencies for team leaders. However, the Working Group recognized that it is advantageous for those leading Palliative Care Teams to have a strong understanding of the principles of palliative care, the provincial and national strategies, the roles and functions of each team member, as well as community partners, and the relevant standards, policies, guidelines and legislation. In addition, leaders of Palliative Care Teams should be well apprised of the concepts of cumulative loss, vicarious trauma and compassion fatigue in order to recognize these in team members. The leader should also understand and appreciate the importance of self-care and replenishment and encourage the incorporation of such self-sustaining activities into the team’s daily practice. Those leading Palliative Care Teams, in all settings of care, will be included in learning needs assessments and will be invited to palliative care learning opportunities.

The Working Group elected not to include every discipline that could be involved with the care of patients with life-limiting conditions. For example, Art Therapists, Massage Therapists, Medical Laboratory Technologists, Midwives, Music Therapists, Phlebotomists, Recreation Therapists and Reiki Therapists are not included. For many of these disciplines, palliative care competencies are reflected in their discipline-specific core competencies.67-70 Disciplines not named in the Framework are expected to understand and apply the principles of palliative care in their practice. Members of all disciplines will be invited to attend palliative care education programs.

The competencies outlined in the Framework are aligned with Accreditation Canada’s Standards for Hospice, Palliative Care and End-of-Life Services, as well as documents from the Canadian Hospice Palliative Care Association (CHPCA).30-31, 43,71-72 The competencies outlined in the Framework are also aligned with Accreditation Canada’s Community, Critical Care, Cancer Care and Emergency Care Standards, which include the following statement:

“Education and training are provided on how to identify palliative and end-of-life care needs… training includes information on the organization’s process to provide or facilitate access to palliative care and end-of-life services, communicating with families about end-of-life issues and how and when to initiate discussions about palliative and end-of-life care.”73-76
Competency Framework Development Process, continued...

An initial draft of the Framework was shared with individuals who supervise Palliative Care Volunteers, palliative care specialists and a number of health professionals in order to review and validate the competencies. These reviewers are noted in the Endnotes section of the Framework. Figure 6 illustrates the review process. Additional health professionals and educational program providers were asked to map the competencies to educational programs. Any recommended adjustments deemed appropriate were incorporated into future drafts of the Framework. The Working Group then reviewed and refined the Framework. An updated draft was then recirculated to the stakeholders who originally reviewed the Framework; any further recommended changes were incorporated into the next draft and the updated Framework was recirculated to stakeholders. While the numerous rounds of review extended the time it took to complete the Framework, the numerous rounds of review enabled the Working Group to refine the Framework, engage stakeholders in the development process and establish relationships which will facilitate the implementation process. Following the stakeholder review, the Framework was endorsed by the Executive Leadership Team, NSHA.

Figure 6. Review Process

The role of the Public Advisor on the Working Group should not be underestimated. Engaging a Public Advisor in this work, at the outset of the project, ensured that the Framework was truly patient and family centric. As the Public Advisor noted prior to the final endorsement of the Framework by the NSHA:

“Reflecting from the perspective of the family and caregiver, I can truly say that if these competencies are adopted, Nova Scotians facing the challenge and honor of assisting or attending in the care of their loved ones at end-of-life will be in very good hands indeed.”

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Introduction

Competency Domains

For the most part, the Framework uses the six competency domains defined in the Irish Framework.¹ The domains are defined as follows:

**Principles of Palliative Care:**

Palliative care aims to improve the quality of life of people with life-limiting conditions and their families, by treating physical symptoms and attending to psychological, social and spiritual needs. Palliative care is appropriate for people of any age and may be integrated at any point in the disease trajectory, from diagnosis to bereavement.¹

**Communication:**

Effective communication is essential to the application of the palliative approach. Communication is also important where circumstances are ambiguous or uncertain or when strong emotions and distress arise. Specific consideration should be given to communication as a method of:

- Supporting and enabling therapeutic relationships with the patient and family
- Ensuring that the patient and family understand and participate in decision-making regarding care, to the extent that they are able and wish to be involved
- Enabling interprofessional teamwork.¹

**Optimizing Comfort and Quality of Life:**

Patients with life-limiting conditions and families can be affected physically, psychologically, socially and spiritually. Optimizing comfort and quality of life for the patient and family is a dynamic process that involves anticipating, acknowledging, assessing and responding to a range of symptoms and needs in a proactive and timely manner in order to prevent and relieve suffering.¹

**Care Planning and Collaborative Practice:**

Care planning in palliative care is characterized by coordinating and integrating person-centred care in order to promote quality of life for patients and families. It involves assessing needs, promoting and preserving choice, predicting likely problems and planning for the future, in the context of a changing and deteriorating disease trajectory. Care planning ensures that multiple disciplines and agencies can be accessed and referred to as required, in a timely manner. Patients and families should be helped to be engaged in care planning to the extent that they are able and wish to be involved.¹

**Loss, Grief and Bereavement:**

Dealing with loss, grief and bereavement for the patient themselves, their family and the professionals who care for them is intrinsic to palliative care. Most people manage their loss by combining their own resources with support from family and friends. However, some people are at risk for developing complications or difficulties with grief. Professionals using the palliative approach have an important role to play in supporting bereaved people by providing information and support and by identifying those who require therapy or counselling.¹

**Professional and Ethical Practice:**

The goal of health care is to help people sustain health that is essential to their well-being. However, at a certain point specific treatments or interventions may be futile or overly burdensome. Integrity in palliative care practice refers to the importance of respecting the patient’s values, needs and wishes in the context of a life-limiting condition. It guides all health professionals to reflect on the relationship between their contribution to a patient’s care and the necessary contributions of other professionals. Professional and ethical practice considers how best to provide continuing and integrated care to people as their health care needs change in the course of life-limiting conditions.¹
Introduction

Competency Domains, continued...

To reflect the values of the NS Health Authority (NSHA) and the Issac Walton Killam Hospital (IWK) the Working Group added seven domains:

Advocacy:
Advocating for access to and funding for palliative care services and associated educational opportunities and advocating to address the social determinants of health.

Cultural Safety:
Cultural safety is predicated on understanding the power differentials inherent in health service delivery and redressing these inequities through educational processes. Addressing inequities, through the lens of cultural safety, enables health professionals to improve health care access; acknowledges that we are all bearers of culture; exposes the social, political and historical contexts of health care; enables practitioners to consider difficult concepts, such as racism, discrimination and prejudice; understands that cultural safety is determined by those to whom health professionals provide care; understands the limitations of “culture” in terms of having people access and safely move through health care systems and encounters with care providers and challenges unequal power relations.

Education:
Participating in palliative care continuing education initiatives, facilitating palliative care educational opportunities for health professionals, volunteers, patients, families and the public.

Evaluation:
Leading or participating in the evaluation of palliative care services and patient and family experiences.

Last Days and Hours:
Patient and family care needs unique to the last days and hours of the patient’s life.

Research:
Leading or participating in palliative care research, keeping abreast of palliative care research and inviting patients and families to participate in relevant research projects.

Self-care:
A spectrum of knowledge, skills, and attitudes including self-reflection and self-awareness, identification and prevention of burnout, appropriate professional boundaries, and grief and bereavement.

Palliative care competency domains established by national and provincial health professional associations and colleges were also incorporated into the Framework (e.g. The Royal College of Physicians and Surgeons of Canada CanMEDS Framework). The definitions of these domains are self-evident and do not warrant separate definitions.

Selection of Education Programs

The process of mapping the palliative care education programs to the competencies (refer to Appendix 2) and Working Group discussions determined which education programs would enable health professionals to attain the palliative care competencies relevant for their discipline. As a province, it was important to identify a small number of programs that may receive enhanced operational support for implementation. Other programs do enable attainment of the competencies and these programs are available to professionals.

h The IWK, located in Halifax, NS, is the tertiary care facility for breast health, gynecologic, obstetrical, neonatal and pediatric care. The IWK serves the Maritime Provinces. The NSHA works collaboratively with the IWK to provide care for all Nova Scotians.

i The Working Group will be finalizing the selection/creation of education programs in 2018.
Selection of Education Programs, continued...

to attend, based on their own learning needs, preferences and resources. Figure 7 depicts the education programs selected to date, other programs have yet to be determined (TBD). Refer to Appendix 2 and 3, pages 185 to 196, for further detail regarding the selected educational programs.

Figure 7. Selected Educational Programs 10-11, 36-43, 49-59

Review by Professional Associations and Colleges

Once the mapping was complete and educational programs were selected, twenty-one health professional associations and colleges reviewed the Framework; these reviewers are listed in the Endnotes section of the Framework. The review process illustrated in Figure 6 was also used for this review. While these rounds of review also extended the Framework development process time line, the engagement of the professional associations and colleges will be invaluable to the implementation of the Framework. All associations and colleges noted that the competencies were appropriate for their disciplines, some were able to provide a formal endorsement, refer to page ix. Others could not because their terms of reference do not permit the endorsement of documents authored by external organizations.

Final Documents

Two final documents were created. One document includes the mapping to educational programs, which will serve as an internal NSHA document, to support the selection and design of education programs for health professionals and volunteers. The second is a public document, namely this document, which does not include the mapping to the education programs.
Principles of Palliative Care

- Understands the philosophy of palliative care and that a palliative approach starts early in the trajectory of a progressive life-limiting condition
- Applies the Dignity Conserving Care approach when providing support
- Understands the use of the “Surprise Question” to identify patients who may benefit from palliative care
- Demonstrates an understanding of the role of the Interdisciplinary Team in palliative care
- Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence the patient and family
- Validates and preserves cultural preferences and values
- Identifies who the family is for the palliative patient, and responds to family members’ unique needs and experiences
- Explores patients’ and families’, cultural and religious needs, beliefs and preferences, as they relate to end-of-life
- Provides opportunities for patients and families to exercise religious, cultural and spiritual rituals, customs, rites and beliefs at end-of-life

Care of the Patient

Person-centred Assistance

- Provides assistance with personal care needs
- Understands the care needs of people with serious, chronic conditions, frailty and declining capacity
- Maximizes the patient’s participation in self-care, assisting in a way that maximizes the patient’s dignity and privacy, especially in intimate care
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Respects the rights of every patient and problem solves to achieve a compromise, even if it means accepting a patient’s refusal of assistance
- Supports the patient who wishes to prepare or revise an Advance Care Plan (ACP) by referring them to a RN
- Provides care in keeping with the patient’s goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care
- Demonstrates awareness of one’s own responses in the presence of a patient who is suffering
Palliative Care Competencies for CCAs

Care of the Patient, continued...

Person-centred Assistance, continued…
- Provides a compassionate presence and attends to patients’ suffering
- When a patient is no longer able to communicate or contribute to their care, the CCA continues to provide care in a way that maintains the patient’s dignity, well-being and self-image

Building a Relationship
- Tailors assistance by getting to know each patient who has unique palliative care needs, preferences, cultural and religious customs

Specialized Care
- Under the supervision of RNs and Licensed Practical Nurses (LPNs), the CCA provides specialized care as specified in the care plan, according to protocols, within scope of practice and in accordance with the employer’s policies and procedures

Care of the Family
- Engages with the patient’s family
- Seeks to understand the family’s desired level of involvement in the patient’s care, being sensitive to the family’s wishes
- Supports the family to provide aspects of care, while monitoring the quality of care provided

Ongoing Observation
- Demonstrates an understanding that the family may find visiting their dying loved one challenging, by recognizing signs of distress and providing supports
- Provides information regarding the process and stages of dying to support family members
- Particularly near end-of-life, anticipates the family’s need for emotional support and provides support
- The CCA continuously observes the patient’s daily physical, emotional and psychological functioning, promptly recognizes and reports changes to RNs and LPNs

Care at the End-of-Life
- Acknowledges and accepts that the death of patients in their care is natural and inevitable and emotionally prepares themselves for loss
- Supports the patient and family at end-of-life, in a way compatible with the patient’s values, customs and understandings
- Talks to the patient and family about death and dying, explores their wishes for end-of-life care by listening and answering questions
- When appropriate, encourages the patient and family to talk with a spiritual advisor
- Ensures the family is notified near end-of-life and involved to the extent they wish, while providing support, facilitating conversations and protecting privacy
- Provides an atmosphere of peace, safety and unconditional regard for the patient
Care at the End-of-Life, continued…

- Demonstrates knowledge of the stages of dying, recognizes end-of-life signs and communicates with RNs and LPNs about the patient’s changing needs
- Observes changes in the patient’s level of pain and distress, reports to RN or LPN, and provides comfort
- At the time of death, the CCA provides post-mortem care (close eyes and mouth, insert dentures, position body, brush hair, cleanse body, and put clean clothes on)

Communication

- Communicates effectively with the patient and family about care needs, preferences, religious beliefs, cultural practices and values
- Supports the patient and family to talk about last wishes and answers questions regarding death and dying
- Listens and provides support and comfort to the patient and family in times of crisis
- Recognizes that family conversations may involve children and different communication approaches may be required
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services

Ethical and Legal Issues

- Demonstrates an understanding of the ethical issues pertaining to palliative care
- Demonstrates an understanding of relevant legislation and policies, e.g. Bill C-14 (MAiD), Children and Family Services Act, Adult Protection Policy Act and Personal Directives Act
- Supports patient and family choices pertaining to end-of-life care
- Responds to inquiries regarding MAiD in accordance with NSHA, IWK or employer policy

Self-care

- Explores own attitudes regarding death, dying and caring for palliative patients
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

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The CCA Provincial Advisory Committee (CCAPAC) advises all CCAs to follow employer policies related to MAiD. CCAPAC further advises if a CCA is approached by a patient or a family member who wants to explore MAiD, the CCA should notify their supervisor to ensure continuity of care and refers requests to the patient’s physician. The CCA should not provide information regarding assisted death to the patient or family directly, but should reassure the patient that they will take steps to notify the supervisor to arrange for the patient to have access to the information.94,101
Palliative Care Competencies for CCAs

Self-care, continued…

- Demonstrates an awareness of ways CCAs can manage and cope with the impact of their patients’ dying and death
- Demonstrates an awareness of the emotional and spiritual supports available to CCAs

Education and Evaluation

- Contributes to the monitoring and evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
Principles of Palliative Care

• Demonstrates an understanding of the philosophy of palliative care
• Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
• Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
• Applies the principles of palliative care that affirm life, offers a support system to help patients live as actively as possible until death, with optimal quality of life and helps families cope
• Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
• Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
• Demonstrates an understanding of the role and function of the Interprofessional Team in palliative care
• Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
• Demonstrates an understanding of palliative care standards, guidelines and policies

Cultural Safety

• Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
• Validates and preserves cultural preferences and values by identifying ways to accommodate them into goal setting, decision making and care planning
• Identifies who the family is for the patient and responds to family members’ unique needs and experiences
• Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
• Assesses the dietary end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and their preferences

Communication

• Demonstrates an understanding of the essential role communication plays in palliative care
• Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
• Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
• Assesses the patient’s and family’s understanding of the life-limiting condition
• Recognizes the potential for conflict in palliative care decision-making and contributes to its management
Communication, continued…

- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families
- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Recognizes that family conversations may involve children and different communication approaches may be required
- Effectively communicates with patients and families to devise care plans for the patient’s palliative care needs and communicate these plans to the team
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services

Optimizing Comfort and Quality of Life

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Evaluates non-complex interventions and proposes alternatives if necessary
- Demonstrates an understanding of the concept of ‘total pain’
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Applies the principles of pain and symptom management
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the ways patients can be engaged in self-management of their condition
- Helps the patient and family to adapt to a transition from life prolonging treatment to a focus on palliative care
- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition
- Provides education and practical strategies to the patient, family and caregivers regarding the management of pain and symptoms
- Uses non-pharmacological symptom management to promote comfort and quality of life
- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Demonstrates an awareness of the uniqueness of a good death and facilitates its achievement
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
Optimizing Comfort and Quality of Life, continued...

- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Provides care in keeping with the patient’s goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care
- Demonstrates an awareness of one’s own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Assesses the patient’s and caregivers’ skills and need for dietary education and supports
- Recognizes potentially reversible causes of dietary issues and employs appropriate dietary and nutrition support strategies for palliative patients
- Considers the benefits, burdens and risks of clinical nutrition interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Provides individualized dietetic counselling to patients with palliative care needs
- Provides education, advice and practical strategies to the patient and caregivers regarding the management of dietary related symptoms, including: anorexia, cachexia, dysphagia, nausea, vomiting, constipation, diarrhea and taste changes, management of artificial nutrition support and refusal to eat or drink
- Engages in dysphagia assessment and management according to the Alliance of Canadian Dietetic Regulatory Bodies Practice Competencies for Dysphagia Assessment and Management
- Demonstrates an awareness of the impact of family role change when formulating relevant and realistic nutrition care plans in collaboration with the patient with a life-limiting condition

Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the care teams to manage pain and symptoms
- Provides supports to help the patient to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting condition on the patient, including their mental health and coping mechanisms, and provides support to address identified needs
- Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of diagnosis
- Demonstrates an understanding of ACP and an appreciation of the appropriate time(s) to engage in discussions regarding goals and preferences for care
- Supports the patient who wishes to prepare or revise an ACP by referring them to the most appropriate health professional
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
### Care Planning and Collaborative Practice, continued...

- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
- Facilitates informed decision-making by the patient regarding place of care, while identifying risks in a supportive manner
- When able, provides care in the patient’s preferred place, while recognizing the complexities and challenges involved for patients and caregivers
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Recognizes clinical limitations and professional boundaries and refers to other colleagues appropriately and in a timely manner
- Actively participates in ACP regarding nutrition support and oral feeding

### Last Days and Hours

- Anticipates, recognizes and responds to the signs of imminent death
- Supports the family’s wishes and death rituals

### Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk of grief difficulties
- Provides guidance, support and information to families
- Makes referrals to bereavement services as required

### Professional and Ethical Practice

- Appropriately engages with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people’s wishes regarding their care options and preferences
- Respects the patient’s decision regarding initiating, not initiating, withholding and withdrawing dialysis, resuscitation, hydration and nutrition support
- Understands the difference between managing a condition and providing end-of-life care
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
- Identifies situations where beliefs, attitudes and values limit one’s ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
- Demonstrates knowledge of relevant legislation and policies, e.g. Bill C14 Medical Assistance in Dying (MAiD), Children and Family Services Act, Adult Protection Act and Personal Directives Act
Palliative Care Competencies for Dietitians

Professional and Ethical Practice, continued…

- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or employer policy
- Demonstrates an awareness of ethical and legal issues that may arise regarding oral feeding and artificial nutrition support
- Demonstrates the ability to actively participate in the discussion and resolution of ethical and legal issues regarding nutrition support with the patient, family and their care teams

Self-care

- Demonstrates an understanding of the impact of loss, grief and bereavement
- Recognizes own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

Education and Evaluation

- Contributes to the monitoring and evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
- Educates patients, families and caregivers about palliative care and the palliative approach
### Additional Competencies for Dietitians with a Practice Focused in Palliative Care

#### Principles of Palliative Care
- Facilitates empathic and responsive relationships between those experiencing life-limiting conditions and their care teams
- Demonstrates leadership that encourages colleagues to foster a caring environment that supports all staff working in sensitive situations
- Applies the Dignity Conserving Care approach when providing support
- Practices person-centred palliative care that incorporates the unique contributions of the family in routine care giving
- Demonstrates an understanding of palliative care standards, norms of practice and best practices
- Demonstrates an advanced knowledge and understanding of the full spectrum of trajectories of life-limiting conditions and their impact on nutritional management when responding to complex and multidimensional care needs

#### Communication
- Uses a variety of strategies to engage in highly skilled, compassionate, individualized and timely communication with patients, families, caregivers and members of their care teams
- Maintains ongoing communication with the patient, family and their care teams regarding end-of-life plan of care
- Demonstrates expertise as a mediator and advocate for the patient to access appropriate and timely palliative care
- Demonstrates self-awareness of responses to communication challenges and remains engaged in meaningful contact with patients, families and caregivers

#### Optimizing Comfort and Quality of Life
- Applies a comprehensive understanding of the clinical presentation and disease trajectories of life-limiting conditions when responding to complex and multidimensional care needs, in order to comprehensively identify current and prospective clinical issues in palliative care
- Discusses the benefits and burdens of palliative treatment options to assist the patient in meeting their goals of care
- Contributes to decision making with the patient, family and SDM regarding withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Acts as an expert resource to other staff regarding the role of discipline-specific interventions in symptom management and optimizing quality of life
**Additional Competencies for Dietitians with a Practice Focused in Palliative Care**

### Care Planning and Collaborative Practice

- Collaborates effectively with the patient, family, caregivers and their care teams to define goals of care and to develop, implement and evaluate a plan of care
- Collaborates with patients and families to identify resources that will provide support during end-of-life care
- Facilitates conversations to support end-of-life decision making
- Identifies patients’ and families’ values, beliefs and preferences regarding the various components of palliative care provision
- Uses shared scopes of practice to optimize care
- Collaborates within and between teams across the continuum of care to facilitate continuity in palliative care
- Safely and appropriately delegates aspects of care to the family
- Identifies the full range and continuum of palliative care services, resources and the settings in which they are available
  - Demonstrates knowledge of the range of palliative care services and resources
  - Provides relevant information and resources to the patient and family
  - Identifies and accesses services and resources specific to the patient’s goals of care
  - Initiates referrals to and requests for resources, services and settings
  - Facilitates patient access to needed services and resources
- Demonstrates an advanced level of discipline-specific clinical expertise in supporting the patient and family to adapt to changing clinical presentation
- Demonstrates an advanced level of clinical expertise and sensitivity in facilitating safe, smooth and seamless transitions of care for patients
- Acts as an expert resource to other staff on the role of dietary and nutritional interventions in symptom management and optimizing quality of life
- Creates a holistic, person-centred plan, acknowledging the psychosocial impact of changing nutritional requirements and dietary intake

### Loss, Grief and Bereavement

- Demonstrates a comprehensive knowledge of the grieving process and reactions in order to support patients and families throughout the disease trajectory

### Professional and Ethical Practice

- Applies a comprehensive understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care
- Facilitates discussion and resolution of ethical and legal issues in conjunction with patients, families and their care teams
- Actively influences and promotes palliative care strategic initiatives and policy development
- Acts as an expert resource contributing to palliative care development and delivery
Additional Competencies for Dietitians with a Practice Focused in Palliative Care

### Education, Research and Evaluation

- Applies knowledge gained from palliative care research
- Where possible, provides the family with opportunities to participate in end-of-life care giving research
- Where possible, leads, facilitates and engages in palliative care education and research
- Critically evaluates outcomes against standards and guidelines
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Educates and mentors patients and families
  - Facilitates patient participation in care planning
  - Identifies and integrates patient strengths in plan of care
  - Safely and appropriately delegates aspects of care to the family
  - Assists the family in care giving and acquiring respite care
  - Engages in family and team conferences
  - Develops a plan of care for the family
  - Develops, facilitates and provides palliative care related education, leadership and mentorship to members of the discipline and students
- Where possible, identifies the opportunities for and barriers to discipline-specific research unique to palliative care

### Advocacy

- Advocates for the needs, decisions and rights of patient by recognizing potential vulnerabilities
- Supports autonomous decision-making
- Promotes equitable and timely access to resources
- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have adequate resource to provide palliative care
Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
- Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Applies the principles of palliative care that affirm life, offers a support system to help patients live as actively as possible until death, with optimal quality of life and helps families cope during illness
- Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Demonstrates an understanding of roles of related imaging and Radiation Therapy disciplines in caring for palliative patients
- Demonstrates an understanding of the role and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Appr eciates the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and preferences
- Validates and preserves cultural preferences and values
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences

Communication

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process and not a single event
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families

MRTs include: MRI Technologists, Nuclear Medicine Technologists, Radiation Therapists and Radiological Technologists.
Communication, continued...

- Respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Recognizes that family conversations may involve children and different communication approaches may be required
- Effectively communicates with patients and families to devise care plans for the patient’s palliative care needs and communicate these plans to the team
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Uses a variety of strategies to engage in timely, compassionate communication with patients, families, caregivers and the Interprofessional Team
- Responds appropriately to those who are dissatisfied with palliative care services

Optimizing Comfort and Quality of Life

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Evaluates non-complex interventions and proposes alternatives if necessary
- Demonstrates an understanding of the concept of ‘total pain’
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Applies the principles of pain and symptom management
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Uses non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role change when formulating relevant and realistic care plans
- Demonstrates an awareness of the uniqueness of a good death
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Demonstrates awareness of one’s own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
Optimizing Comfort and Quality of Life, continued...

- Provides care in keeping with the patient’s goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care

**Sonography & Medical Radiation Technology Palliative Procedures and Treatment:**
- Acts as an expert resource regarding the role of discipline-specific interventions in symptom management and optimizing quality of life
- Demonstrates an understanding of roles of related disciplines in order to interpret the images/reports of medical studies to inform diagnostic and palliative care decisions
- Educates patients about the role of various procedures and treatment modalities
- Explains the rationale for using various treatment modalities and combined modalities
- Educates the patient, family and nursing staff about radiation safety post procedure and treatment
- Explains the procedure and follow-up of treatment

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**Care Planning and Collaborative Practice**

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the care teams to manage pain and symptoms
- Recognizes the overall impact of a life-limiting condition on the patient, including their mental health and coping mechanisms, and provides support
- Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of diagnosis
- Demonstrates an understanding of ACP
- Supports the patient who wishes to prepare or revise an ACP by referring them to the most appropriate health professional
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life

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**Last Days and Hours**

- Anticipates, recognizes and responds to the signs of imminent death

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**Loss, Grief and Bereavement**

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
Professional and Ethical Practice

- Demonstrates an ability to appropriately engage with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people’s wishes regarding their care options and preferences
- Respects the patient’s decision regarding initiating, not initiating and withdrawing dialysis, resuscitation, hydration and nutrition support
- Understands the difference between managing a condition and providing end-of-life care
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
- Identifies situations where beliefs, attitudes and values limit one’s ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
- Demonstrates knowledge of relevant legislation and policies, e.g. Bill C-14 (MAiD), Children and Family Services Act, Adult Protection Act and Personal Directives Act
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or employer policy

Self-care

- Demonstrates an understanding of the impact of loss, grief and bereavement
- Recognizes one’s own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for patients requiring palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

Education and Evaluation

- Participates in the monitoring and evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
- Educates patients, families and caregivers about palliative care and the palliative care approach

Advocacy

- Advocates for the patient’s needs, decisions and rights while recognizing potential vulnerabilities
- Supports autonomous decision-making
- Promotes equitable and timely access to resources
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have adequate resources to provide quality palliative care
Additional Competencies for Diagnostic Medical Sonographers

I-I, VII-VIII, 1-2, 7-12, 24, 43, 71-77, 89-100

Principles of Palliative Care

- Demonstrates an understanding of the role of sonography in palliative care

Communication

- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions, those anticipating/experiencing perinatal/prenatal loss and those considering terminating a pregnancy

Optimizing Comfort and Quality of Life

- Prenatal, Neonatal and Perinatal Palliative Care
  - Demonstrates an understanding of the:
    - Life-limiting congenital and acquired conditions that present prenatally
    - Complications of extreme prematurity
    - Challenges of working with families experiencing or anticipating perinatal/perinatal loss
    - Challenges of working with families with prenatal diagnoses implying severe morbidity or mortality
    - Challenges of working with patients/families considering termination of pregnancy
  - Demonstrates awareness of one’s own responses in the presence of a patient who is suffering, who is anticipating/experiencing perinatal/prenatal loss, or who is considering the termination of a pregnancy
  - Considers the benefits, burdens and risks of clinical interventions
    - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
  - Recognizes and documents the sonographic findings of life-limiting conditions
  - Assists in palliative care ultrasound-guided interventional procedures, such as biopsy, paracentesis, thoracentesis, amniocentesis, etc.
  - Demonstrates an understanding of roles of related disciplines in order to interpret the images/reports of medical studies to inform diagnostic and palliative care decisions

Care Planning and Collaborative Practice

- Examines candidates for tissue or organ donation


Additional Competencies for Diagnostic Medical Sonographers

Self-care

- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care, caring for those anticipating/experiencing prenatal/perinatal loss, or those considering termination of pregnancy
- Explores own attitudes regarding death, dying and caring for palliative patients, those experiencing prenatal/perinatal loss, or those considering termination of pregnancy
- Demonstrates a commitment to self-care strategies and attends to any emotional or spiritual impact of caring for those with life-limiting conditions, those at risk of perinatal/prenatal loss, or those considering the termination of a pregnancy
Additional Competencies for MRI Technologists

Principles of Palliative Care

- Demonstrates an understanding of the role of MRI in palliative care
- Demonstrates an understanding of the role of MRI in palliative care emergencies

Optimizing Comfort and Quality of Life

- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Performs MRI scans for the palliative patient
- Performs patient care for the palliative patient
- Explains the information that can be obtained from MRI and how it can be used in the treatment plan for palliative patients
- Educates the patient about how malignancy is demonstrated on MRI and how that information relates to their palliative treatment plan
- Demonstrates an understanding of roles of related disciplines in order to interpret the images/reports of medical studies to inform diagnostic and palliative care decisions
Additional Competencies for Nuclear Medicine Technologists
I-II, X, XIII, 1-2, 7-12, 26, 43, 71-77, 89-100

**Principles of Palliative Care**
- Demonstrates an understanding of the role of Nuclear Medicine Technology in palliative care

**Optimizing Comfort and Quality of Life**
- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient's Personal Directive and patient's or SDM's preferences
- Performs the Radioactive Iodine-131 (I-131) Ablation as a Form of Palliative Treatment for Thyroid Cancer
- Wall Motion and Whole Body Bone Scan Procedures
  - Explains the information that can be obtained from wall motion studies and how it can be used in palliative care
- Positron Emission Tomography (PET) and Computed Tomography (CT)
  - Explains the information that can be obtained from PET/CT imaging and how it can be used in palliative care
  - Educates the patient about how malignancy is demonstrated on PET/CT imaging and how that information relates to palliative care plan
- 90Y Therasphere (90-Y) Radioembolization
  - Explains the information that can be obtained from PET/CT and Technetium imaging (99M-TcMAA) and how it can be used in palliative care

**Care Planning and Collaborative Practice**
- Collaborates with Interventional Radiologists, Nuclear Medicine Physicians, Radiation Oncologists, Endocrinologists, Nurses, Radiation Safety Officers and Radiological Technologists when carrying out a palliative care plan for each patient
Additional Competencies for Radiation Therapists

Principles of Palliative Care

- Describes the role of the Radiation Therapist in palliative care
- Demonstrates an understanding of the Radiation Therapy Palliative Care Best Practice Statement: “Patients being treated with palliative intent receive quality care that includes ongoing consideration of appropriateness of treatment and possible change in performance status.”

Optimizing Comfort and Quality of Life

- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Contributes to the Radiation Treatment plans for palliative patients
- Demonstrates the ability to discuss the emerging technologies relevant to the management of metastatic disease
- Demonstrates the ability to discuss the natural history of metastatic disease
- Performs radiation treatment and patient care for patients with metastatic disease
  - Explains the prognostic indicators of metastases
  - Applies knowledge of gross and cross sectional anatomy and physiology and anatomical landmarks, in relation to metastatic disease
  - Explains the clinical presentation and detection and diagnostic methods of metastatic disease
  - Explains dose and fractionation regimes
  - Explains the rationale of using surgery, systemic therapy, radiation therapy and combined modalities, to treat metastatic cancer
  - Provides radiation treatment for metastatic spinal cord compression (SCC)
  - Provides radiation treatment for bone metastases
  - Provides radiation treatment for visceral recurrences and metastases – superior vena cava obstruction (SVCO), esophageal obstruction, gynecologic bleeding, nodal recurrences, skin metastases, brain metastases and hemoptysis

Care Planning and Collaborative Practice

- Demonstrates an understanding that the Radiation Therapist must liaise with the radiation oncologist to balance treatment intent with the patient’s condition and the complexity of the overall treatment plan
- Demonstrates the ability to assess the appropriateness of the current plan for the patient and when the plan is deemed unsuitable consults with the radiation oncologist to discuss possible modifications
- Demonstrates an advanced level of discipline-specific clinical expertise in supporting the patient to adapt to changing clinical presentation
- Demonstrates an advanced level of clinical expertise and sensitivity in facilitating safe, smooth and seamless transitions of care for patients
**Principles of Palliative Care**

- Demonstrates an understanding of the role of Radiological Technology in palliative care
- Demonstrates an understanding of the role of Radiological Technology in palliative care emergencies

**Optimizing Comfort and Quality of Life**

- Performs diagnostic imaging examinations, which when reported by the radiologist, inform diagnostic and palliative care decisions
- Explains the information that can be obtained from imaging and how it can be used in palliative care
- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
Palliative Care Competencies Shared by RNs and LPNs

Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
- Demonstrates an understanding that a palliative approach to care starts early in the illness trajectory of a progressive life-limiting illness
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Applies the principles of palliative care that affirm life, offer a support system to help patients live as actively as possible until death, with optimal quality of life and help families cope
- Understands, recognizes and manages pathological responses to loss, referring to the Specialist Palliative Care Consult Team, when appropriate
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns in planning palliative care
- Demonstrates an understanding of the role and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers
- When life sustaining technologies are no longer beneficial, supports patient through the transition from active treatment to a peaceful death
- Identifies candidates for tissue or organ donation
- Demonstrates an understanding of palliative care standards, guidelines and policies

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Assesses the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and their preferences
- Validates and preserves cultural preferences and values by identifying ways to accommodate them into mutual goal setting, decision making and care planning
- Identifies who the family is for the patient, and responds to family members’ unique needs and experiences
- Explores patients’ and families’ cultural and religious needs, beliefs and preferences as they relate to end-of-life
- Provides opportunities for patients and families to exercise religious, cultural and spiritual rituals, customs, rites and beliefs at end-of-life

RNs and LPNs work collaboratively in a shared care model to manage patient care and provide treatment.
Palliative Care Competencies Shared by RNs and LPNs

Communication

- Introduces patients and families to the concept of palliative care, along with other disease ameliorating treatments, or as the main focus of care
- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Demonstrates self-awareness of responses to communication challenges and remains engaged in meaningful contact with patients, families and caregivers
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Recognizes the potential for conflict in palliative care decision-making and contributes to its management
- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families
- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Effectively communicates with patients and families to devise care plans for the patient’s palliative care needs and communicates plans to the team
- Recognizes that family conversations may involve children and different communication approaches may be required
- Uses requisite relational skills to support decision making and negotiating modes of palliative care on an ongoing basis
- Provides the opportunity for the patient to conduct a life review
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services
- Reviews and clarifies the patient’s and family’s understanding of palliative care information presented by other providers

Optimizing Comfort and Quality of Life

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Demonstrates an understanding of the concept of ‘total pain’
- Demonstrates knowledge of the physiology of pain
- Comprehends pain classifications and their importance in effective management
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Applies the principles of pain and symptom management
Palliative Care Competencies Shared by RNs and LPNs

Optimizing Comfort and Quality of Life, continued...

- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the ways in which patients can be engaged in self-management of their condition
- Helps the patient with a life-limiting condition and their family to adapt to a transition from life prolonging treatment to a focus on palliative care
- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition
- Provides education and practical strategies to the patient, family and caregivers about management of pain and symptoms
- Uses non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role change when formulating relevant and realistic care plans
- Contributes to decision making with the patient, family, SDM and care teams regarding withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Demonstrates an awareness of the uniqueness of a good death and facilitates its achievement
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates knowledge and skill in holistic, family-centred care of patients at end-of-life who experience pain and other symptoms
- Implements evidence informed pharmacological and non-pharmacological approaches for pain and symptoms management at end-of-life
- Evaluates the outcomes of pain and symptom management against baseline assessment
- Provides support to the patient, family and caregivers regarding cachexia and anorexia
- Recognizes and takes appropriate actions to address emergencies that may arise in palliative care
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Demonstrates awareness of one’s own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Provides care in keeping with the patient’s goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care
- Evaluates non-complex interventions and proposes alternatives if necessary
- Evaluates, reassesses and revises pain and symptom management goals and care plan
Palliative Care Competencies Shared by RNs and LPNs

Optimizing Comfort and Quality of Life, continued…

- Discusses, teaches and assists the patient with the management of pain and symptoms, including the recognition of areas needing further assessment
- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences

Care Planning and Collaborative Practice

- Identifies how interprofessional practice enhances patient outcomes
- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the care teams to manage pain and symptoms
- Provides supports to help the patient to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting condition on the patient and family, including their mental health and coping mechanisms, and provides support to address identified needs
- Conducts assessments of the patients’ and families’ emotional, psychological, social, spiritual and practical strengths and needs
  - Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of diagnosis
  - Attends to psychosocial and practical issues
- Demonstrates an understanding of ACP and an appreciation of the appropriate time(s) to engage in discussions regarding goals and preferences for care
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
- Facilitates informed decision-making by the patient regarding place of care, while identifying risks in a supportive manner
- When able, provides care in the patient’s preferred place, while recognizing the complexities and challenges involved for patients, families and caregivers
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Supports the patient who wishes to prepare or revise an ACP
- Provides verbal and written information regarding dying at home and after death care
- Recognizes clinical limitations and professional boundaries and refers to other colleagues appropriately and in a timely manner

Last Days and Hours

- Assists the patient and family to prepare for the time of death
- Anticipates, recognizes and responds to the signs of imminent death
- Put plans in place to avoid ED visits
Palliative Care Competencies Shared by RNs and LPNs

Last Days and Hours, continued…

- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Provides information and assurance to the patient and family regarding comfort measures during the last days and hours of life
- Demonstrates knowledge and understanding of professional, legal, moral and ethical codes of practice related to Personal Directives Act, ACPs, palliative sedation, MAiD and withdrawing and withholding of life-sustaining therapies
- Addresses patient or family requests for autopsies and body, organ or tissue donation
- Assesses and respects the family’s need for privacy and closure at the time of death, offering presence as appropriate
- Supports the family’s wishes and death rituals
- Cares for the body
- Identifies situations when the Medical Examiner (ME) must be contacted

Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
- Accurately assesses patients’ and families’ loss, grief and bereavement needs
- Provides guidance, support and information to families and makes referrals to bereavement services, as required

Professional and Ethical Practice

- Appropriately engages with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people’s wishes regarding their care and options and preferences
- Respects the patient’s decision regarding initiating, not initiating, withholding and withdrawing dialysis, resuscitation, hydration and nutrition support
- Understands the difference between managing a condition and providing end-of-life care
- Identifies situations where beliefs, attitudes and values limit one’s ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
- Demonstrates knowledge of relevant legislation/policies, e.g. MAiD, Children and Family Services Act, Adult Protection Act, Personal Directives Act
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or employer policy

* RNs and LPNs are authorized to assist Nurse Practitioners (NPs) and physicians in the provision of MAiD.*

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The Nova Scotia Palliative Care Competency Framework: A Reference Guide for Health Professionals and Volunteers
Palliative Care Competencies Shared by RNs and LPNs

Professional and Ethical Practice, continued…

- Demonstrates an understanding of the potential management and ethical issues related to mechanical devices
- Accesses resources to guide ethically complex situations and implements possible resolutions
- Identifies circumstances that warrant the involvement of the ME
- Selects nursing interventions regarding legal and ethical issues, including, but not limited to: Personal Directives, organ donation, Do Not Resuscitate Orders (DNRs), Mental Health Act, Children and Family Services Act and MAiD

Self-care

- Explores own attitudes and beliefs regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Demonstrates an awareness of ways to manage and cope with the impact of their patients’ dying and death
- Demonstrates an awareness of the emotional and spiritual supports available
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

Education and Evaluation

- Contributes to the monitoring and evaluation of the quality of palliative care
- Critically evaluates outcomes against standards and guidelines
- Participates in palliative care continuing education opportunities
- Educates patients, families and caregivers regarding palliative care and the palliative approach
Additional Competencies Shared by RNs and LPNs Caring for Children and Youth

Principles of Palliative Care

- Demonstrates the ability to support the child, youth, parents/guardians when information is being provided regarding diagnosis and prognosis
- Demonstrates the ability to use sensitive, effective communication strategies with distressed children, youth, parents and the extended family

Optimizing Comfort and Quality of Life

- Evaluates and uses developmentally appropriate assessment tools for children/youth or children with cognitive impairments
- Demonstrates an understanding of the importance of collaborating with parents/guardians when assessing pain and symptoms
- Helps patients identify personal goals, supporting optimum quality of life
- Recognizes the various actual and potential symptoms that may occur in children/youth with life-limiting conditions
  - Addresses symptoms using effective interventions
  - Understands non-pharmacological methods of managing symptoms
  - Recognizes and implements interventions to support families as caregivers
- Recognizes the importance of play and education for children/youth with life-limiting conditions and the need to engage in childhood activities

Care Planning and Collaborative Practice

- Demonstrates an understanding of interprofessional collaboration, working with parents, professionals and other agencies when planning care
- Liaises with the appropriate agencies to ensure the provision of seamless care

Loss, Grief and Bereavement

- Understands the factors that shape a child’s/youth’s experience of illness and death and the impact these experiences may have
- Appreciates the impact of anticipatory grief for the family
- Understands various approaches to managing grief and loss
- Recognizes the roles of the various members of the care teams in providing bereavement support
- Demonstrates an understanding of the needs of children of various developmental stages in dealing with grief and loss of a parent or sibling

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n RNs and LPNs work collaboratively in a shared care model to manage patient care and provide treatment.
Additional Competencies Shared by RNs and LPNs Caring for Children and Youth

**Professional and Ethical Practice**

- Demonstrates an awareness of ethical issues specific to children’s palliative care and responds appropriately when issues arise
- Recognizes when aggressive disease management is not appropriate
- Engages with patients (when age appropriate), parents and their care teams regarding withholding or withdrawing treatment
- Demonstrates an understanding of ACP and the role the mature minor can play in ACP
Principles of Prenatal, Neonatal and Perinatal Palliative Care

- Preconception: Selects appropriate nursing interventions in response to a history of perinatal loss
- Antepartum: Selects appropriate nursing interventions in response to a history of perinatal loss, whether in previous or current pregnancy
- Intrapartum: Selects appropriate nursing interventions to manage actual or potential complications during the intrapartum period
- Postpartum: Selects appropriate nursing interventions to support the family experiencing grief and loss related to perinatal loss

Optimizing Comfort and Quality of Life

- Assesses and manages conditions that constitute emergencies in palliative patients including, but not limited to: biliary, bowel and urinary obstruction, catastrophic bleed, delirium, hypercalcemia, intractable nausea and vomiting, pain crisis, seizures, severe dyspnea, SCC and SVCO
- Demonstrates an understanding of the pathophysiology of palliative care emergencies
- Identifies emergencies at end-of-life
- Implements treatment plans consistent with the goals of care and trajectory of a life-limiting condition
- Recognizes when the typical life prolonging response of the ED is not aligned with the patient’s goals of care and responds appropriately

RNs and LPNs work collaboratively in a shared care model to manage patient care and provide treatment.
### Demonstrates an Understanding of the Unique Care Needs of Older Adults

- Demonstrates a comprehensive understanding of the palliative approach within the population of older adults who may have dementia or be very frail
- Demonstrates a comprehensive understanding of age related physical changes in the older adult
- Understands the importance of determining capacity prior to conversations with patients regarding goals of care and ACP
- Understands and provides the necessary care for older adults who may have chronic co-morbidities that still need to be managed for optimal quality of life
- Accesses appropriate resources to support patients requiring palliative care in Long-Term Care, so that patients do not have to be moved to unfamiliar settings
- Assesses pain in cognitively impaired older adults using appropriate tools
- Has access to and is familiar with resources offering guidance on pharmacological pain management in older adults, such as the resources produced by the American Geriatrics Society
- Recognizes the unique risk factors of older adults to develop delirium related to inappropriate medication use for this population
- Demonstrates an understanding of the effects of pain medication on frail elderly related to diminished hepatic and renal functions
- Understands that the use of assessment tools in the cognitively impaired may be based more on observation of behavior than on visual analog scales and self-report scales
- Recognizes the impact multi co-morbidities have on symptoms and symptom management at end-of-life
- Demonstrates an ability to incorporate current ACP and/or Personal Directives and supports the revision of the ACP and/or Personal Directives, when appropriate
- Demonstrates an understanding of the Palliative Care Drug Program and facilitates patients enrollment

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**p** RNs and LPNs work collaboratively in a shared care model to manage patient care and provide treatment.

**q** American Geriatrics Organization resources may be accessed by visiting [http://www.americangeriatrics.org/](http://www.americangeriatrics.org/).
Additional Competencies for Oncology
RNs and LPNs

Demonstrates an Understanding of the Unique Care Needs of the Oncology Patient

Optimizing Comfort and Quality of Life

- Demonstrates an understanding of the clinical presentation, prognostic factors and trajectory of common and rarer cancers in adults and children
- Demonstrates an understanding of the impact early integration of palliative care has on cancer outcomes for adults and children Demonstrates an understanding of the role of surgery in cancer treatment (i.e., cure, control or palliation)
  - Assists the patient’s understanding of the role of surgery in the treatment plan
  - Facilitates patient learning regarding the expected outcomes of surgical interventions and pathological findings and impact on prognosis (e.g., ostomy care, disturbances in body image)
  - Assesses for risk of physical and/or psychosocial complications related to cancer surgery (e.g., thromboembolytic events, lymphedema, body image disturbance, psychological distress)
  - Implements interventions to decrease the incidence and severity of complications related to cancer surgery (e.g., wound care, pharmacological intervention, psychosocial impact)
- Demonstrates an understanding of the role of systemic therapy, mechanism of action and side effects, including intravenous (IV) and oral systemic therapy, biological agents and hormone and targeted therapies (e.g., cure, control or palliation, adjuvant, neoadjuvant)
  - Implements cytotoxic precautions and principles of safe handling, spill management and disposal of cytotoxic agents
  - Assists patients to understand the role of systemic therapy in their treatment plan
  - Facilitates patient learning regarding cytotoxic precautions and the outcomes of systemic therapy involving the immediate, early, late and delayed side effects
  - Implements interventions to decrease the incidence and severity of side effects and complications related to systemic therapy
- Demonstrates an understanding of the role of radiation therapy in cancer treatment
  - Assists patient to understand the role of radiation therapy in the treatment plan
  - Facilitates patient learning regarding the immediate, early, late and delayed side effects of radiation therapy
  - Facilitates patient and care provider learning regarding radiation protection and precautions (e.g., radioactive implants, isotopes)
  - Implements interventions to decrease the incidence and severity of side effects and complications related to radiation therapy
  - Implements radiation protection precautions and principles of safe handling/disposal of radioactive sources

RNs and LPNs work collaboratively in a shared care model to manage patient care and provide treatment.
Additional Competencies for Oncology RNs and LPNs

Optimizing Comfort and Quality of Life, continued...

- Demonstrates an understanding of the role of concurrent combination therapy
  - Assists patients to understand the role of concurrent combination therapy in their treatment plan
  - Recognizes potential side effects related to concurrent combination therapy
  - Implements interventions to decrease the incidence and severity of side effects related to concurrent combination therapy
  - Recognizes the acute, chronic, and late side effects of hematopoietic stem cell transplant
  - Implements interventions to decrease the incidence and severity of side effects and complications related to bone marrow and hematopoietic transplant on an ongoing basis

- Identifies the clinical presentation and risk factors for the following metabolic oncologic emergencies: anaphylaxis, disseminated intravascular coagulation (DIC), febrile neutropenia, and sepsis, hypercalcemia, syndrome of inappropriate antidiuretic hormone (SIADH) and tumor lysis syndrome
  - Identifies the clinical presentation and risk factors for the following structural oncologic emergencies: increased intracranial pressure, malignant bowel, neoplastic cardiac tamponade, SCC, and superior vena cava syndrome

- Facilitates patient learning regarding the signs and symptoms of potential oncologic emergencies and associated self-care strategies
- Implements appropriate interventions in response to metabolic and structural oncologic emergencies
- Assesses the patient for disease symptoms and treatment-related side effects, including alterations in bone marrow function, mobility, skin integrity, neurological status, mental status, circulation, ventilation, gastrointestinal (GI) function, and metabolic function
  - Demonstrates an understanding of the etiologic factors of the symptom and/or side effects related to the individual patient
  - Facilitates patient learning regarding the prevention and management of disease symptoms and treatment-related side effects
  - Implements interventions related to the management of disease symptoms and treatment-related side effects
  - Conducts ongoing evaluation of the effectiveness of interventions used in the management of disease symptoms and treatment-related side effects

- Assesses patient distress by using the Screening For Distress Tool

Research

- Demonstrates an understanding of the purpose and design of research studies including the types and phases of clinical trials
- Recognizes the unique care requirements of patients undergoing an oncology clinical trial
- Demonstrates an understanding of the ethical principles associated with oncology research
- Identifies patient populations that may be eligible for clinical trials and other research
- Refers the patient to the appropriate health-care provider to answer questions and/or ensure understanding of clinical trials and research studies
Additional Competencies Shared by Perinatal RNs and LPNs

I-II, XIV-XVI, XXII, 1-2, 7-12, 30-34, 36, 42, 43, 71-77, 89-104, s

Principles of Perinatal Palliative Care

- Demonstrates an understanding of the:
  - Life-limiting congenital and acquired conditions that present prenatally
  - Complications of extreme prematurity
  - Challenges of working with families experiencing or anticipating prenatal/perinatal loss
  - Challenges of working with families with prenatal diagnoses implying severe morbidity or mortality
  - Challenges of working with patients/families considering termination of pregnancy

Optimizing Comfort and Quality of Life

- Preconception: Selects appropriate nursing interventions in response to a history of perinatal loss
- Antepartum: Selects appropriate nursing interventions in response to a history of perinatal loss, whether in previous or current pregnancy
- Intrapartum: Selects appropriate nursing interventions to manage actual or potential complications during the intrapartum period
- Postpartum: Selects appropriate nursing interventions to support the family experiencing grief and loss related to perinatal loss

5 RNs and LPNs work collaboratively in a shared care model to manage patient care and provide treatment.
Additional Competencies Shared by RNs and LPNs Specializing in Palliative Care

Principles of Palliative Care

- Facilitates empathic and responsive relationships between those experiencing life-limiting conditions and their care teams
- Demonstrates leadership that encourages colleagues to foster a caring environment that supports all staff working in sensitive situations
- Applies the Dignity Conserving Care approach when providing support
- Practices person-centred palliative care that incorporates the unique contributions of the family and caregivers in routine care giving
- Demonstrates an understanding of palliative care standards, norms of practice and best practices

Communication

- Uses a variety of strategies to engage in compassionate, individualized and timely communication with patients, families, caregivers and members of their care teams
- Explores the patient’s/family’s understanding of the life-limiting condition and its trajectory
- Maintains ongoing communication with the patient, family and their care teams regarding end-of-life plan of care
- Identifies the patient’s and family’s information needs and preferences prior to providing information and discussing diagnosis and prognosis
  - Takes into account a patient’s and family’s information preferences when communicating
  - During essential conversations, regularly enquires whether information is meeting the patient’s and family’s needs
  - Responds to family requests not to share information with the patient regarding diagnosis, prognosis and other information
  - Explores the patient’s/family’s understanding of the expectations and wishes, prognosis and goals of care
- Responds appropriately to a patient’s and family’s questions regarding expected date of death
- Assesses and discusses prognosis and trajectory of a life-limiting condition on an ongoing basis
- Determines and supports decisions regarding the extent to which the patient desires to be involved in their own care
- Presents patients with care and treatment options and their anticipated benefits, burdens and risks, considering the goals of care
- Discusses and establishes resuscitation preferences (including DNR)
- Shares difficult news in a compassionate and supportive manner
- Informs the patient and family of progression of disease and other complications

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\[t\] Nurses specializing in palliative care may be members of a Specialist Palliative Care Consult Team, practice in a Palliative Care Unit or Hospice, or practice in settings where the vast majority of patients require palliative care. RNs and LPNs work collaboratively in a shared care model to manage patient care and provide treatment.

\[u\] RNs and LPNs work collaboratively in a shared care model to manage patient care and provide treatment.
**Communication, continued…**

- Identifies situations that may benefit from a family meeting
- Facilitates conversations to support end-of-life decision making
- Facilitates ongoing discussions regarding goals of care
  - Transitions patients from life prolonging treatment to palliative care, as the main focus of care
  - Periodically reviews goals of care, particularly when changes occur in disease status and functional level
  - Addresses unrealistic expectations regarding prognosis and treatment options
  - Nurtures hope in a way that is congruent with the trajectory of the life-limiting condition
- Discusses dying, death, grief, loss and bereavement
- Explores patients’ and families’ questions and concerns about the dying process and what to expect
- Discusses preferred setting(s) of care and death

**Provides Palliative Care to Patients With Life-Limiting Conditions**

- Uses the “Surprise Question” to identify patients who may benefit from palliative care
- Identifies the beliefs and attitudes of society and health professionals towards palliative care
- Addresses beliefs and attitudes of society and health professionals that undermine access to palliative care
- Addresses misperceptions that patients, families, caregivers and colleagues have of palliative care
- Identifies patients’ and families’ values, beliefs, wishes, fears, hopes and circumstances regarding death and dying
- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Applies knowledge and understanding of the clinical presentation and disease trajectories of life-limiting conditions when responding to complex and multidimensional care needs, in order to comprehensively identify current and prospective clinical issues in palliative care
- Identifies candidates for tissue, organ or body donation and facilitates donation process
- Provides holistic person-centred care
  - Integrates physical, social, psychological and spiritual domains
  - Explores the impact of a life-limiting condition on the different facets of a patient’s life and the lives of family and caregivers
  - Incorporates “quality of life”, as defined by the patient, as a key outcome of care
  - Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns in planning palliative care

**Last Days and Weeks**

- Demonstrates a comprehensive knowledge of pain and symptom assessment and management unique to last hours of life
Last Days and Weeks, continued...

- Demonstrates comprehensive knowledge and understanding of professional, legal, moral, and ethical codes of practice related to Personal Directives Act, ACPs, palliative sedation, MAiD and withdrawing and withholding of life-sustaining therapies
- Teaches family signs of imminent death and associated comfort measures
- Arranges for pronouncement and certification of death
- Responds to concerns regarding “starving or dehydrating” at end-of-life
- Discusses withholding and withdrawing treatments that patients and family may consider to be life-sustaining
- Documents discussions and informs other care providers of key points of discussions (e.g. DNR status)

Optimizing Comfort and Quality of Life

- Discusses the benefits and burdens of palliative treatment options to assist the patient in meeting their goals of care
- Assists the patient and family in identifying reactions and responses to diagnosis and the experience of living with life-limiting conditions
- Acknowledges the cumulative losses inherent in the experience of a life-limiting condition and its impact on the patient and family
- Assesses and understands the connection between life-limiting condition experiences and culture and cultural practices, spiritual practices, family roles, relationships and responsibilities, age of children in the family and life experiences of the patient and family
- Collaborates with the patient, family and their care teams to develop an individualized pain and symptom management care plan
- Demonstrates knowledge of pain and symptom assessment and management
- Demonstrates knowledge of the special considerations of pain and symptom assessment and management for children, older adults and persons with special needs
- Identifies and addresses barriers to pain assessment and management, including the misconceptions of the patient, family and health professional
- Identifies and addresses health system barriers to pain assessment and management
- Evaluates and revises pain management goals and plan of care
- Identifies and implements interventions to correct reversible symptoms, considering the patient’s goals of care and/or Personal Directive
- Uses strategies that promote personal and spiritual growth through living with a life-limiting condition
- Demonstrates an understanding and use of non-pharmacological interventions
  - Recognizes use and potential impact of Complementary and Alternative Medicines (CAM) for pain and symptom management
  - Supports the patient’s decision to use CAM
  - Reinforces the importance of accurate information and open communication to aid in decision-making
  - Addresses requests for information on CAM
  - Encourages patient to share CAM use with the team to assess compatibility and safety
Additional Competencies Shared by RNs and LPNs Specializing in Palliative Care

**Optimizing Comfort and Quality of Life, continued…**

- Uses medication administration techniques appropriate to the types and severity of the patient’s pain and condition
  - Uses the oral route as preferred administration method
- Describes the indications for opioid rotation
- Demonstrates a comprehensive knowledge of common pain and symptom management medications and responds to potential side effects, interactions or complications
- Applies knowledge of equianalgesic conversions and collaborates with the care teams to implement indicated changes
- Demonstrates a comprehensive understanding of the pharmacological and physiological use of adjuvant medications in managing pain and symptoms
- Anticipates, recognizes, manages and evaluates common symptoms in palliative care
- Anticipates, recognizes and responds to signs and symptoms of common emergencies in palliative care
  - Acts as a resource regarding the role of discipline-specific interventions in symptom management and optimizing quality of life

**Care Planning and Collaborative Practice**

- Collaborates effectively with the patient, family, caregivers, their care teams to define goals of care and to develop, implement and evaluate a plan of care
- Facilitates integration of unregulated personnel and volunteers and supervises as needed
- Collaborates with the patient and family to identify resources that will provide support during end-of-life care
- Uses shared scopes of practice to optimize care
- Collaborates within and between teams across the continuum of care to facilitate continuity in palliative care
- Demonstrates expertise and sensitivity in facilitating safe, smooth and seamless transitions of care for patients
  - Coordinates smooth transition between institutions, settings and services
  - Recognizes transition points
  - Communicates with colleagues in other settings during transitions
- Provides palliative care in patients’ homes, Long-Term Care facilities and acute care settings, such as community hospitals and EDs in rural and remote settings
- Assists the patient, family and caregivers to access resources to meet psychological, social, physical, spiritual and practical and condition management needs
- Effectively communicates the strengths and needs of the patient and family with their care teams
- Assists with coordinating care and making referrals to interprofessional team members
- Participates in, or co-leads, family conferences
  - Demonstrates discipline-specific clinical expertise in supporting the patient to adapt to changing clinical presentation
### Last Days and Hours

- Anticipates and plans for end-of-life needs
- Identifies patients who are in the terminal phase
- Demonstrates knowledge of pain and symptom assessment and management unique to last hours of life
- Assists the family to cope with emotional responses, maintain a desired level of control, share preferences and needs, determine place of death, contact significant others, access resources and communicate meaningfully in the patient’s last days
- Encourages patients and families to make timely funeral preparations
- Assesses and manages families’ and caregivers’ needs through end-of-life
- Discusses with the family and other caregivers who to call in case of an emergency and when death occurs (avoiding 911 calls)
- Educates the family about the changes to expect in patient’s condition at end-of-life
- Ensures potentially needed medications and supplies are available in the home
- Ensures the family, caregivers and care teams understand how to safely remove palliative drugs from patient’s homes after the patient has died
- Teaches the family signs of imminent death and the associated comfort measures
- Arranges for pronouncement and certification of death

### Loss, Grief and Bereavement

- Demonstrates a comprehensive knowledge of loss, grief and bereavement
- Demonstrates an understanding of the needs of children of various developmental stages in dealing with grief and loss of a parent or sibling
- Demonstrates the ability to proactively respond to complex grief reactions and processes using own skills or appropriate referral
- Assists the family in understanding the concepts of loss, process of grief and bereavement, considering developmental stages, referring as needed
  - Identifies types of grief
  - Recognizes the manifestations of grief
  - Identifies those experiencing or at risk for complicated or disenfranchised grief, and discusses, documents and refers
  - Recognizes the differences between depression and grief
  - Assists the family to anticipate and cope with their unique grief reactions to loss and death
  - Assists the family to recognize the patient’s legacy
  - Facilitates the family’s transition into ongoing bereavement services, where indicated

### Professional and Ethical Practice

- Applies an understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care
- Facilitates discussion and resolution of ethical and legal issues in conjunction with patients, families and care teams
- Actively influences and promotes palliative care strategic initiatives and policy development
Additional Competencies Shared by RNs and LPNs Specializing in Palliative Care

Research and Evaluation

- Applies knowledge gained from palliative care research
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Where possible, provides the family with opportunities to participate in end-of-life care giving research
- Where possible, leads, facilitates and engages in research in palliative care
- Where possible, identifies the opportunities for and barriers to discipline-specific research unique to palliative care

Education

- Promotes awareness and provides public education regarding end-of-life issues, beliefs and attitudes regarding palliative care
- Educates and mentors patients, families and caregivers
  - Facilitates patient participation in care planning
  - Identifies and integrates patient strengths in plan of care
  - Assists the family in care giving and acquiring respite care
  - Safely and appropriately delegates aspects of care to the family
  - Develops a plan of care for the family and caregivers
- Provides information appropriate to the uniqueness of the patient and family regarding:
  - Disease process and illness progression
  - Pain/symptom assessment and management
  - Team roles
  - Opportunities and challenges of care in specific settings
  - Physical, psychosocial and spiritual support
  - Treatments
  - Dying process and death
  - Medication administration routes
  - Family dynamics and effective communication
  - Age-appropriate resources regarding death, dying, loss, grief and bereavement
- Develops, facilitates and provides palliative care related education, leadership and mentorship to members of the discipline and students

Advocacy

- Advocates for the needs, decisions and rights of the patient by recognizing potential vulnerabilities
- Supports autonomous decision-making
- Promotes equitable and timely access to resources palliative care
- Demonstrates expertise as a mediator and advocate for the patient to access appropriate and timely palliative care
Additional Competencies Shared by RNs and LPNs Specializing in Palliative Care

Advocacy, continued...

- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Identifies the determinants of health for the populations served and contributes to efforts to ensure equity, including, but not limited to: barriers to access to palliative care and resources, availability of Primary Care, Interprofessional Teams and Specialized Services, delayed or lack of identification of patients who would benefit from palliative care, lack of availability of community-based resources, geographic inequities and inequities for vulnerable and marginalized populations, poverty, cost of dying at home
- Identifies vulnerable and marginalized populations and responds appropriately
- Identifies barriers to palliative care for vulnerable or marginalized populations, including, but not limited to: the homeless, indigenous peoples, those who are incarcerated and those living in rural communities
- Promotes ACP
- Identifies organizational issues that affect the delivery of palliative care
- Participates as a member of organizations which advocate for equitable, accessible, safe and quality palliative care
  - Describes the role of the CHPCA and the NSHPCA in advocating for patients with palliative care needs
- Describes how changes in legislation could affect patients with palliative care needs
- Describes how changes in funding and structure of the health system could affect delivery of palliative care
- Identifies points of influence in the health system that could advance palliative care issues
- Describes the moral, ethical and professional issues inherent in health advocacy related to palliative care
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have access to adequate resources to provide palliative care
Additional Competencies Shared by RNs and LPNs Specializing in Pediatric Palliative Care

Principles of Pediatric Palliative Care

- Demonstrates an understanding of the:
  - Principles of pediatric palliative care, similarities and differences in the provision of palliative care to children, adolescents and adults
  - Impact of stages of child development on provision of Pediatric Palliative Care
  - Developmental stages in childhood and adolescence
  - Effect of life-limiting conditions on child development, including, but not limited to: arrested development, developmental regression and loss of milestones
  - Effect of developmental stage on the assessment of pain and symptoms
- Demonstrates knowledge and understanding of the variety of life-limiting conditions in perinatal and pediatric palliative care and their anticipated trajectories

Optimizing Comfort and Quality of Life

Demonstrates an understanding of the:

- Life-limiting conditions of childhood and adolescence
- Age appropriate symptom assessment tools for use in verbal and nonverbal children
- Physiological differences in the pediatric population and implications for symptom management and therapeutic choice
- Pharmacological, physical, behavioural and cognitive strategies for managing pain and other symptoms in the pediatric population
- Management of life-limiting conditions in adolescents and young adults supported by palliative care services who will likely require transition to adult palliative care services
- Weight based dosing and procedural support for children/youth

Communication

- Provides seamless and effective communication between hospital and community teams

Care Planning and Collaborative Practice

- Works collaboratively with parents, professionals and other agencies, putting in place the supports to care for the child/youth
- Demonstrates knowledge of local, provincial and national resources and services for pediatric palliative patients
- Demonstrates knowledge and understanding of ACP for children/youth/antenatal population

Professional and Ethical Practice

- Demonstrates the ability to discuss and resolve ethical dilemmas that may arise and supports parents/guardians in the outcomes of ethical dilemmas
- Demonstrates an understanding of the role mature minors may play in care decisions

v For the LPN, management and treatment are provided in collaboration with a RN.
Additional Competencies for RNs Specializing in Palliative Care

Principles of Palliative Care

- Applies comprehensive knowledge and understanding of the clinical presentation and disease trajectories of life-limiting conditions when responding to complex and multidimensional care needs, in order to comprehensively identify current and prospective clinical issues in palliative care.

Communication

- Uses a variety of strategies to engage in highly skilled, compassionate, individualized and timely communication with patients, families, caregivers and members of their care teams.

Care Planning and Collaborative Practice

- Collaborates with inter-disciplinary teams, primary care providers, community agencies and volunteers to meet the physical, psychological, social and spiritual needs for each person/patient.
- Identifies the full range and continuum of palliative care services, resources and the settings in which they are available.
  - Demonstrates knowledge of the range of palliative care services and resources.
  - Provides relevant information and resources to the patient and family.
  - Identifies and accesses services and resources specific to the patient’s goals of care.
  - Initiates referrals to and requests for resources, services and settings.
  - Facilitates patient access to needed services and resources.
- Acts as an expert resource regarding the role of discipline-specific interventions in symptom management and optimizing quality of life.

Some Palliative Care Specialist RNs work with Palliative Care Specialist Physicians to make recommendations to the patient’s Primary Care Team regarding pain and symptom management, and assess patients for admission to hospital and hospice. They consult with patients and families in their homes, long term care facilities, clinic, hospital and hospice settings.
Comprehensive Physical Assessment, Examination and Implementation of a Person-centred Management Plan

- Demonstrates the ability to:
  - Perform comprehensive, systems-based, physical assessments and postulate causes of symptoms and conditions
  - Demonstrates comprehensive knowledge of the special considerations of pain and symptom assessment and management for children, older adults and persons with special needs
  - Source, gather and interpret relevant information from referrals and team members
  - Interpret findings in the context of identifying the impact of the life-limiting condition on patient
  - Liaise with appropriate medical colleagues and/or NPs
  - Provide rationale, articulate process and liaise, as appropriate, with the Interprofessional Team, as relevant to the outcomes of the assessment
  - Formulate assessment priorities to inform management plan
- Regularly screens for symptoms and needs
  - Uses standardized instruments regularly and appropriately to screen and assess symptoms and needs
  - Uses investigations appropriately, according to the trajectory of life-limiting conditions
- Recommends appropriate pharmacological and non-pharmacological interventions to treat pain and symptoms
- Uses opioids appropriately for pain management
  - Addresses fears and concerns that patients may have about opioids
  - Appropriately uses equianalgesic dose conversion tables for switching between opioids
  - Identifies aberrant behaviour that may indicate misuse or elicit diversion of opioids
  - Identifies opioid-induced neurotoxicity (OIN)
  - Differentiates between OIN and narcotization
- Identifies patients with difficult-to-control pain that requires the support of the Specialist Palliative Care Consult Physician or Pain Service
- Maintains, with the support of the Specialist Palliative Care Consult Team or Pain Service, a patient on methadone for pain management

Screens, Assesses and Manages Delirium

- Differentiates between delirium, dementia, depression and pain
- Searches, where possible and appropriate, for underlying causes and contributing factors
- Uses non-pharmacological measures where possible

Assesses and Manages Respiratory Symptoms

- Identifies underlying causes and contributing factors to dyspnea
- Manages dyspnea by addressing, when possible, underlying causes
- Uses non-pharmacological interventions to reduce dyspnea
- Manages upper and lower airway secretions and coughing
### Additional Competencies for RNs Specializing in Palliative Care

#### Assesses and Manages GI Symptoms

- Identifies the underlying causes and contributing factors of nausea and vomiting
- Identifies patients with partial or complete malignant bowel obstruction
- Initiates constipation prevention with first-line laxative treatments
  - Recommends a laxative regimen to manage constipation
- Assesses and manages anorexia and cachexia
  - Explores patients’ and families’ concerns regarding appetite and weight loss
  - Explains cachexia syndrome and its treatment implications
  - Identifies reversible versus non-reversible causes of appetite loss (anorexia)
  - Identifies patients who could benefit from pharmacological appetite stimulation
  - Identifies patients who could benefit from artificial nutrition and those who are unlikely to benefit

#### Assesses and Manages Fatigue

- Identifies reversible versus non-reversible causes of fatigue
- Recommends energy-sparing interventions for patients with advanced disease experiencing fatigue

#### Manages Hydration and Nutrition Concerns

- Describes the limitations of artificial hydration and nutrition
- Identifies patients who could benefit from artificial hydration and those who would not

#### Assesses and Manages Bleeding and Thrombo-embolic Events

- Identifies patients at risk for a hemorrhage
- Institutes measures to manage a major hemorrhage, should it occur at end-of-life

#### Palliative Sedation

- Identifies patients who could benefit from palliative sedation for the management of intractable symptoms at end-of-life
- Identifies patients for whom palliative sedation may be helpful and ensures all criteria are met prior to initiating palliative sedation
- Describes the ethical issues regarding palliative sedation
- Collaborates with the Specialist Palliative Care Physician or Pain Service to provide palliative sedation

#### Assesses and Manages Conditions That Constitute Emergencies in Palliative Patients

- Identifies emergencies at end-of-life
- Implements treatment plans consistent with the goals of care and trajectory of the life-limiting condition
Additional Competencies for RNs Specializing in Palliative Care

Comprehensive Psychological, Social, Spiritual and Cultural Assessment and Implementation of a Person-centred Care Plan

• Demonstrates the ability to:
  ○ Articulate knowledge, including interpretation of screening tools, related to the diagnosis of depression, anxiety, distress and quality of life issues
  ○ Articulate process and initiates referrals to address and manage psychological, social, spiritual and cultural issues
  ○ Provide relevant and appropriate information and education to the patient and family
  ○ Lead case discussions regarding psychosocial issues
  ○ Initiate treatment, within scope of practice
  ○ Evaluate efficacy of treatment plan and interventions
• Gains an understanding of the roles and relationships within the family and how they may be impacted by a life-limiting condition
• Assesses and addresses patient depression and anxiety
  ○ Differentiates between normal and abnormal levels of anxiety and depression in patients with advanced disease
  ○ Identifies patients who could benefit from pharmacological management of depression and anxiety
• Nurtures hope and meaning in a supportive way that is congruent with the goals of care
  ○ Assesses, identifies and addresses spiritual and existential needs of patients
  ○ Refers to appropriate spiritual and religious care providers
• Assesses, identifies and addresses patients’ and families’ social needs at End-of-Life
  ○ Assesses, validates and acknowledges the patient’s and family’s loss and grief throughout a life-limiting condition and into bereavement
  ○ Provides supportive counseling to patients and families
  ○ Provides supportive counseling to patients and families who are bereaved and grieving
  ○ Identifies persons at risk for complicated grief reactions
  ○ Refers patients and families to appropriate resources

Last Days and Weeks

• Demonstrates a comprehensive knowledge of pain and symptom assessment and management unique to last hours of life
• Demonstrates comprehensive knowledge and understanding of professional, legal, moral and ethical codes of practice related to Personal Directives Act, ACPs, palliative sedation, MAID and withdrawing and withholding of life-sustaining therapies
• Teaches the family signs of imminent death and associated comfort measures
• Arranges for pronouncement and certification of death
Additional Competencies for RNs Specializing in Palliative Care

Safe and Appropriate Medication Practices

- Demonstrates knowledge of pharmacology, pharmacokinetics and side-effects of classes of medications
- Assesses the efficacy of pharmacological treatments
- Demonstrates an understanding of the principles of dose adjustment with regard to: the frail, elderly, children, those with altered metabolism or organ failure and those approaching imminent death
- Demonstrates an understanding of the Palliative Care Drug Program and facilitates patients enrollment

Loss, Grief and Bereavement

- Demonstrates a comprehensive knowledge of the grieving process and reactions in order to support patients and families throughout the disease trajectory
- Demonstrates a comprehensive understanding of the needs of children of various developmental stages in dealing with grief and loss of a parent or sibling
- Mentors and educates colleagues regarding the personal impact of loss, grief and bereavement, supporting them to recognize their own loss responses and encouraging engagement in activities to maintain their resilience on an on-going basis

Professional and Ethical Practice

- Applies a comprehensive understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care
- Selects nursing interventions regarding legal and ethical issues, including but not limited to: Personal Directives, organ donation, DNRs, Mental Health Act and MAiD

Education

- Promotes awareness and provides public education regarding end-of-life issues, beliefs and attitudes about palliative care
- Educates health professionals, students and volunteers about the competencies unique to palliative care

Research and Evaluation

- Acts as an expert resource contributing to palliative care development and delivery
Additional Competencies for Clinical Nurse Specialists (CNSs) Specializing in Palliative Care

Comprehensive Physical Assessment, Examination and Implementation of a Person-centred Management Plan, Including Relevant Diagnostics

- Performs comprehensive, systems-based symptom and physical assessments
  - Postulates causes of symptoms and conditions
  - Formulates assessment priorities to inform management plan
  - Articulates symptom assessment knowledge and ability, including interpretation of screening tools to assist with assessment
  - Comprehensively documents, communicates and incorporates findings and recommendations in a comprehensive care management plan
- Sources, gathers and interprets relevant information from diagnostics, referrals and team members
  - Interprets findings in the context of identifying the impact of a life-limiting condition on the patient
- Articulates knowledge of the medication options to treat the condition
  - Identifies and implements a range of non-pharmacological management strategies
  - Articulates clinical indications for medications appropriate to the condition
- Thoroughly evaluates the treatment plan
- Leads case discussions regarding physical symptoms
- Liaises with appropriate medical colleagues and/or NPs

Comprehensive Psychosocial and Cultural Assessment and Implementation of a Person-centred Care Plan

- Evaluates efficacy of treatment plan and interventions
- Articulates knowledge, including interpretation of screening tools, related to the diagnosis of depression, anxiety, distress, delirium and quality of life issues
- Articulates process and initiates referrals to address and manage psychological, social, spiritual and cultural issues
- Provides relevant and appropriate information and education to the patient and family
- Leads case discussions regarding psychosocial issues
- Initiates treatment

Provides Consultation Support to Palliative Care Consult Teams and Other Disciplines

- Acts as an expert resource to other staff regarding the role of discipline-specific interventions in symptom management and optimizing quality of life

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x The CNA defines a CNS as a RN with a master’s or doctoral degree in nursing, extensive nursing knowledge and skills and clinical experience in a specialty area.44
Palliative Care Competencies for Nurse Practitioners (NPs)

Applies the Principles of a Palliative Approach Across the Trajectory of a Life-Limiting Condition, From Diagnosis Through to Bereavement

- Demonstrates an understanding of the philosophy of palliative care
  - Applies an understanding that a palliative approach to care starts early in the trajectory of a life-limiting condition
  - Applies the principles of palliative care that affirm life, offers a support system to help patients live as actively as possible until death, with optimal quality of life, and helps families cope during illness
  - Identifies patients who would benefit from a palliative approach early in a condition
  - Recognizes the role of primary and acute care in the provision of palliative care across a variety of settings

- Provides palliative care to patients with life-limiting conditions
  - Uses the “Surprise Question” to identify patients who may benefit from palliative care
  - Promotes palliative care and addresses barriers to care
  - Identifies the beliefs and attitudes of society and health professionals towards palliative care
  - Addresses beliefs and attitudes of society and health professionals that undermine access to palliative care
  - Addresses misperceptions that patients, families, caregivers and colleagues have of palliative care
  - Identifies patients' and families' values, beliefs, wishes, fears, hopes and circumstances regarding death and dying

- Provides holistic person-centred care
  - Integrates physical, social, psychological and spiritual domains
  - Explores the impact of a life-limiting condition on the different facets of a patient’s life and the lives of family and caregivers
  - Incorporates “quality of life”, as defined by the patient, as a key outcome of care
  - Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns in planning palliative care
  - Identifies and anticipates the different trajectories of life-limiting conditions
  - Identifies the various phases of palliative care, from the early ambulatory phase to the end-of-life phase

- Ensures treatment plans are consistent with goals of care, ACP, Personal Directives and the trajectory of the life-limiting condition
- Periodically reviews treatments, including medications, to ensure congruence with goals of care and illness trajectory
- Maintains and periodically reviews a registry of patients in the clinic or roster who require palliative care

y The CNA defines an NP as a registered nurse with additional educational preparation; typically a masters degree; and experience, who possess and demonstrate the competencies to autonomously diagnose order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice. NPs practice in primary and acute care settings. These competencies are shared by NPs, Primary Care Physicians and Non-Palliative Care Specialist Physicians.46
Applies the Principles of a Palliative Approach Across the Trajectory of a Life-Limiting Condition, From Diagnosis Through to Bereavement, continued...

- Demonstrates awareness of own responses in the presence of a patient who is suffering
  - Provides a compassionate presence and attends to patients’ suffering
  - Recognizes and addresses the sources of suffering and ‘total pain’
  - Demonstrates an understanding of palliative care standards, guidelines and policies

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues surrounding palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Appreciates the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age and ability
- Validates and preserves cultural preferences and values
- Identifies who the family is for the patient, and responds to family members’ unique needs and experiences
- Explores patients’ and families’ cultural and religious needs, beliefs and preferences as they relate to end-of-life
- Provides opportunities for patients and families to exercise religious, cultural and spiritual rituals, customs, rites and beliefs at end-of-life

Communication

- Introduces patients and families to the concept of palliative care, along with other disease ameliorating treatments, or as the main focus of care
- Identifies the patient’s and family’s information needs and preferences prior to providing information and discussing diagnosis and prognosis
  - Takes into account the patient’s and family’s information preferences when communicating
  - During essential conversations, regularly enquires whether information is meeting the patient’s and family’s needs
  - Responds to family requests not to share information with the patient regarding diagnosis, prognosis and other information
  - Assesses and discusses prognosis and trajectory of a life-limiting condition on an ongoing basis
  - Explores the patient’s/family’s understanding of the life-limiting condition and its trajectory
  - Explores the patient’s/family’s understanding of the expectations and wishes, prognosis and goals of care
  - Explores the patient’s/family’s questions and information preferences regarding prognosis
Communication, continued...

- Responds appropriately to a patient’s and family’s questions regarding expected date of death
- Determines and supports decisions regarding the extent to which the patient desires to be involved in their own care
- Presents patients with care and treatment options and their anticipated benefits, burdens and risks, considering the goals of care
- Discusses and establishes resuscitation preferences (including DNR)
- Shares difficult news in a compassionate and supportive manner
- Informs the patient and family of progression of disease and other complications
- Facilitates family meetings
- Identifies situations that may benefit from a family meeting
- Transitions patients from life prolonging treatment to palliative care, as the main focus of care
- Periodically reviews goals of care, particularly when changes occur in disease status and functional level
  - Facilitates ongoing discussions regarding goals of care
  - Addresses unrealistic expectations regarding prognosis and treatment options
  - Nurtures hope in a way that is congruent with the trajectory of the life-limiting condition
  - Discusses dying, death, grief, loss and bereavement
  - Explores patients’ and families’ questions and concerns regarding the dying process and what to expect
  - Discusses preferred settings of care and death
- Provides families and caregivers with information regarding what to expect at end-of-life
- Discusses organ, tissue and body donation
- Responds to concerns regarding “starving or dehydrating” at end-of-life
- Discusses withholding and withdrawing treatments that patients and family may consider to be life-sustaining
- Documents discussions and informs other care providers of key points of discussions (e.g. DNR status)
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services

Care Planning and Collaborative Practice

- Collaborates with the care teams to ensure the patient’s and family’s needs are met
- Responds promptly to requests from Home Care/Palliative Care Consult Nurses
- Establishes a communication system to address urgent situations encountered by Home Care and Palliative Care Nurses
- Refers patients with complex and more difficult needs to the Specialist Palliative Care Consult Team or other specialists when appropriate
Assesses and Manages Pain and Other Symptoms

- Regularly screens for symptoms and needs
  - Uses standardized instruments regularly and appropriately to screen and assess symptoms and needs
  - Performs comprehensive assessments throughout the trajectory of life-limiting conditions
  - Conducts histories and physical exams
  - Uses investigations appropriately, according to the trajectory of the life-limiting condition and in a manner that is consistent with goals of care
- Considers therapeutic trials when the potential benefits of an intervention are unclear
- Demonstrates a comprehensive understanding and use of non-pharmacological interventions
  - Recognizes use and potential impact of CAM for pain and symptom management
  - Supports the patient’s decision to use CAM
  - Reinforces the importance of accurate information and open communication to aid in decision-making
  - Addresses requests for information on CAM
  - Encourages patient to share CAM use with the team to assess compatibility and safety

Assesses and Manages Pain

- Identifies underlying mechanisms of pain
- Uses accepted pain management guiding principles to select an appropriate analgesic regimen
- Prescribes an appropriate first-line opioid and dose when initiating opioid treatment
- Identifies patients who may benefit from the addition of first-line adjuvant analgesics
  - Prescribes an appropriate first-line adjuvant analgesic and dose in the management of neuropathic pain, visceral pain and malignant bone pain
  - Prescribes second and third line analgesics, as required
- Uses opioids appropriately for pain management
  - Identifies patients who may benefit from palliative radiation therapy
  - Addresses fears and concerns that patients may have regarding opioids
  - Prevents and treats common opioid-induced side effects
  - Titrates opioid doses appropriately
  - Appropriately uses equianalgesic dose conversion tables for switching between opioids
  - Identifies aberrant behaviour that may indicate misuse or elicit diversion of opioids
  - Prescribes appropriate medications for breakthrough pain
  - Switches between short-acting and long-acting formulations
  - Identifies patients who may experience difficulties managing pain
  - Identifies OIN
  - Differentiates between OIN and narcotization
  - Implements first-line strategies to manage OIN
  - Implements second and third line strategies, as required
Assesses and Manages Pain, continued...

- Identifies patients with difficult-to-control pain that requires the support of the Specialist Palliative Care Consult Team
- Maintains, with the support of the Specialist Palliative Care Consult Team or Pain Service, a patient on methadone for pain management

Screens, Assesses and Manages Delirium

- Differentiates between delirium, dementia, depression and pain
- Searches, where possible and appropriate, for underlying causes and contributing factors
- Diagnoses delirium and sub-syndromal delirium in palliative care
- Uses non-pharmacological measures where possible
- Prescribes appropriate first-line anti-psychotic medications at appropriate doses, based on the severity of delirium, to control symptoms

Assesses and Manages Respiratory Symptoms

- Diagnoses dyspnea on the basis of patient self-reporting, rather than clinical signs, lung function tests or oxygen saturation
- Identifies underlying causes and contributing factors to dyspnea
- Manages dyspnea by addressing, when possible, underlying causes
- Uses non-pharmacological interventions to reduce dyspnea
- Uses opioids, oxygen and other first-line pharmacological approaches to control dyspnea
  - Uses second and third line approaches, as required
- Manages upper and lower airway secretions and coughing
- Identifies patients who may benefit from a thoracentesis

Assesses and Manages GI Symptoms

- Identifies the underlying causes and contributing factors of nausea and vomiting
- Differentiates between ileus and mechanical bowel obstruction as causes of vomiting
- Identifies patients with partial or complete malignant bowel obstruction
- Initiates basic management of malignant bowel obstruction when surgery is not an option
- Prescribes a first-line antiemetic drug, based on the inferred underlying mechanism and the associated neurotransmitters
- Initiates constipation prevention with first-line laxative treatments
  - Diagnoses constipation
  - Prescribes a laxative regimen to manage constipation
  - Identifies patients who may benefit from a paracentesis

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NPs and physicians are required to have a Health Canada exemption to prescribe Methadone for pain.345
Palliative Care Competencies for NPs

Assesses and Manages GI Symptoms, continued…

- Assesses and manages anorexia and cachexia
  - Explores patients’ and families’ concerns regarding appetite and weight loss
  - Explains cachexia syndrome and its treatment implications
  - Identifies reversible versus non-reversible causes of anorexia
  - Identifies patients who could benefit from pharmacological appetite stimulation
  - Identifies patients who could benefit from artificial nutrition and those who are unlikely to benefit

Assesses and Manages Fatigue

- Identifies reversible versus non-reversible causes of fatigue
- Recommends energy-sparing interventions for patients with advanced disease experiencing fatigue

Manages Hydration and Nutrition Concerns

- Describes the limitations of artificial hydration and nutrition
- Identifies patients who could benefit from artificial hydration and those who would not
- Initiates hypodermoclysis when appropriate

Assesses and Manages Bleeding and Thrombo-embolic Events

- Describes the limitations of primary thromboprophylaxis in patients at end-of-life
- Identifies patients who could benefit from anticoagulants and those for whom it has limited benefit
- Identifies patients at risk for a hemorrhage
- Institutes measures to manage a major hemorrhage should it occur at end-of-life
- Develops an approach to manage anemia and thrombocytopenia in those with advanced disease, based on goals of care and trajectory of a life-limiting condition

Palliative Sedation

- Identifies patients who could benefit from palliative sedation for the management of intractable symptoms at end-of-life
- Identifies patients for whom palliative sedation may be helpful and ensures all criteria are met prior to initiating palliative sedation
- Describes the ethical issues regarding palliative sedation
- Collaborates with the Specialist Palliative Care Consult Team or Pain Service to assist with the provision of palliative sedation

Assesses and Manages Conditions That Constitute Emergencies in Palliative Patients

- Identifies emergencies at end-of-life
- Implements treatment plans consistent with the goals of care and trajectory of the life-limiting condition
**Palliative Care Competencies for NPs**

**Identifies and Addresses the Psychosocial and Spiritual and Existential Needs of Patients**

- Gains an understanding of the roles and relationships within the family and how they may be impacted by a life-limiting condition
- Assesses and addresses patient depression and anxiety
  - Differentiates between normal and abnormal levels of anxiety and depression in patients with advanced disease
  - Identifies patients who could benefit from pharmacological management of depression and anxiety
  - Initiates a first-line treatment for patients with depression and anxiety disorders
- Nurtures hope and meaning in a supportive way that is congruent with the goals of care
  - Assesses, identifies and addresses spiritual and existential needs of patients
  - Refers to appropriate spiritual and religious care providers
- Assesses, identifies and addresses patients’ and families’ social needs at End-of-Life
  - Assesses, validates and acknowledges the patient’s and family’s loss and grief throughout a life-limiting condition and into bereavement
  - Provides supportive counseling to patients and families
  - Provides supportive counseling to patients and families who are bereaved and grieving
  - Identifies persons at risk for complicated grief reactions
  - Refers patients and families to appropriate resources

**Last Days and Weeks**

- Anticipates and plans for end-of-life needs
- Identifies patients who are in the terminal phase
- Identifies local hospice and palliative care resources and connects patients as appropriate
- Educates the family regarding the changes to expect in patient’s condition at end-of-life
- Ensures potentially needed medications and supplies are available in the home
- Put plans in place to avoid ED visits
  - Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates knowledge and understanding of professional, legal, moral and ethical codes of practice related to Personal Directives Act, ACPs, palliative sedation, MAiD and withdrawing and withholding of life-sustaining therapies
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or facility policy
- Addresses patient or family requests for autopsies or tissue, organ or body donation
- Encourages patients and families to make timely funeral preparations
- Assesses and manages families’ and caregivers’ needs through end-of-life

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**aa** Physicians and NPs are authorized providers of MAiD. 94, 104, 106
Palliative Care Competencies for NPs

Last Days and Weeks, continued…

- Discusses with the family and other caregivers who to call in case of an emergency and when death occurs (avoiding 911 calls)
- Identifies situations when the ME must be contacted
- Undertakes death pronouncements and timely completion of death certificates, in a sensitive and compassionate way

Provides Continuity of Care for Patients

- Where possible, provides clinic-based ambulatory palliative care in collaboration with the Specialist Palliative Care Consult Team
- Provides timely access to clinics, given life expectancy of patients with life-limiting conditions
- Identifies patients early in the trajectory of a life-limiting condition so as to optimize benefits of palliation
- Maintains a registry of patients in the practice requiring palliative care to ensure that changing needs are met
- Provides or arranges for after-hours coverage of patients
- Provides palliative care in patients’ homes, Long-Term Care facilities and acute care settings, such as community hospitals and EDs in rural and remote settings
- Identifies, connects or refers patients to palliative care resources and supports
- Facilitates transition for patients between settings
  - Recognizes transition points
  - Communicates with colleagues in other settings during transitions
- Collaborates with colleagues, Palliative Care Specialist Physicians and Specialists from other disciplines
- Collaborates with patients to identify needs and plan care
- Demonstrates an understanding for the need for Home Care and Palliative Care Nurses to have rapid access to Primary Care Physicians, NPs and Specialists

Safe and Appropriate Prescribing Practices

- Demonstrates a comprehensive knowledge of pharmacology, pharmacokinetics and side-effects of classes of medications
- Demonstrates the ability to select medications appropriate to treat a range of symptoms commonly seen in palliative care
- Assesses the efficacy of pharmacological treatments
- Demonstrates an understanding of the principles of dose adjustment with regard to: the frail, elderly, children, those with altered metabolism or organ failure and those approaching imminent death
- Ensures the family, caregivers and care teams understand how to safely remove palliative drugs from patient’s homes after the patient has died
- Demonstrates an understanding of the Palliative Care Drug Program and facilitates patients enrollment
**Safe and Appropriate Prescribing Practices, continued…**

- Initiates a therapeutic treatment agreement with all palliative patients for whom the NP is prescribing Controlled Drugs and Substances
- Uses the NS Prescription Monitoring Program e-access portal
- Collaborates with palliative care physicians, as required

**Self-care**

- Explores own attitudes and beliefs regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Demonstrates an awareness of ways to manage and cope with the impact of their patients’ dying and death
- Demonstrates an awareness of the emotional and spiritual supports available
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

**Education and Evaluation**

- Participates in the monitoring and evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
Identifies the Full Range and Continuum of Palliative Care Services, Resources and the Settings in which they are Available

- Applies the Dignity Conserving Care approach when providing support
- Demonstrates knowledge of the range of palliative care services and resources
- Provides relevant information and resources to the patient and family
- Identifies and accesses services and resources specific to the patient’s goals of care
- Initiates referrals to and requests for resources, services and settings
- Facilitates patient access to needed services and resources
- Demonstrates an understanding of palliative care standards, norms of practice and best practices

Team Meetings and Rounds

- Leads case discussions in Specialist Palliative Care Consult Team meetings and rounds

Advocacy

- Identifies the determinants of health for the populations served and contributes to efforts to ensure equity, including, but not limited to: barriers to access to palliative care and resources, availability of Primary Care, Interprofessional Teams and Specialized Services, delayed or lack of identification of patients who would benefit from palliative care, lack of availability of community-based resources, geographic inequities, poverty and the cost of dying at home
- Identifies vulnerable and marginalized populations and responds appropriately
- Identifies barriers to palliative care for vulnerable or marginalized populations
- Promotes ACP
- Identifies organizational issues that affect the delivery of palliative care
- Participates as a member of organizations which advocate for equitable, accessible, safe and quality palliative care
  - Describes the role of the CHPCA and the NSHPCA in advocating for patients with palliative care needs
- Describes how changes in legislation could affect patients with palliative care needs
- Describes how changes in funding and structure of the health system could affect delivery of palliative care
- Identifies points of influence in the health system that could advance palliative care issues
- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Describes the moral, ethical and professional issues inherent in health advocacy related to palliative care

bb These competencies are shared with Palliative Care Specialist Physicians.
Additional Competencies for NPs Specializing in Palliative Care

Advocacy, continued…

- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have access to adequate resources to provide palliative care

Education, Research and Evaluation

- Applies knowledge gained from palliative care research
- Where possible, leads, facilitates and engages in palliative care education and research
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Acts as an expert resource contributing to palliative care development and delivery
- Develops, facilitates and provides palliative care related education, leadership and mentorship to members of the discipline and students
- Where possible, identifies the opportunities and barriers to discipline-specific research unique to palliative care
Palliative Care Competencies for Occupational Therapists

Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
- Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Applies the principles of palliative care that affirm life, offer a support system to help patients live as actively as possible until death, with optimal quality of life and help families cope
- Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Demonstrates an understanding of the role and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Demonstrates an understanding of palliative care standards, norms of practice and best practices
- Demonstrates awareness of the impact of multiple losses when formulating relevant and realistic treatment programs, in consultation with the patient and family

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Assesses the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and their preferences
- Validates and preserves cultural preferences and values by identifying ways to accommodate them into goal setting, decision making and care planning
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences

Communication

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Recognizes the potential for conflict in palliative care decision-making and contributes to its management
**Palliative Care Competencies for Occupational Therapists**

**Communication, continued…**

- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families and caregivers
- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Effectively communicates with patients to devise care plans for the patient’s and family’s palliative care needs and communicate these plans to the team
- Recognizes that family conversations may involve children and different communication approaches may be required
- Demonstrates self-awareness of responses to communication challenges and remains engaged in meaningful contact with patients, families and caregivers
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services
- Demonstrates expertise in the assessment of cognitive and functional ability to enable patients with life-limiting conditions to communicate their needs and engage with others
- Identifies and assists patients to acquire assistive technology and modifies assistive technology as required

**Optimizing Comfort and Quality of Life**

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Applies the principles of pain and symptom management
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Evaluates non-complex interventions and proposes alternatives if necessary
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the ways in which patients can be engaged in self-management of their condition
- Demonstrates an understanding of the concept of ‘total pain’
- Helps the patient with a life-limiting illness and their family to adapt to a transition from life prolonging treatment to a focus on palliative care
- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting illness
- Provides education and practical strategies to the patient, family and caregivers about the management of pain and symptoms
- Uses non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role changes when formulating relevant and realistic care plans
- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
Palliative Care Competencies for Occupational Therapists

Optimizing Comfort and Quality of Life, continued...

- Demonstrates an awareness of the uniqueness of a good death and facilitates its achievement
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Provides care in keeping with the patient’s goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Provides appropriate assessment and intervention for the management of palliative patients’ cognitive and perceptual disorders
- Identifies adaptive and compensatory strategies and environmental modifications that enhance or support the patient’s safety, occupational performance and functional independence
- Demonstrates proficiency in equipment prescription and provision to enable functional independence and facilitate the patient’s care needs
- Demonstrates the ability to assess family’s and caregivers’ skills, needs and supports
- Effectively and sensitively educates caregivers in the skills required to assist with personal care and transfers

Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with care teams to manage pain and symptoms
- Provides supports to help the patient and family to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting condition on the patient and family, including their mental health and coping mechanisms, and provides support to address identified needs
- Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of diagnosis
- Demonstrates an understanding of ACP and an appreciation of the appropriate time(s) to engage in discussions regarding goals and preferences for care
- Supports the patient who wishes to prepare or revise an ACP by referring them to the most appropriate health professional
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
Palliative Care Competencies for Occupational Therapists

Care Planning and Collaborative Practice, continued...

- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
- Where possible, provides care in the patient’s preferred place, while recognizing the complexities and challenges for patients, families and caregivers
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Recognizes clinical limitations and professional boundaries and refers to other colleagues appropriately and in a timely manner
- Facilitates discharge planning, conducts functional and risk assessments, recognizing the complexities and challenges for patients, families and caregivers
- Supports the patient to make an informed decision regarding place of care, while identifying functional and environmental risks
- Sets realistic goals that are continually adapted

Last Days and Hours

- Anticipates, recognizes and responds to the signs of imminent death
- Supports the family’s wishes and death rituals

Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
- Provides guidance, support and information to families and makes referrals to bereavement services as required

Professional and Ethical Practice

- Appropriately engages with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people’s wishes regarding their care and options and preferences
- Respects the patient’s decision regarding initiating, not initiating, withholding and withdrawing dialysis, hydration, nutrition support and resuscitation
- Identifies situations where personal beliefs, attitudes and values limit one’s ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
- Understands the difference between managing a condition and providing end-of-life care
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
### Professional and Ethical Practice, continued...

- Demonstrates knowledge of relevant legislation and policies, e.g. Bill C-14 (MAiD), Children and Family Services Act, Adult Protection Act, Personal Directives Act
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or employer policy

### Self-care

- Demonstrates an understanding of the personal impact of loss, grief and bereavement
- Recognizes one’s own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

### Education and Evaluation

- Participates in the monitoring and evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
- Educates patients, families and caregivers about palliative care and the palliative approach
Principles of Palliative Care

- Applies the Dignity Conserving Care approach when providing support
- Facilitates empathic and responsive relationships between those experiencing life-limiting conditions and their care teams
- Demonstrates leadership that encourages colleagues to foster a caring environment that supports all staff working in sensitive situations
- Practices person-centred palliative care that incorporates the unique contributions of the family in routine care giving
- Demonstrates an understanding of palliative care standards, norms of practice and best practices

Communication

- Uses a variety of strategies to engage in highly skilled, compassionate, individualized and timely communication with patients, families, caregivers and members of the care teams
- Maintains ongoing communication with the patient, family and care teams regarding end-of-life plan of care
- Demonstrates expertise as a mediator and advocate for the patient to access appropriate and timely palliative care
- Demonstrates self-awareness of one’s own responses to communication challenges and remains engaged in meaningful contact with patients, families and caregivers

Optimizing Comfort and Quality of Life

- Applies comprehensive knowledge and understanding of the clinical presentation and disease trajectories of life-limiting conditions when responding to complex and multidimensional care needs, in order to comprehensively identify current and prospective clinical issues in palliative care
- Discusses the benefits and burdens of palliative treatment options to assist the patient in meeting their goals of care
- Acts as an expert resource regarding the role of discipline-specific interventions in symptom management and optimizing quality of life
- Recommends energy-sparing interventions for patients with advanced disease
- Recognizes and values patients and their roles within the family and community, proactively supporting patients with life-limiting conditions to adapt to on-going changes in occupational performance and roles
Additional Competencies for Occupational Therapists with a Practice Focused in Palliative Care

**Care Planning and Collaborative Practice**

- Demonstrates a comprehensive understanding of the role of the Specialist Palliative Care Consult Team and that of each member, including volunteers
- Collaborates effectively with the patient, family, caregivers and their care teams to define goals of care and to develop, implement and evaluate a plan of care
- Collaborates with patient/family to identify resources that will provide support during end-of-life care
- Facilitates conversations to support end-of-life decision making
- Identifies the patients’/families’ values, beliefs and preferences regarding the various components of palliative care provision
- Uses shared scopes of practice to optimize care
- Collaborates within and between teams across the continuum of care to facilitate continuity in palliative care
- Identifies the full range and continuum of palliative care services, resources and the settings in which they are available
  - Demonstrates knowledge of the range of palliative care services and resources
  - Provides relevant information and resources to the patient and family
  - Identifies and accesses services and resources specific to the patient’s goals of care
  - Initiates referrals to and requests for resources, services and settings
  - Facilitates patient access to needed services and resources
- Demonstrates an advanced level of discipline-specific clinical expertise in supporting the patient to adapt to changing clinical presentation
- Demonstrates an advanced level of clinical expertise and sensitivity in facilitating safe, smooth and seamless transitions of care for patients
- Demonstrates an advanced level of clinical expertise in supporting patients to adapt to changing presentation, creating a holistic, person-centred plan that acknowledges the psychosocial impact of diminishing function and roles in occupational performance
- Sets realistic goals that are continually adapted

**Loss, Grief and Bereavement**

- Demonstrates a comprehensive knowledge of the grieving process and reactions in order to support patients and families throughout the disease trajectory

**Professional and Ethical Practice**

- Applies a comprehensive understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care
- Facilitates discussion and resolution of ethical and legal issues in conjunction with patients, families and care teams
- Actively influences and promotes palliative care strategic initiatives and policy development
- Acts as an expert resource contributing to palliative care development and delivery
Additional Competencies for Occupational Therapists with a Practice Focused in Palliative Care

Research, Education and Evaluation

- Applies knowledge gained from palliative care research
- Where possible, provides the family with opportunities to participate in end-of-life care giving research
- Where possible, leads, facilitates and engages in palliative care education and research
- Critically evaluates outcomes against standards and guidelines
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Educates and mentors the patient, family and caregivers about care needs
  - Facilitates patient participation in care planning
  - Identifies and integrates patient and family strengths in plan of care
  - Safely and appropriately delegates aspects of care to the family
  - Assists the family in care giving and acquiring respite care
  - Engages in family and team conferences
  - Develops a plan of care for the family
- Develops, facilitates and provides palliative care related education, leadership and mentorship to members of the discipline and students
- Where possible, identifies the opportunities for and barriers to discipline-specific research unique to palliative care

Advocacy

- Advocates for the patient’s needs, decisions and rights by recognizing potential vulnerabilities
- Supports autonomous decision-making
- Promotes equitable and timely access to resources
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have adequate resources to provide quality palliative care
- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
### Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
- Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
- Identifies patients who may benefit from a palliative approach
- Demonstrates the ability to compassionately interact with palliative patients
- Adapts care based on the patient’s goals of care
- Demonstrates an awareness of personal attitudes and feelings regarding death and dying
- Demonstrates an understanding of EMRs role in palliative care

### Communication

- Accurately describes the palliative approach to patients and families
- Demonstrates an understanding of the characteristics of effective communication
- Uses effective communication skills in listening and responding to the patient

### The Nature of Spiritual and Religious Needs

- Recognizes and respects that everyone has a spiritual and/or religious beliefs
- Recognizes that some people may or may not have religious elements to their spirituality
- Demonstrates an understanding of the role and limitations of the EMRs in the provision of spiritual care

### Understands the Influence of a Patient’s Culture, Values and Beliefs on Death, Dying and End-of-Life Care

- Demonstrates a respectful attitude to diversity and supports the patient in an open and non-judgmental environment

### Understands Grief as a Normal Response to Loss

- Demonstrates an awareness of the losses that a person and family may experience during the course of a life-limiting condition and the dying process

### Pain and Symptom Management

- Recognizes when a patient is experiencing pain or discomfort and alerts health professionals

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Historically, EMRs have been the medical first responder in rural and remote communities. They are often associated with volunteer emergency services organizations, and may be the sole provider of emergency medical services in some communities. EMRs may be responsible for initial assessments, the provision of safe and prudent care, and the transport of a patient to the most appropriate health care facility.
Palliative Care Competencies for EMRs

Understands the Role of the EMR in Comfort Care

- Demonstrates an appreciation of the boundaries regarding identifying and reporting symptoms and providing comfort care

Last Days and Hours

- Demonstrates an awareness of the signs of approaching death and alerts health professionals

Self-care

- Practices self-care strategies
- Demonstrates an awareness of ways EMRs can manage and cope with the impact of their patients’ dying and death

Education

- Participates in palliative care continuing education opportunities
Palliative Care Competencies for Primary, Advanced and Extended Care Paramedics

Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
  - Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
  - Applies the principles of palliative care that affirm life, offers a support system to help patients live as actively as possible until death, with optimal quality of life and helps families cope during illness
- Identifies patients who may benefit from a palliative approach
- Describes the common presentations associated with patients receiving palliative care and end-of-life care
- Identifies disease processes that contribute to life-limiting conditions
- Integrates the approach, assessment and treatment of a patient who wishes to stay at home
- Adapts care based on the patient’s history, presentation and patient goals of care
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Demonstrates an understanding of ACP and Personal Directives
- Demonstrates an understanding of the role of the SDM and the role they play in decision making regarding a patient’s care
  - Considers the benefits, burdens and risks of clinical interventions
    - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Demonstrates an understanding of the EHS SPP Palliative Care Program
- Identifies patients who would benefit from enrollment in the EHS SPP and informs patients and families regarding the enrollment process
- Develops a care plan that is consistent with the goals of care, trajectory of the life-limiting condition, wishes and individual circumstances (as per established evidence-based EHS protocols and/or direction from EHS physician)

Resources

- Demonstrates an understanding of community-based palliative care resources for patients and families
- Demonstrates an appreciation of the array of palliative care resources available to Paramedics to enhance knowledge and practice
Palliative Care Competencies for Primary, Advanced and Extended Care Paramedics

Decision Making

- Demonstrates the ability to assist in making appropriate clinical decisions related to palliative and end-of-life care
- Analyzes how age, gender, history and health status relate to the patient’s presentation
- Recognizes the many factors that influence decision making and care plans in patients with life-limiting conditions and those nearing the end-of-life
- Infers a differential diagnosis
- Identifies pathologies where transport to an ED may be warranted (e.g. SCC)

Pain

- Recognizes common opioid related side effects
- Provides appropriate opioid analgesia for patients based on established protocols
- Appreciates the concept of ‘total pain’
- With the support of the EHS physicians, selects between different adjuvant medications and treatments

Dyspnea

- Recognizes the subjectivity of dyspnea
- Identifies possible underlying causes of dyspnea
- Provides pharmacological and non-pharmacological interventions for dyspnea

Essential Conversations

- Discusses the palliative approach with patients and families
- Demonstrates an understanding of the communication challenges that may arise in the context of engaging in goals of care conversations with palliative patients
- Identifies patients who would benefit from the EHS SPP and provides the patient and family with enrollment information
- Uses appropriate strategies to maintain hope in advanced life-limiting conditions
- Supports the family in their suffering
- Uses communication skills relevant to difficult situations
- Recognizes that family conversations may involve children and different communication approaches may be required
- Responds appropriately to inquiries regarding MAiD by referring the patient to their family Doctor or NP
- Verifies that home death plans are in place to avoid 911 calls and/or involvement of ME
  - Provides patients and families with information regarding expected death at home
- Responds appropriately to those who are dissatisfied with palliative care services
- Discusses the patient’s established goals of care with patients, families and EHS physician
- Discusses the patient’s ACP and DNR orders with patients, families and EHS physician
Palliative Care Competencies for Primary, Advanced and Extended Care Paramedics

Psychological Distress

- Appreciates the challenges in diagnosing depression in patients with advanced disease
- Applies the Dignity Conserving Care approach when providing support
- With the support of the EHS physicians, initiates an initial treatment plan for patients with major depression or anxiety

Gastro-Intestinal Symptoms, Hydration and Nutrition

- Identifies patients who may benefit from artificial hydration
- Identifies possible underlying causes of nausea and vomiting
- Initiates treatment to manage nausea and vomiting
- Assists with and/or supports family to do patient’s oral care

Delirium

- Recognizes delirium
- Differentiates between delirium and dementia
- Identifies underlying causes of delirium
- Demonstrates an understanding of managing delirium and uses pharmacological and non-pharmacological measures where appropriate

Last Days and Hours

- Recognizes signs of imminent death
- Prepares patients and families for what to expect in last days and hours
- Manages airway secretions
- Demonstrates an understanding of the criteria for palliative sedation
- Provides comfort measures

Self-care

- Explores own attitudes regarding death, dying and caring for palliative patients
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues
- Engages in healthy activities that help prevent compassion fatigue
- Demonstrates an awareness of ways Paramedics can manage and cope with the impact of their patients’ dying and death
- Demonstrates an awareness of the emotional and spiritual supports available to Paramedics

Education and Evaluation

- Participates in the monitoring and evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
Palliative Care Competencies for Pharmacists

Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
  - Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
  - Applies the principles of palliative care that affirm life, offer patients a support system to help them live as actively as possible until death with optimal quality of life and help families cope
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Demonstrates an awareness of the impact of family role change for the patient and family in palliative care
- Demonstrates an understanding of palliative care standards, guidelines and policies
- Demonstrates an understanding of the role and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Integrates the principles of palliative care into pharmacy practice
- Integrates the patients’ physical, psychological and social needs into the provision of pharmaceutical care and pharmacy practice

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family
- Assesses the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and their preferences
- Validates and preserves cultural preferences and values by identifying ways to accommodate them into goal setting, decision making and care planning
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences
Palliative Care Competencies for Pharmacists

**Communication**

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Recognizes the potential for conflict in palliative care decision-making and contributes to its management
- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families
- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Effectively communicates with patients and families to address the patient’s palliative care needs and communicates these plans to the team
- Recognizes that family conversations may involve children and different communication approaches may be required
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services
- Communicates recommendations regarding appropriate use of palliative care medicines to the care teams
- Provides advice to family members, caregivers and care teams regarding the safe, efficient and traceable removal of drugs from the patient’s home

**Optimizing Comfort and Quality of Life**

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Evaluates non-complex interventions and proposes alternatives if necessary
- Demonstrates an understanding of the concept of ‘total pain’
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Applies the principles of pain and symptom management
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the ways in which patients can be engaged in self-management of their condition
- Helps the patient with a life-limiting condition and their family to adapt to a transition from life prolonging treatment to a focus on palliative care
- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition
Optimizing Comfort and Quality of Life, continued...

- Provides education and practical strategies to the patient, family and caregivers regarding the management of pain and symptoms
- Recognizes, uses and recommends non-pharmacological pain and symptom management strategies to promote comfort and quality of life
- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Demonstrates an awareness of the uniqueness of a good death and facilitates its achievement
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Demonstrates awareness of one’s own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Provides care in keeping with the patient’s goals of care and/or ACP
- Demonstrates an understanding of how a SDM is selected and the role they play in decision making regarding a patient’s care
- Recognizes and takes appropriate action to address emergencies that may arise in palliative care

- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Demonstrates knowledge of treatment choices for palliative pain and symptoms and the associated pharmaceutical care issues
- Provides pharmaceutical care for the management of pain and symptoms throughout the disease trajectory and at the end-of-life
- Addresses and resolves any concerns that the patient and family may have regarding medications being used to treat pain and symptoms at end-of-life
- Demonstrates knowledge and clinical application of pharmacological treatment options for pain and symptoms in those with life-limiting conditions
- Provides expert advice on compatibility and stability when multiple drugs are being administered
- Demonstrates the ability to locate, assess and interpret information regarding medicines used in palliative care
Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the care teams to manage pain and symptoms
- Provides supports to help the patient to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting condition on the patient and family and provides support to address identified needs
- Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of diagnosis
- Demonstrates an understanding of ACP and an appreciation of the appropriate time(s) to engage in discussions regarding goals and preferences for care
- Supports the patient who wishes to prepare or revise an ACP by referring them to the most appropriate health professional
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
- Facilitates informed decision-making by the patient regarding place of care, while identifying risks in a supportive manner
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Recognizes the need and plans for alternate routes for medications as death approaches and patients lose the ability to consume anything by the oral route
- Recognizes clinical limitations and professional boundaries and refers to other colleagues appropriately and in a timely manner

Last Days and Hours

- Anticipates, recognizes and responds to the signs of imminent death
- Supports the family’s wishes and death rituals

Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
- Provides guidance, support and information to families and makes referrals to bereavement services as required
Palliative Care Competencies for Pharmacists

Professional and Ethical Practice

- Demonstrates an ability to appropriately engage with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people’s wishes regarding their care options and preferences
- Respects the patient’s decision regarding initiating, not initiating, withholding and withdrawing dialysis, hydration, nutrition support and resuscitation
- Understands the difference between managing a condition and providing end-of-life care
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
- Identifies situations where personal beliefs, attitudes and values limit one’s ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
- Demonstrates knowledge of relevant legislation and policies, e.g. MAiD, Children and Family Services Act, Adult Protection Policy Act and ACP
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or employer policy

Self-care

- Demonstrates an understanding of the personal impact of loss, grief and bereavement
- Recognizes one’s own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

Education and Evaluation

- Participates in palliative care continuing education opportunities
- Educates the patient, family and caregivers about palliative care and the palliative approach
- Critically evaluates outcomes against standards and guidelines

Pharmacists are authorized to prepare and dispense MAiD medications.
Additional Competencies for Pharmacists with a Practice Focused in Palliative Care

**Principles of Palliative Care**

- Applies the Dignity Conserving Care approach when providing support
- Facilitates empathic and responsive relationships between those experiencing life-limiting conditions and their care teams
- Demonstrates leadership that encourages colleagues to foster a caring environment that supports all staff working in sensitive situations
- Practices person-centred palliative care that incorporates the unique contributions of the family in routine care giving
- Demonstrates an understanding of palliative care standards, norms of practice and best practices
- Demonstrates an in-depth knowledge of the use of specialist resources providing information regarding medicines used in palliative care
- Demonstrates leadership in the identification, development and delivery of pharmacy related palliative care policy
- Identifies and actively responds to complex medication information needs of health professionals

**Communication**

- Uses a variety of strategies to engage in highly skilled, compassionate, individualized and timely communication with patients, their families, caregivers and members of their care teams
- Maintains ongoing communication with the patient, family and care teams regarding end-of-life plan of care
- Demonstrates expertise as a mediator and advocate for the patient to access appropriate and timely palliative care
- Demonstrates awareness of one’s own responses to communication challenges and remains engaged in meaningful contact with patients, family and caregivers
- Applies comprehensive knowledge and understanding of the clinical presentation and disease trajectories of life-limiting conditions when responding to complex and multidimensional care needs, in order to comprehensively identify current and prospective clinical issues in palliative care
- Discusses the benefits and burdens of palliative pharmaceutical options to assist the patient in meeting their goals of care
- Communicates patients’ medication management needs to other health professionals
- Demonstrates expertise as a mediator and advocate for the patient in issues and decision making regarding pharmaceutical care
- Teaches communication skills regarding pharmaceutical care to members of the discipline and the Interprofessional Team
### Optimizing Comfort and Quality of Life

- Demonstrates an understanding of the Palliative Care Drug Program and facilitates patients enrollment
- Demonstrates comprehensive expertise in medicine management issues that patients may experience
- Acts as an expert resource regarding the role of discipline-specific interventions in symptom management and optimizing quality of life
- Demonstrates expert knowledge and clinical application of pharmacological treatments for the management of complex and non-complex pain and symptoms in palliative care
- Demonstrates the ability to provide leadership, expertise and guidance regarding the pharmacological management of complex pain and symptom control strategies
- Demonstrates an advanced level of discipline-specific clinical expertise in supporting the patient to adapt to changing clinical presentation
- Demonstrates an advanced level of clinical expertise and sensitivity in facilitating safe, smooth and seamless transitions of care for patients
- Provides expert pharmaceutical care for patients with complex symptoms
- Demonstrates the ability to promote the safe use of medicines in palliative care by encouraging the reporting of errors, improving medication use processes and developing and implementing medication safety strategies for high risk medications

### Care Planning and Collaborative Practice

- Collaborates effectively with the patient, family, caregivers and care teams to define goals of care and to develop, implement and evaluate a plan of care
- Collaborates with the patient and family to identify resources that will provide support during end-of-life care
- Facilitates conversations to support end-of-life decision making
- Identifies the patient’s and family’s values, beliefs and preferences regarding the various components of palliative care provision
- Uses shared scopes of practice to optimize care
- Collaborates within and between teams across the continuum of care to facilitate continuity in palliative care
- Demonstrates an understanding of the Palliative Care Drug Program and facilitates patients enrollment
- Identifies the full range and continuum of palliative care services, resources and the settings in which they are available
  - Demonstrates knowledge of the range of palliative care services and resources
  - Provides relevant information and resources to the patient and family
  - Identifies and accesses services and resources specific to the patient’s goals of care
  - Initiates referrals to and requests for resources, services and settings
  - Facilitates patient access to needed services and resources

### Loss, Grief and Bereavement

- Demonstrates a comprehensive knowledge of the grieving process and reactions in order to support patients and families throughout the disease trajectory
Additional Competencies for Pharmacists with a Practice Focused in Palliative Care

**Professional and Ethical Practice**

- Applies a comprehensive understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care
- Facilitates discussion and resolution of ethical and legal issues in conjunction with the care teams, patients and families
- Actively influences and promotes palliative care strategic initiatives and policy development
- Demonstrates the ability to influence processes and behaviours that determines how medicines are used in palliative care
- Works in partnership with peers, the Interprofessional Team and the Specialist Palliative Care Consult Team to assess, coordinate, promote and improve medication safety
- Communicates and advances the distinct contribution of palliative pharmacy

**Research, Education and Evaluation**

- Applies knowledge gained from palliative care research
- Where possible, leads, facilitates and engages in education and research
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Educates and mentors patients and families about care needs
  - Facilitates patient participation in care planning
  - Identifies and integrates patient strengths in plan of care
  - Safely and appropriately delegates aspects of care to the family
  - Assists the family in care giving and acquiring respite care
  - Where possible, provides the family with opportunities to participate in research regarding end-of-life care giving
  - Engages in family and team conferences
- Acts as an expert resource contributing to palliative care development and delivery
- Develops, facilitates and provides palliative care related education, leadership and mentorship to members of the discipline and students
- Where possible, identifies the opportunities for and barriers to discipline-specific research unique to palliative care

**Advocacy**

- Advocates for the patient’s needs, decisions and rights by recognizing potential vulnerabilities
- Supports autonomous decision-making
- Promotes equitable and timely access to resources
- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have adequate resources to provide quality palliative care
Medical Expert

Applies the Principles of a Palliative Approach Across the Trajectory of a Life-Limiting Condition, From Diagnosis Through to Bereavement

- Demonstrates an understanding of the philosophy of palliative care
  - Applies an understanding that a palliative approach to care starts early in the trajectory of a life-limiting condition
  - Applies the principles of palliative care that affirm life, offers a support system to help patients live as actively as possible until death, with optimal quality of life and helps families cope during illness
- Identifies patients who would benefit from a palliative approach early in a life-limiting condition
- Recognizes the role of primary and acute care in the provision of palliative care across a variety of settings
- Demonstrates an understanding of the role and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Provides palliative care to patients with life-limiting conditions
  - Uses the “Surprise Question” to identify patients who may benefit from palliative care
  - Identifies the beliefs and attitudes of society and health professionals towards palliative care
  - Identifies the patient’s and family’s values, beliefs, wishes, fears, hopes and circumstances regarding death and dying
  - Identifies and anticipates the different trajectories of life-limiting conditions
  - Identifies the various phases of palliative care, from the early ambulatory phase to the end-of-life phase
- Provides holistic person-centred care
  - Integrates physical, social, psychological and spiritual domains
  - Explores the impact of the life-limiting condition on the different facets of a patient’s life and the lives of family members
  - Incorporates “quality of life”, as defined by the patient, as a key outcome of care
- Maintains and periodically reviews a registry of patients in the clinic or roster who require palliative care
- Ensures treatment plans are consistent with goals of care, patient preferences and the trajectory of a life-limiting condition
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Recognizes and addresses the sources of suffering and ‘total pain

These competencies are shared by NPs, Primary Care Physicians and Non-Palliative Care Specialist Physicians (refers to acute care specialists – e.g. Oncologists, Geriatricians, Thoracic Surgeons, Cardiologists, etc.), to review the Specialist Palliative Care Consult Team Physicians’ competencies refer to the section of the Framework beginning on page 105.
Medical Expert, continued…

Applies the Principles of a Palliative Approach Across the Trajectory of a Life-Limiting Condition, From Diagnosis Through to Bereavement, continued…

- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Demonstrates an understanding of palliative care standards, guidelines and policies
- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences

Assesses and Manages Pain and Other Symptoms

- Regularly screens for symptoms and needs
  - Uses standardized instruments regularly and appropriately to screen and assess symptoms and needs
  - Performs comprehensive assessments throughout the trajectory of life-limiting conditions
  - Conducts histories and physical exams
  - Uses investigations appropriately, according to the trajectory of the life-limiting condition and in a manner that is consistent with goals of care
- Considers therapeutic trials when the potential benefits of an intervention are unclear
- Assesses and manages pain
  - Identifies underlying mechanisms of pain
  - Uses accepted pain management guiding principles to select an appropriate first-line analgesic regimen
  - Selects an appropriate first-line opioid and dose when initiating opioid treatment
  - Identifies patients who may benefit from the addition of first-line adjuvant analgesics
  - Selects an appropriate first-line adjuvant analgesic and dose in the management of neuropathic pain, visceral pain and malignant bone pain
  - Identifies patients who may benefit from palliative radiation therapy
- Uses opioids appropriately for pain management
  - Addresses fears and concerns that patients may have regarding opioids
  - Prevents and treats common opioid-induced side effects
  - Titrates opioid doses appropriately
  - Appropriately uses equianalgesic dose conversion tables for switching between opioids
  - Identifies aberrant behaviour that may indicate misuse or elicit diversion of opioids
  - Provides first-line management of breakthrough pain
  - Switches between short-acting and long-acting formulations
  - Identifies patients who may experience difficulties managing pain
  - Identifies OIN
    - Differentiates between OIN and narcotization
    - Implements first-line strategies to manage OIN
Medical Expert, continued...

Assesses and Manages Pain and Other Symptoms, continued...
- Identifies patients with difficult-to-control pain that requires the support of the Specialist Palliative Care Consult Team or Pain Service
- Maintains, with the support of the Specialist Palliative Care Consult Team or Pain Service, a patient on methadone for pain management

Screens, Assesses and Manages Delirium
- Differentiates between delirium, dementia, depression and pain
- Searches, where possible and appropriate, for underlying causes and contributing factors
- Diagnoses delirium and sub-syndromal delirium in palliative care
- Uses non-pharmacological measures where possible
- Uses first-line anti-psychotic medications, at appropriate doses, based on the severity of delirium, to control symptoms

Assesses and Manages Respiratory Symptoms
- Diagnoses dyspnea on the basis of patient self-reporting, rather than clinical signs, lung function tests or oxygen saturation
- Identifies underlying causes and contributing factors to dyspnea
- Manages dyspnea by addressing, when possible, underlying causes
- Uses non-pharmacological interventions to reduce dyspnea
- Uses opioids, oxygen and other first-line pharmacological approaches to control dyspnea
- Manages upper and lower airway secretions and coughing
- Identifies patients who may benefit from a thoracentesis

Assesses and Manages GI Symptoms
- Identifies the underlying causes and contributing factors of nausea and vomiting
- Differentiates between ileus and mechanical bowel obstruction as causes of vomiting
- Identifies patients with partial or complete malignant bowel obstruction
- Initiates basic management of malignant bowel obstruction when surgery is not an option
- Selects a first-line antiemetic drug, based on the inferred underlying mechanism and the associated neurotransmitters
- Initiates constipation prevention with first-line laxative treatments
- Diagnoses constipation
  - Selects a first-line laxative regimen to manage constipation
  - Identifies patients who may benefit from a paracentesis

Assesses and Manages Anorexia and Cachexia
- Explores patients’ and families’ concerns regarding appetite and weight loss
- Explains cachexia syndrome and its treatment implications

ff  NPs and physicians are required to have a Health Canada exemption to prescribe methadone for pain.
Assesses and Manages Anorexia and Cachexia, continued…

- Identifies reversible versus non-reversible causes of anorexia
  - Identifies patients who could benefit from pharmacological appetite stimulation
  - Identifies patients who could benefit from artificial nutrition and those who are unlikely to benefit

Assesses and Manages Fatigue

- Identifies reversible versus non-reversible causes of fatigue
- Recommends energy-sparing interventions for patients with advanced disease

Manages Hydration and Nutrition Concerns

- Describes the limitations of artificial hydration and nutrition
- Identifies patients who could benefit from artificial hydration and those who would not
- Initiates hypodermoclysis when appropriate

Assesses and Manages Bleeding and Thrombo-embolic Events

- Describes the limitations of primary thromboprophylaxis in patients at end-of-life
- Identifies patients who could benefit from anticoagulants and those for whom it has limited benefit
- Identifies patients at risk for a hemorrhage
- Institutes measures to manage a major hemorrhage should it occur at end-of-life
- Develops an approach to manage anemia and thrombocytopenia in those with advanced disease, based on goals of care and trajectory of the life-limiting condition

Palliative Sedation

- Identifies patients who could benefit from palliative sedation for the management of intractable symptoms at end-of-life
- Identifies patients for whom palliative sedation may be helpful and ensures all criteria are met prior to initiating palliative sedation
- Describes the ethical issues regarding palliative sedation
- Collaborates with the Specialist Palliative Care Consult Team or Pain Service to assist with the provision of palliative sedation

Assesses and Manages Conditions that Constitute Emergencies In Palliative Patients

- Identifies emergencies at end-of-life
- Implements treatment plans consistent with the goals of care and trajectory of the life-limiting condition

Identifies and Addresses Psychosocial and Spiritual and Existential Needs

- Gains an understanding of the roles and relationships within the family and how they may be impacted by a life-limiting condition
Medical Expert, continued...

Identifies and Addresses Psychosocial and Spiritual and Existential Needs, continued…
- Assesses and addresses patient depression and anxiety
  - Differentiates between normal and abnormal levels of anxiety and depression in patients with advanced disease
  - Identifies patients who could benefit from pharmacological management of depression and anxiety
  - Initiates a first-line treatment for patients with depression and anxiety disorders

Nurtures Hope and Meaning in a Supportive Way that is Congruent with the Goals of Care
- Assesses, identifies and addresses spiritual and existential needs of patients
- Refers to appropriate spiritual and religious care providers

Assesses, Identifies and Addresses Social Needs at End-of-Life and Facilitates Support
- Assesses, validates and acknowledges the patient's and family's loss and grief throughout a life-limiting condition and into bereavement
- Provides supportive counseling to patients and families throughout a life-limiting condition
- Provides supportive counseling to families who are bereaved and grieving
- Identifies persons at risk for complicated grief reactions
- Refers patients and families to appropriate resources

Cultural Safety
- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Appreciates the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age and ability
- Validates and preserves cultural preferences and values
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences
- Explores the patient's and family's cultural and religious needs, beliefs and preferences as they relate to end-of-life
- Provides opportunities for patients and families to exercise religious, cultural and spiritual rituals, customs, rites and beliefs at end-of-life

Manages and Provides Care in the Last Days and Weeks of Life
- Anticipates and plans for end-of-life needs
- Identifies patients who are in the terminal phase
- Identifies local hospice and palliative care resources and connects patients as appropriate
- Educates the family about the changes to expect in the patient's condition at end-of-life
- Ensures potentially needed medications and supplies are available in the home
Medical Expert, continued…

Manages and Provides Care in the Last Days and Weeks of Life, continued…

- Put plans in place to avoid ED visits
  - Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates knowledge and understanding of professional, legal, moral and ethical codes of practice related to Personal Directives Act, ACPs, palliative sedation, MAiD, and withdrawing and withholding of life-sustaining therapies
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or employer policy
- Demonstrates an understanding of the potential management and ethical issues related to mechanical devices
- Addresses patient or family requests for autopsies and/or body, organ or tissue donation
- Encourages patients and families to make timely funeral preparations
- Assesses and manages families’ and caregivers’ needs through end-of-life
- Discusses with the family and other caregivers who to call in case of an emergency and when death occurs (avoiding 911 calls)
- Identifies circumstances which warrant the involvement of the ME
- Undertakes death pronouncements and timely completion of death certificates, in a sensitive and compassionate way
- Ensures the family, caregivers and care teams understand how to safely remove palliative drugs from patient’s homes

Provides Continuity of Care for Patients

- Where possible, provides clinic-based ambulatory palliative care in collaboration with the Specialist Palliative Care Consult Team
- Provides timely access to clinics, given life expectancy of patients with life-limiting conditions
- Identifies patients early in the trajectory of a life-limiting condition so as to optimize benefits of palliation
- Maintains a registry of patients in the practice requiring palliative care to ensure that changing needs are met
- Provides or arranges for after-hours coverage of patients
- Provides palliative care in patients’ homes, Long-Term Care facilities and acute care settings, such as community hospitals and EDs in rural and remote settings
- Identifies, connects or refers patients to palliative care resources and supports
- Facilitates transition for patients between settings
  - Recognizes transition points
  - Communicates with colleagues in other settings during transitions
- Collaborates with colleagues, Palliative Care Specialist Physicians and Specialists from other disciplines

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Physicians and NPs are authorized providers of MAiD.104, 106
Medical Expert, continued...

Providing Continuity of Care for Patients, continued...

- Collaborates with patients and families to identify needs and plan care
- Demonstrates an understanding for the need for home care and palliative care nurses to have rapid access to primary care physicians, NPs and specialists

Communicator

Communicates with Patients, Families and Caregivers Regarding Palliative and End-of-life Care

- Identifies the patient's and family's information needs and preferences prior to providing information and discussing diagnosis and prognosis
  - Addresses unrealistic expectations regarding prognosis and treatment options
  - Nurtures hope in a way that is congruent with the trajectory of a life-limiting condition
  - Discusses dying, death, loss and bereavement
  - Explores the patient's and family's questions and concerns regarding the dying process and what to expect
  - Discusses preferred settings of care and death
  - Provides families and caregivers with information regarding what to expect at end-of-life
  - Discusses organ, tissue and body donation
  - Responds to concerns regarding “starving or dehydrating” at end-of-life
  - Discusses withholding and withdrawing treatments that patients and families may consider to be life-sustaining
  - Discusses grief, loss and bereavement
  - Respects diversity and differences, including, but not limited to: the impact of ethnicity, culture, gender, sexual orientation, language, religion, age and ability on decision-making
  - Takes into account the patient’s and family's information preferences when communicating
  - During essential conversations, regularly enquires whether information is meeting their needs
  - Responds appropriately to family requests not to share information with the patient regarding diagnosis, prognosis and other information
  - Assesses and discusses prognosis and the trajectory of a life-limiting condition on an ongoing basis
  - Explores the patient's and family's understanding of the life-limiting condition and its trajectory
  - Explores the patient's and family's understanding of the expectations and wishes, prognosis and goals of care
  - Explores the patient's and family's questions and information preferences regarding prognosis
- Responds appropriately to a patient's and family questions regarding expected date of death
- Maintains or enhances, whenever possible, a patient's sense of dignity
- Recognizes that family conversations may involve children and different communication approaches may be required
Communicator, continued...

Communicates with Patients, Families and Caregivers Regarding Palliative and End-of-life Care, continued...

- Addresses requests for information on CAM
- Determines and supports decisions regarding the extent to which the patient desires to be involved in their own care
- Presents patients with care and treatment options and their anticipated benefits, burdens and risks, considering the goals of care
- Discusses and establishes resuscitation preferences (including DNR)
- Shares difficult news in a compassionate and supportive manner
- Informs the patient and family of progression of disease and other complications
- Facilitates family meetings
- Introduces patients and families to the concept of palliative care, along with other disease ameliorating treatments, or as the main focus of care
- Identifies situations that may benefit from a family meeting
  - Periodically reviews goals of care, particularly when changes occur in disease status and functional level
- Facilitates ongoing discussions regarding goals of care
- Transitions patients from life prolonging treatment to palliative care, as the main focus of care
- Documents discussions and inform other care providers of key points of discussions (e.g. DNR status, MAiD)
- Responds appropriately to those who are dissatisfied with palliative care services
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)

Collaborator

Promotes an Interprofessional Approach to Care

- Collaborates with the care teams to ensure the patient’s and family’s needs are met
- Responds promptly to requests from Home Care/Palliative Care Nurses
- Establishes a communication system to address urgent situations encountered by home care and palliative care nurses
- Refers patients with complex and more difficult needs to the Specialist Palliative Care Consult Team or other specialists when appropriate
- Identifies circumstances which warrant the involvement of the ME

Health Advocate

Practices Self-care

- Explores own attitudes and beliefs regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
Health Advocate, continued…

Practices Self-care, continued…

- Demonstrates an awareness of ways to manage and cope with the impact of their patients’ dying and death
- Demonstrates an awareness of the emotional and spiritual supports available
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue
- Promotes palliative care and addresses barriers to care
- Addresses beliefs and attitudes of society and health professionals that undermine access to palliative care
- Addresses misperceptions that patients, families, caregivers and colleagues have of palliative care

Education and Evaluation

- Contributes to the evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
Additional Competencies for Thoracic Surgeons

Optimizing Comfort and Quality of Life

- Performs thoracic surgical procedures to palliate the following symptoms:
  - Pleural and pericardial-effusion
  - Dysphagia
  - Hemoptysis
  - Tracheobronchial obstruction
**Medical Expert**

Integrates all of the CanMED Roles, applying medical knowledge, clinical skills and professional attitudes in the provision of person-centred care.

*Functions Effectively as a Consultant, Integrating All of the CanMED Roles to Provide Optimal, Ethical and Person-centred Medical Care*

- Identifies and appropriately responds to relevant moral and ethical issues arising from the care of patients with chronic or life-limiting condition
- Recognizes symptoms, issues and situations that require urgent or emergent palliative care
- Demonstrates skills in developing a shared understanding of person-centred goals of care with patients
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Demonstrates an understanding of palliative care standards, norms of practice and best practices
- Performs a Palliative Medicine consultation
- Demonstrates use of all CanMED competencies relevant to the practice of Palliative Medicine, across settings of care
- Demonstrates ethical and moral dimensions in medical decision making for patients with palliative care needs
- Demonstrates medical expertise in situations other than patient care, such as providing expert testimony or advising governments

*Establishes and Maintains Clinical Knowledge, Skills and Behaviour Appropriate to Palliative Medicine*

- Applies knowledge of the clinical, socio-behavioural and fundamental biomedical sciences

*Assesses and Manages Physical Symptoms and Conditions*

- Applies the Dignity Conserving Care approach when providing support
- Demonstrates an understanding of the pathophysiology and management of the following physical symptoms and conditions common to palliative care, including, but not limited to: agitation at the end-of-life; anorexia and cachexia; bleeding and thrombosis; constipation; cough; delirium; dyspnea; edema; enteral feeding intolerance; nausea and vomiting; oral conditions, including: candidiasis, stomatitis and xerostomia; skin conditions, including: fistula, lymphedema, malignant wounds, pressure sores, pruritus and wound breakdown; respiratory and oropharyngeal secretions; sleep disturbances; and weakness and fatigue
- Demonstrates an understanding of the pathophysiology and management of palliative care emergencies and urgencies, including, but not limited to: biliary, bowel and urinary obstruction; catastrophic bleed; delirium; hypercalcemia; intractable nausea and vomiting; pain crisis; seizures; severe dyspnea; SCC; and SVCO
- Initiates and maintains, with the support of the Pain Service, a patient on methadone for pain management

*hh These competencies are shared with NPs specializing in palliative care.

**ii NP and physicians are required to have a Health Canada exemption to prescribe Methadone for pain.**
Medical Expert, continued...

**Assesses and Manages Physical Symptoms and Conditions, continued…**

- Demonstrates an understanding of common pain syndromes:
  - Neurophysiology of pain transmission
  - Medications used in the management of pain, opioids, adjuvants, including, but not limited to: nonsteroidal anti-inflammatory drugs (NSAIDs), anti-depressants, anticonvulsants, glucocorticoids and N-methyl-D-aspartate (NMDA) receptor antagonists
  - Non-pharmacological approaches to pain management, including physical and psychological interventions
  - Indications for and complications of interventional anesthetic techniques, including epidural, intrathecal and neurolytic block

**Psychological**

- Demonstrates an understanding of the:
  - Psychological issues common to palliative care and strategies to address them
  - Role and application of therapeutic interventions used in the management of psychological issues, including: behavioural therapy, cognitive therapy, counseling, hypnotherapy, imagery and visualization
  - Responses and emotions of patients, including, but not limited to: fear, guilt, anger, sadness and despair, and strategies to address them
  - Impact of psychological issues on decision-making, management of pain and other physical symptoms and outcomes
  - Role of patients’ coping styles on decision-making and outcomes
  - Impact of pain and intractable symptoms on well-being and quality of life
  - Impact of a life-limiting illness on relationships, body image, sexuality and roles

- Demonstrates an understanding of the social issues common to palliative care, including, but not limited to:
  - Relational and financial issues and strategies to address them
  - Changing family dynamics and factors that contribute to distress
  - Needs of siblings of children with life-limiting conditions and strategies to provide support
  - Needs of children of parents with life-limiting conditions and strategies to provide support
  - Needs of caregivers, signs of caregiver distress and strategies to provide support

**Spiritual**

- Demonstrates an understanding of the:
  - Issues of spirituality related to death and dying and the role of spiritual care
  - Difference between patients’ spiritual and religious needs
  - Importance of hope and nurturing hope while shifting goals of care from length of life to quality of life
  - Major cultural and religious practices which relate to health care, dying and bereavement
  - Existential needs of patients and strategies to provide support
  - Factors contributing to existential distress
  - Suffering and its impact on patients and their care teams
Medical Expert, continued...

**Cultural Safety**

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Appreciates the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age and ability
- Validates and preserves cultural preferences and values
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences
- Explores the patient’s and family’s cultural and religious needs, beliefs and preferences as they relate to end-of-life
- Provides opportunities for patients and families to exercise religious, cultural and spiritual rituals, customs, rites and beliefs at end-of-life

**Grief and bereavement**

- Demonstrates an understanding of the:
  - Normal, anticipatory, atypical and complicated grief, including: identification of risk factors and strategies for supporting patients and families
  - Bereavement and strategies and services to support patients’ families
  - Needs of children of various developmental stages in dealing with grief and loss of a parent or sibling
  - Complicated nature of guilt often experienced by parents of children with genetic conditions

**Therapies**

- Demonstrates an understanding of the:
  - Indications, dose selection, titration, routes of administration and drug interactions of medications commonly used in palliative care
  - Principles of pharmacokinetics and pharmacodynamics of medications commonly used in palliative care
  - Management of side effects of medications commonly used in palliative care
  - Management of OIN
  - Tolerance, physical dependence and addiction to opioids
  - Safe prescribing
  - CAM commonly used by patients
  - Demonstrates an understanding of the Palliative Care Drug Program and facilitates patients enrollment
**Medical Expert, continued...**

**Oncologic**

- Demonstrates an understanding of the:
  - Epidemiology, natural history, pathophysiology, complications and symptom burden for various cancers
  - Principles of management of adult and pediatric cancers
  - Goals of therapy
  - Role of surgery, chemotherapy, immunotherapy, radiation therapy and targeted therapy
  - Management of side effects
  - Pain and symptom management, incorporating pharmacological and non-pharmacological strategies
  - Indications for and complications of interventions used to manage cancer patients, including, but not limited to: biliary drainage tubes; esophageal and colorectal stents; long-term intravenous lines, including: Peripherally Inserted Central Catheter (PICC) lines, Hickmans, port-a-caths, renal and bladder drainage tubes, venting gastrostomy tubes, Ventricular Peritoneal (VP) shunts and vertebroplasty

**Non-Oncologic**

- Demonstrates an understanding of the:
  - Epidemiology, natural history, pathophysiology, complications and symptom burden for progressive non-oncologic diseases
  - Management of patients with end-stage non-oncologic diseases, including: medical, surgical and rehabilitative therapies
  - Symptom management, incorporating pharmacological and non-pharmacological strategies
  - Indications for and complications of interventions, including, but not limited to: chest tubes, cough assist devices, enteric feeding tubes, esophageal and colorectal stents, hemodialysis and peritoneal dialysis, implantable pacemakers and defibrillators, invasive and non-invasive ventilation, Left Ventricular Access Device (LVAD), oxygen, paracentesis, pleurodesis, renal and bladder drainage tubes, suctioning, thoracentesis, tracheostomy, transplantation, venting gastrostomy tubes and VP shunts
Medical Expert, continued...

*Pediatric Medicine*

- Demonstrates an understanding of the:
  - Principles of pediatric palliative care, similarities and differences in the provision of palliative care to children, adolescents and adults
  - Common life-limiting conditions of childhood and adolescence
  - Developmental stages in childhood and adolescence
  - Age appropriate symptom assessment tools for use in verbal and nonverbal children
  - Physiological differences in the pediatric population and implications for symptom management and therapeutic choice
  - Pharmacological, physical, behavioural and cognitive strategies for managing pain and other symptoms in the pediatric population
  - Management of common life-limiting conditions in adolescents and young adults supported by palliative care services who will likely require transition to adult palliative care services
  - Impact of stages of child development on provision of pediatric palliative care
  - Developmental stages and their impact on children’s concepts of illness and dying
  - Effect of life-limiting conditions on child development, including, but not limited to: arrested development, developmental regression and loss of milestones
  - Development over atypical trajectories, including autism spectrum disorders
  - Effect of developmental stage on the assessment of pain and symptoms
  - Importance of play and education for children/youth with life-limiting conditions and their need to engage in childhood activities

- Demonstrates an understanding of:
  - The spectrum of disease conditions encountered in pediatric palliative care, ranging from curable but life-limiting, through non-curable, non-treatable and static conditions
  - How the spectrum of conditions impacts families’ and health professionals’ expectations of palliative care and the timing of consultation or interventions
  - The evolving epidemiology of youth with life-limiting conditions of childhood living into young adulthood

- Demonstrates an understanding of the disease experience from the patient’s and parent’s perspective
- Assesses pain and other symptoms in difficult to assess patient populations
- Recognizes and accommodates for patients’ diversities and differences
- Assesses patient and family distress and resiliency
- Engages and assesses verbal and non-verbal children through the use of play, art and music
- Describes how various modalities provide insight into the child’s world and explores avenues for therapeutic intervention or assistance
Medical Expert, continued...

**Neonatal and Perinatal Palliative Care**
- Demonstrates an understanding of the:
  - Life-limiting congenital and acquired conditions that present prenatally, intrapartally, antenatally or in the neonatal period
  - Complications of extreme prematurity
  - Challenges of working with families with prenatal diagnoses implying severe morbidity or mortality
  - Planning for delivery, Personal Directives and comfort care methods at the time of delivery for neonates with life-limiting conditions
  - Methods and routes for medication delivery in neonates requiring palliative symptom management
  - Planning for post-delivery care for neonates with life-limiting conditions, including, but not limited to: anticipated and unanticipated extended hospital stay, discharge home, provision of appropriate normal newborn care and anticipated symptom needs
  - Care requirements for the mother's post-partum physical and mental health
  - Care and resources for parents and siblings of neonates with life-limiting conditions

**Transition to Adult Care of Youth with Life-Limiting Conditions**
- Demonstrates an understanding of the:
  - Principles of transition of care for youth between pediatric and adult services
  - Evolving needs, including, but not limited to: sexual and reproductive health, emotional well-being, social supports and services, spirituality and ACP
  - Evolving needs for additional community supports in caring for a young adult with aging caregivers
  - Issues of achieving and maintaining independence for youth with typical or atypical development, including, but not limited to: independent living, meaningful occupation or employment, independent mobility, friendship, sexuality and transition of responsibility from parents

**Geriatric Medicine**
- Demonstrates an understanding of the physiological and psychological differences in older adults and the implications for therapeutic choice
- Demonstrates an understanding of frailty and its contribution to morbidity and mortality

**Prognostication**
- Demonstrates an understanding of the:
  - Different trajectories common in chronic or life-limiting conditions and relevance to prognostication
  - Use of prognostication for recognizing transition points and access to appropriate palliative care resources
  - Disease-specific prognostic indicators
  - Common validated tools used to assist in prognostication in Palliative Medicine
  - Limitations of using indicators and tools to prognosticate
  - Limitations of using adult indicators and tools for children
Medical Expert, continued...

**Rehabilitation**
- Demonstrates an understanding of the common palliative care rehabilitation needs, including, but not limited to: physical function and social issues, maintenance of function through exercise and therapy throughout the disease trajectory to improve quality of life, strategies and services to address rehabilitation needs.

**Community-Based Care**
- Demonstrates an understanding of the differences in community-based palliative care, including, but not limited to:
  - Availability and access to lab and investigative services, pharmacological and non-pharmacological therapies and interventions, as well as medical, nursing and support services
  - Expertise of palliative care providers
  - Family structure, dynamics and ability to cope with a death in the home
  - Issues of personal safety and the safety of other health care providers and patients
  - Economic and social costs
  - Time commitment
  - Providing care in patients’ homes and in rural communities

**Care of the Dying**
- Demonstrates an understanding and recognition of:
  - The dying phase of life-limiting conditions and specific issues associated with dying, including, but not limited to: physical symptoms, psychological issues and ethical and moral concerns
  - The concept of a good death and factors that contribute to a good death across settings of care
- Anticipates and plans for end-of-life needs
- Identifies patients who are in the terminal phase
- Identifies local hospice and palliative care resources and connects patients as appropriate
- Educates family about the changes to expect in the patient’s condition at end-of-life
- Ensures potentially needed medications and supplies are available in the home
- Put plans in place to avoid ED visits
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Responds to inquiries regarding MAiD in accordance with regulatory body's relevant guidelines and standards and NSHA, IWK or employer policy
- Demonstrates an understanding of the potential management and ethical issues related to mechanical devices
- Addresses patient or family requests for autopsies and/or body, organ or tissue donation
- Encourages patients and families to make timely funeral preparations
- Assesses and manages families’ and caregivers’ needs through end-of-life

*Physicians and NPs are authorized providers of MAiD. [94, 104, 106]*
Competencies for Palliative Care Specialist Physicians

Medical Expert, continued...

Care of the Dying, continued...

- Discusses with the family and other caregivers who to call in case of an emergency and when death occurs (avoiding 911 calls)
- Identifies circumstances which warrant the involvement of the ME
- Undertakes death pronouncements and timely completion of death certificates, in a sensitive and compassionate way
- Ensures the family, caregivers and care teams understand how to safely remove palliative drugs from patient’s homes

Performs a Complete and Appropriate Assessment

- Uses validated age-appropriate tools in the assessment of pain and other symptoms, functional status and prognosis
- Performs a focused physical exam that is relevant and accurate, for the purposes of diagnosis, prognosis, management, health promotion and disease prevention
  - Selects medically appropriate investigative methods in a resource-effective and ethical manner
  - Selects investigative methods appropriate to stage of disease and concomitant with person-centred goals of care
  - Selects appropriate investigations for the purpose of prognostication

Demonstrates Effective Clinical Problem Solving and Judgment

- Interprets data and integrates information to generate differential diagnosis and management plans
- Develops a management plan throughout the disease trajectory, balancing treatments and symptom management in accordance with person-centred goals of care and in settings where availability of investigations is limited

Develops Management Plans For:

- Agitation at end-of-life
- Anorexia and cachexia
- Bleeding and thrombosis
- Constipation
- Cough
- Delirium
- Dyspnea
- Edema
- Emergencies and urgencies, including, but not limited to: biliary, bowel and urinary obstruction; catastrophic bleed; delirium; hypercalcemia; intractable nausea and vomiting; pain crisis; seizures; severe dyspnea; SCC and SVCO
- Nausea and vomiting
- Oral conditions, including, but not limited to: candidiasis, stomatitis and xerostomia
- Pain
- Psychological, social, spiritual and existential issues in palliative care
Competencies for Palliative Care Specialist Physicians

Medical Expert, continued...

Develops Management Plans For, continued...
- Respiratory and oropharyngeal secretions
- Skin conditions, including, but not limited to: fistula, lymphedema, malignant wounds, pressure sores, pruritus and wound breakdown
- Sleep disturbances
- Weakness and fatigue

Demonstrates Appropriate and Timely Application of Preventive and Therapeutic Interventions Relevant to Palliative Medicine
- Works with patients and families to establish common, person-centred goals of care, ensuring responsiveness to needs, values, beliefs and wishes
- Identifies relevant priorities for management based on the patient’s perspective, medical urgency and clinical context
- Develops a proactive approach to managing the expectations and needs of patients by anticipating symptoms and issues and identifying appropriate services and resources
- Addresses ACP with specific discussion of the indications, use and discontinuation of therapeutic interventions
- Selects pharmacological and non-pharmacological approaches to address physical symptoms and conditions and psychological, social, spiritual and existential issues that are evidence based and concomitant to person-centred goals of care
- Monitors and modifies the plan of care in response to side effects, toxicity, or efficacy of therapeutic interventions
- Assess capacity to consent for treatment
- Recognizes the need for and the role of the SDM for an incapable patient
- Demonstrates an understanding of the potential management and ethical issues related to mechanical devices
- Provides medical care that is structured around patient’s needs, their level of understanding and their priorities, with the aim of relieving suffering, maximizing quality of life and providing support
- Ensures patients receive care consistent with the standards of Palliative Medicine

Demonstrates Proficient and Appropriate and Timely Use of or Appropriate Referral for Procedural Skills, Diagnostics and Therapeutics Relevant to Palliative Medicine
- Performs diagnostic thoracentesis and paracentesis, or refers appropriately
- Inserts subcutaneous access catheters
- Initiates and manages CADD pumps
- Manages or appropriately refers patients requiring: biliary drainage tubes, chest tubes, cough assist devices, enteric feeding tubes, epidural, intrathecal and regional block catheters, implantable cardiac defibrillators, long-term IV lines (including: PICCs, Hickmans and Port-a-caths), non-invasive ventilation, renal and bladder drainage, tracheostomy tubes and venting gastrostomy tubes
- Obtains appropriate informed consent for procedures
- Documents and disseminates information related to procedures and their outcomes
- Ensures adequate follow-up is arranged for procedures performed
Competencies for Palliative Care Specialist Physicians

Medical Expert, continued...

*Seeks Appropriate Consultation from Other Health Professionals, Recognizing the Limits of Their Own Expertise*

- Demonstrates insight into limits of expertise
- Practices self-reflection
- Demonstrates effective, appropriate and timely consultation with another health professional, as needed for optimal patient care
- Arranges appropriate follow-up services for patients and families

Communicator

Effectively facilitates the doctor-patient relationship and the dynamic exchanges that occur before, during and after the medical encounter

*Develops Rapport, Trust and Ethical Therapeutic Relationships with Patients*

- Demonstrates skills in eliciting concerns across physical, functional, psychological, social and spiritual domains
- Establishes positive therapeutic relationships with patients and families that are characterized by understanding, trust, respect, honesty and empathy
- Recognizes the value of maintaining hope
- Provides supportive counseling and resources to those coping with loss
- Demonstrates empathic listening skills to establish person-centred goals of care and identifies the patient’s and family’s extent of awareness regarding the life-limiting condition and prognosis
- Facilitates a structured clinical encounter effectively
- Organizes, participates in and when appropriate leads clinical encounters structured to achieve predetermined goals, including ACP, while respecting patient autonomy and maximizing the involvement of patients
- Recognizes that family conversations may involve children and different communication approaches may be required
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services

*Accurately Elicits and Synthesizes Relevant Information and Perspectives of Patients, Families, Colleagues and Other Professionals*

- Gathers information regarding the patient and family, their beliefs, wishes, hopes, concerns, expectations and illness experience

*Conveys Relevant Information and Explanations Accurately to Patients, Families, Colleagues and Other Professionals*

- Delivers information to the patient, family, colleagues and other professionals in a humane and compassionate manner, that is understandable and encourages discussion and participation in decision-making
- Identifies communication challenges and modifies approaches to ensure communication is effective
- Explains treatment options, both pharmacological and non-pharmacological, including: the benefits, risks, side effects and effectiveness
Communicator, continued…

**Develops a Common Understanding of Issues, Problems and Plans with Patients, Families and Health Professionals to Develop a Shared Plan of Care**

- Explains palliative care philosophy to patients and families
- Respects diversity and differences, including, but not limited to the impact of ethnicity, culture, gender, sexual orientation, language, religion, age and ability on decision-making
- Engages patients, families and relevant health professionals in shared decision-making to develop a plan of care
- Discusses palliative issues skillfully with patients and families
- Discusses organ, tissue and body donation
- Explains the concept of brain death
- Participates in, or facilitates, family meetings to discuss issues, including goals of care and discharge planning
- Educates patients, families and health professionals about symptoms, conditions, issues and emergencies and strategies for management
- Educates patients, families and health professionals about the differences in providing community-based palliative care, including care in homes and rural communities
- Demonstrates skills in discussing emotionally difficult topics with adults, children, adolescents and families
- Effectively conveys oral, written and electronic information regarding a medical encounter
- Ensures the family, caregivers and care teams understand how to safely remove palliative drugs from patient’s homes after the patient has died

Collaborator

Works effectively within a healthcare team to achieve optimal care

**Participates Effectively and Appropriately in a Specialist Palliative Care Consult Team**

- Describes the roles and responsibilities of other professionals and volunteers within the Specialist Palliative Care Consult Team
- Discusses the importance of role clarity in the provision of palliative care
- Respects the role of primary care physicians and the importance of continuity of care for patients with palliative care needs
- Establishes with the referring team how patient care will be delivered: as consultative, primary, or shared care
- Participates effectively in and, when appropriate, leads family conferences and Specialist Palliative Care Consult Team rounds and meetings
- Recognizes and respects an individual’s right to object to performing and participating in acts on the basis of moral conscience
- Describes the Palliative Medicine Subspecialist’s roles and responsibilities to other professionals

**Works with Others Effectively to Prevent, Negotiate and Resolve Interprofessional Conflict:**

- Respects differences and scopes of practice of other professions
- Identifies the nature and cause(s) of conflict and employs strategies to resolve or mediate conflict
Manager

Serves as an integral participant in health care organizations, organizing sustainable practices, making decisions concerning the allocation of resources and contributing to the effectiveness of the health care system.

**Participates in Activities that Contribute to the Effectiveness of Health Organizations and Systems Related to Palliative Care**

- Works collaboratively with others within their organizations and those in institutional and community-based settings.
- Participates in systemic quality process evaluation and improvement, including patient safety initiatives.
- Describes the models of palliative care delivery and their utilization, advantages and disadvantages.
- Discusses how palliative care fits within the broader health system.
- Describes the principles of health financing, including: physician remuneration, budgeting and organizational funding.
- Leads and develops clinical governance and quality assurance programs that are specific to palliative care.
- Manages practice and career effectively.
- Describes the structure and function of the health system as it relates to Palliative Medicine, including the roles of physicians.
- Demonstrates awareness of specific skills required for different career paths in Palliative Medicine.

**Allocates Finite Health Care Resources Appropriately**

- Demonstrates an understanding of the importance of the just allocation of resources, balancing effectiveness, efficiency and access with optimal care.
- Promotes timely ACP and goals of care discussions to ensure appropriate use of resources.
- Describes the resources available to support patients with palliative care needs.
- Describes how the various models of palliative care affect the health system, including human resource and fiscal resource allocation.

**Serves in Palliative Care Related Administration and Leadership Roles**

- Participates effectively in committees and meetings.
- Leads and implements change.
- Describes organizational change theories.
- Describes the characteristics of effective leadership.
- Develops and maintains institutional and community-based standards of care.
- Plans relevant elements of health care delivery, such as work schedules.
Competencies for Palliative Care Specialist Physicians

Health Advocate

Uses expertise and influence responsibly to advance the health and well-being of patients, communities and populations

Responds to Individual Patient Health Needs and Issues

- Describes physical, functional, psychological, social and spiritual issues of a patient with palliative care needs and the impact on the family
- Defines the elements of suffering experienced by a patient with palliative care needs
- Identifies and reflects upon opportunities for advocacy, health promotion and disease prevention
- Manages expectations and needs of the patient and family receiving palliative care
- Reduces suffering and improves quality of life through identification of psychological, social and spiritual issues
- Addresses risk factors associated with atypical and complicated grief
- Demonstrates an appreciation of the possibility of competing interests between individual advocacy issues and advocacy issues of the community at large

Responds to the Health Care Needs of the Community Served

- Identifies opportunities for advocacy, health promotion and disease prevention in the communities served and responds appropriately
- Describes current and evolving societal attitudes regarding death and dying
- Identifies and advocates for patients with palliative care needs
- Identifies issues regarding palliative care relevant to different ethnicities, cultures, religions, beliefs and traditions
- Describes the societal benefits of body, organ and tissue donation
- Demonstrates an appreciation of the possibility of competing interests between the communities served and other populations
- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Identifies the determinants of health for the populations served and contributes to efforts to ensure equity, including, but not limited to: barriers to access to palliative care and resources, availability of Primary Care, Interprofessional Teams and Specialized Services, delayed or lack of identification of patients who would benefit from palliative care, lack of availability of community-based resources, geographic inequities and inequities for vulnerable and marginalized populations, poverty, cost of dying at home
- Describes societal, environmental, financial and political factors relevant to the provision of palliative care

Identifies Vulnerable and Marginalized Populations and Responds Appropriately

- Identifies barriers to palliative care for vulnerable populations, including, but not limited to: the homeless, indigenous peoples, the incarcerated and those living in rural communities
- Promotes ACP
- Identifies organizational issues that affect the delivery of palliative care
- Participates as a member of organizations which advocate for equitable, accessible, safe and quality palliative care
Health Advocate, continued...

**Identifies Vulnerable and Marginalized Populations and Responds Appropriately, continued…**

- Describes how changes in legislation could affect patients with palliative care needs
- Describes how changes in funding and structure of the health system could affect delivery of palliative care
- Identifies points of influence in the health system that could advance palliative care issues
- Describes the moral, ethical and professional issues inherent in health advocacy related to palliative care
- Describes the role of the CHPCA, NSHP, Canadian Society for Palliative Care Physicians (CSPCP), Canadian Network of Palliative Care for Children (CNPCC) and the Palliative Medicine Section of Doctors NS in advocating for patients with palliative care needs
- Demonstrates an appreciation of the possibility of conflict inherent in one’s role as a health advocate with that of manager or gatekeeper

**Scholar**

**Demonstrates a Lifelong Commitment to Reflective Learning and the Creation, Dissemination, Application and Translation of Medical Knowledge**

- Maintains and enhances professional activities through ongoing learning
- Facilitates the learning of patients, students, residents, other health professionals and the public
- Contributes to the development, dissemination and translation of new knowledge and practice
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Acts as an expert medical resource contributing to palliative care development and delivery
- Critically evaluates medical information and its sources and applies this appropriately to practice decisions

**Professional**

**Demonstrates a Commitment to the Health and Well-being of Individuals and Society through Ethical Practice, Profession-led Regulation and High Personal Standards**

- Demonstrates a commitment to patients, the profession and society through ethical practice
- Exhibits appropriate professional behaviours in practice
- Commits to delivering the highest quality of care and maintains competence
- Incorporates current standards, guidelines and policies of palliative care in practice
- Acts as a role model by demonstrating skillful care of patients and families
- Demonstrates sensitivity and responsiveness to a diverse patient population
- Recognizes moral and ethical issues and responds appropriately
- Applies an ethical approach when discussing issues related to the care of patients and families
- Identifies moral and ethical issues commonly encountered in pediatric palliative care
- Describe similarities and differences with adult care
Competencies for Palliative Care Specialist Physicians

Professional, continued...

**Demonstrates a Commitment to the Health and Well-being of Individuals and Society through Ethical Practice, Profession-led Regulation and High Personal Standards, continued…**

- Recognizes and respects differences in conscience and moral distress experienced by members of the Specialist Palliative Care Consult Team, patients and families
- Describes the availability of and access to resources to support ethically complex decision-making
- Identifies, declares and manages perceived, potential and actual conflicts of interest
- Demonstrates a commitment to patients, the profession and society through participation in profession-led regulation
- Describes the medical, legal, moral and ethical issues regarding organ and tissue donation and transplantation
- Applies relevant legislation that relates to patient care
- Applies relevant protocols at the time of death
- Identifies different approaches in caring for capable and incapable patients, including, but not limited to: moral, ethical and legal issues and the role of SDMs
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have access to adequate resources to provide palliative care
- Identifies circumstances which warrant the involvement of the ME
- Demonstrates knowledge and understanding of professional, legal, moral and ethical codes of practice related to Personal Directives, ACPs, palliative sedation, withdrawing, MAID and withholding of life-sustaining therapies
- Demonstrates an ongoing commitment to the patient, from the time of consultation until the patient dies and to the family after the patient dies
- Demonstrates advanced knowledge of regulations governing the prescribing of controlled drugs and other medications

**Demonstrates a Commitment to Physician Health and Sustainable Practice**

- Demonstrates strategies for managing stress associated with caring for palliative patients
- Reflects on own emotional and spiritual well-being in response to providing care for patients who are suffering
- Recognizes compassion fatigue and develops strategies to mitigate risk
- Identifies those at risk for or demonstrating compassion fatigue and strategies and resources to assist them
Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
- Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Applies the principles of palliative care that affirm life, offer patients a support system to help them live as actively as possible until death with optimal quality of life and help families cope
- Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Demonstrates an understanding of the role and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Demonstrates an understanding of palliative care standards, guidelines and policies

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Assesses the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and preferences
- Validates and preserves cultural preferences and values by identifying ways to accommodate them into goal setting, decision making and care planning
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences

Communication

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting illnesses
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Recognizes the potential for conflict in palliative care decision-making and contributes to its management
Communication, continued…

- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families
- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Recognizes that family conversations may involve children and different communication approaches may be required
- Effectively communicates with patients and families to devise care plans for the patient’s palliative care needs and communicate these plans to the team
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services

Optimizing Comfort and Quality of Life

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Evaluates non-complex interventions and proposes alternatives if necessary
- Demonstrates an understanding of the concept of ‘total pain’
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Applies the principles of pain and symptom management
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the ways in which patients can be engaged in self-management of their condition
- Helps the patient with a life-limiting condition and their family to adapt to a transition from life prolonging treatment to a focus on palliative care
- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition
- Provides education and practical strategies to the patient, family and caregivers about the management of pain and symptoms
- Uses non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role change when formulating relevant and realistic care plans
- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Demonstrates an awareness of the uniqueness of a good death and facilitates its achievement
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
Palliative Care Competencies for Physiotherapists

Optimizing Comfort and Quality of Life, continued…

- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Provides care in keeping with the patient’s goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care
- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Recommends energy-sparing interventions for patients with advanced disease experiencing fatigue
- Ensures emphasis of palliative treatment is on performance and pain and symptom management
- Demonstrates expert knowledge to identify complex interplay of factors that impact function
- Demonstrates expert knowledge in the management of pain and symptoms, functional changes and interventions
- Teaches families how to help with patient care (e.g. positioning, transfers, etc.) ensuring they take care of themselves

Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the care teams to manage pain and symptoms
- Provides supports to help the patient to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting condition on the patient and family, including their mental health and coping mechanisms, and provides support to address identified needs
- Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of diagnosis
- Demonstrates an understanding of ACP and an appreciation of the appropriate time(s) to engage in discussions regarding goals and preferences for care
- Supports the patient who wishes to prepare or revise an ACP by referring them to the most appropriate health professional
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
- Facilitates informed decision-making by the patient regarding place of care, while identifying risks in a supportive manner
Palliative Care Competencies for Physiotherapists

Care Planning and Collaborative Practice, continued…

- When able, provides care in the patient’s preferred place, while recognizing the complexities and challenges involved for patients, families and caregivers
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Demonstrates an advanced level of clinical expertise and sensitivity in facilitating a safe, smooth, seamless transitions of care for patients
- Creates a holistic, person-centred plan that acknowledges the psychosocial impact of diminishing function and sets realistic goals
- Recognizes clinical limitations and professional boundaries and refers to other colleagues appropriately and in a timely manner
  - Demonstrates an advanced level of clinical expertise in supporting the patient in adapting to changing clinical presentation and functional levels
  - Facilitates discharge planning, conducts in-depth functional and risk assessments
  - Evaluates the patient’s function level and determines the safest mobilization technique and equipment to be used by care providers

Last Days and Hours

- Anticipates, recognizes and responds to the signs of imminent death
- Supports the family’s wishes and death rituals

Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
- Provides guidance, support and information to families
- Makes referrals to bereavement services as required
  - Demonstrates sensitivity and engagement with the different stages of grief and loss, including loss of functional independence

Professional and Ethical Practice

- Engages appropriately with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people’s wishes regarding their care and options and preferences
- Respects the patient’s decision regarding initiating, not initiating, withholding and withdrawing dialysis, hydration, nutrition support and resuscitation
Palliative Care Competencies for Physiotherapists

Professional and Ethical Practice, continued...

- Understands the difference between managing a condition and providing end-of-life care
- Identifies situations where personal beliefs, attitudes and values limit one's ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
- Demonstrates knowledge of relevant legislation and policies, e.g. Bill C-14 (MAiD), Children and Family Services Act, Adult Protection Policy Act and Personal Directives Act
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or employer policy

Self-care

- Demonstrates an understanding of the personal impact of loss, grief and bereavement
- Recognizes one’s own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

Education and Evaluation

- Contributes to the evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
- Educates patients, families and caregivers about palliative care and the palliative approach
Principles of Palliative Care

- Applies the Dignity Conserving Care approach when providing support
- Facilitates empathic and responsive relationships between those experiencing life-limiting conditions and their care teams
- Demonstrates leadership that encourages colleagues to foster a caring environment that supports all staff working in sensitive situations
- Practices person-centred palliative care that incorporates the unique contributions of the family in routine care giving
- Demonstrates an understanding of palliative care standards, norms of practice and best practices

Communication

- Uses a variety of strategies to engage in highly skilled, compassionate, individualized and timely communication with patients, families, caregivers and their care teams
- Maintains ongoing communication with the patient, family and their care teams regarding the end-of-life plan of care
- Demonstrates expertise as a mediator and advocate for the patient to access appropriate and timely palliative care
- Demonstrates self-awareness of one’s own responses to communication challenges and remains engaged in meaningful contact with patients, families and caregivers

Optimizing Comfort and Quality of Life

- Applies comprehensive knowledge and understanding of the clinical presentation and disease trajectories of life-limiting conditions when responding to complex and multidimensional care needs, to comprehensively identify current and prospective clinical issues in palliative care
- Discusses the benefits and burdens of palliative treatment options to assist the patient in meeting their goals of care
- Acts as an expert resource regarding the role of discipline-specific interventions in symptom management and optimizing quality of life
- Demonstrates knowledge to alleviate and manage distressing symptoms while attempting to maximize the patient’s ability to function
- Ensures emphasis of palliative treatment is on performance and symptom management
- Demonstrates advanced expertise regarding the complex interplay of factors that impact physical function
- Demonstrates advanced expertise in the management of symptoms, functional changes and interventions
Additional Competencies for Physiotherapists Specializing in Palliative Care

**Care Planning and Collaborative Practice**

- Collaborates effectively with the patient, family, caregivers and their care teams to define goals of care and to develop, implement and evaluate a plan of care
- Collaborates with the patient and family to identify resources that will provide support during end-of-life care
- Facilitates conversations to support end-of-life decision making
- Identifies the patient’s and family’s values, beliefs and preferences regarding the various components of palliative care provision
- Uses shared scopes of practice to optimize care
- Collaborates within and between teams across the continuum of care to facilitate continuity in palliative care
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Identifies the full range and continuum of palliative care services, resources and the settings in which they are available
  - Demonstrates knowledge of the range of palliative care services and resources
  - Provides relevant information and resources to the patient and family
  - Identifies and accesses services and resources specific to the patient’s goals of care
  - Initiates referrals to and requests for resources, services and settings
  - Facilitates patient access to needed services and resources
- Demonstrates an advanced level of clinical expertise and sensitivity in facilitating safe, smooth and seamless transitions of care for patients
- Demonstrates an advanced level of clinical expertise in supporting the patient in adapting to changing clinical presentation and functional levels

**Loss, Grief and Bereavement**

- Demonstrates a comprehensive knowledge of the grieving process and reactions in order to support patients and families throughout the disease trajectory

**Professional and Ethical Practice**

- Applies a comprehensive understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care
- Facilitates discussion and resolution of ethical and legal issues in conjunction with patients, families and care teams
- Actively influences and promotes palliative care strategic initiatives and policy development
Additional Competencies for Physiotherapists Specializing in Palliative Care

Research, Education and Evaluation

- Applies knowledge gained from palliative care research
- Where possible, leads, facilitates and engages in education and research
- Critically evaluates outcomes against standards and guidelines
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Educates and mentors patients and families
  - Facilitates patient participation in care planning
  - Identifies and integrates patient strengths in plan of care
  - Assists the family in care giving and acquiring respite care
  - Safely and appropriately delegates aspects of care to the family
  - Where possible, provides the family with opportunities to participate in research regarding end-of-life care giving
  - Engages in family and team conferences
  - Develops a plan of care for the family
- Where possible, identifies the opportunities for and barriers to discipline-specific research unique to palliative care
- Acts as an expert resource contributing to palliative care development and delivery

Advocacy

- Advocates for the needs, decisions and rights of patient by recognizing potential vulnerabilities
- Supports autonomous decision-making
- Promotes equitable and timely access to resources
- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have adequate resources to provide quality palliative care
Palliative Care Competencies for Psychologists

Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
  - Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
  - Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
  - Applies the principles of palliative care that affirm life, offer a support system to help patients live as actively as possible until death with optimal quality of life and help families cope
- Applies the Dignity Conserving Care approach when providing support
- Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Demonstrates an understanding of the role and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Demonstrates an understanding of palliative care standards, guidelines and policies
- Demonstrates an awareness of the psychological aspects of life-limiting conditions and potential mental health needs
- Engages in specialist psychological assessment, formulation and intervention with patients with complex conditions
- Works with and consults on various psychological protective functions, such as death denial and death anxiety, as appropriate to palliative care
- Consults with teams in the management of people with life-limiting conditions with complex needs such as: organic brain damage, toxicity, dual mental health diagnosis and personality difficulties, which affect their ability to engage with services

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Assesses the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and preferences
- Validates and preserves cultural preferences and values by identifying ways to accommodate them into goal setting, decision making and care planning
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences
Palliative Care Competencies for Psychologists

Communication

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Recognizes the potential for conflict in palliative care decision-making and contributes to its management
- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families
- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Recognizes that family conversations may involve children and different communication approaches may be required
- Effectively communicates with patients and families to devise care plans for the patient’s palliative care needs and communicate these plans to the team
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services
- Demonstrates an understanding of and clinical ability to work with the broader aspects of psychological theory as it applies to palliative patients
- Demonstrates an understanding and awareness of medications, physical pain, organic or cognitive impairment and its impact on the patient
- Provides training for members of the Interdisciplinary Team regarding the normal and complicated adjustment and systemic processes

Optimizing Comfort and Quality of Life

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Demonstrates an understanding of the concept of 'total pain'
- Evaluates non-complex interventions and proposes alternatives if necessary
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Applies the principles of pain and symptom management
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the ways in which patients can be engaged in self-management of their condition
Palliative Care Competencies for Psychologists

Optimizing Comfort and Quality of Life, continued...

- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition
- Provides education and practical strategies to the patient, family and caregivers about the management of pain and symptoms
- Uses non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role change when formulating relevant and realistic care plans
- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Demonstrates an awareness of the uniqueness of a good death and its achievement
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Recognizes common trajectories of life-limiting illnesses, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Provides care in keeping with the patient’s goals of care and/or Advance Care Plan (ACP)
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care

- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Demonstrates an understanding of the factors underpinning psychosocial adjustment to life-limiting conditions
- Recognizes how disease progression and associated medical treatments can adversely affect quality of life by virtue of their potential to impact on the patient’s and family’s emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, self-determination, social inclusion and human rights
- Supports people with life-limiting conditions to psychologically process the implications and impact of moving from life prolonging care to palliative care
- Provides evidence-based psychotherapeutic interventions to people with life-limiting conditions and their families
- Educates patients, families, caregivers and health professionals about the psychological aspects of pain, fatigue, anxiety and other presentations associated with the experience of life-limiting conditions
- Supports and educates patients and families about quality of life decisions and the psychological implications of decisions
### Palliative Care Competencies for Psychologists

#### Optimizing Comfort and Quality of Life, continued…

- Supports teams in the management of patients with life-limiting conditions who present with organic brain damage, toxicity, dual mental health diagnosis and personality disorders, which may affect their engagement with services
- Provides consultation to the care teams when considering the care and treatment options for a patient with a life-limiting illness, with due regard to the patient’s wishes and how their psychological state may influence this
- Provides consultation and direct support to families with complex dynamics and to staff to facilitate care provision

#### Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the care teams to manage pain and symptoms
- Provides supports to help the patient to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting condition on the patient and family, including their mental health and coping mechanisms, and provides support to address identified needs
- Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of diagnosis
- Demonstrates an understanding of ACP and an appreciation of the appropriate time(s) to engage in discussions regarding goals and preferences for care
- Supports the patient who wishes to prepare or revise an ACP by referring them to the most appropriate health professional
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
- Facilitates informed decision-making by the patient regarding place of care, while identifying risks in a supportive manner
- When able, provides care in the patient’s preferred place, while recognizing the complexities and challenges involved for patients, families and caregivers
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Recognizes the impact of a life-limiting condition on the patient’s and family’s mental health and coping mechanisms and provides support
- Demonstrates an understanding of the relationship between physical conditions and treatment of mental health presentations in palliative care

#### Last Days and Hours

- Anticipates, recognizes and responds to the signs of imminent death
- Supports the family’s wishes and death rituals
Palliative Care Competencies for Psychologists

**Loss, Grief and Bereavement**

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
- Provides guidance, support and information to families
- Makes referrals to bereavement services as required
- Demonstrates an understanding of the needs of children of various developmental stages in dealing with grief and loss of a parent or sibling
- Demonstrates an understanding of the psychological impact of death and dying on individuals with increased stress vulnerability
- Demonstrates an understanding of contemporary theories and models of loss and grief
- Proficiently applies contemporary, evidence-based models of bereavement supports and counselling across a broad range of patients; adjusting for differences in cognitive level and learning style; and demonstrating sensitivity to ethnicity, culture, gender, sexual orientation, language, religion, age and ability
- Stays abreast of literature in the area of grief, loss and bereavement; and disseminates this information to colleagues, patients and families, as appropriate
- Applies an in-depth understanding of the grief and loss literature to the care of people with life-limiting conditions and their families and provides consultation to other health professionals
- Demonstrates an understanding of the complex and dynamic nature of responses to loss and provides expert input to the care teams on the psychological aspects of people with life-limiting conditions and family care
- Accurately assesses the patient’s and family’s loss, grief and bereavement needs
- Identifies those experiencing or at risk for complicated and disenfranchised grief, discusses, documents and refers as appropriate
- Demonstrates the ability to proactively respond to complex grief reactions and processes using own skills or appropriate referral
- Mentors and educates colleagues regarding the personal impact of loss, grief and bereavement, supporting them to recognize their own loss responses and encouraging engagement in activities to maintain their resilience on an on-going basis

**Professional and Ethical Practice**

- Demonstrates the ability to appropriately engage with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people’s wishes regarding their care and options and preferences
- Respects the patient’s decision regarding initiating, not initiating, withholding and withdrawing dialysis, hydration, nutrition support and resuscitation
- Understands the difference between managing a condition and providing end-of-life care
- Identifies situations where personal beliefs, attitudes and values limit one’s ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
Professional and Ethical Practice, continued…

- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
- Demonstrates knowledge of relevant legislation and policies, e.g. Bill C-14 (MAiD), Children and Family Services Act, Adult Protection Policy Act, Personal Directives Act
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or employer policy
- Promotes and provides access to psychological therapies for people with a life-limiting condition
- Contributes to education of health professionals and general public regarding the psychology of death and dying

Self-care

- Demonstrates an understanding of the impact of loss, grief and bereavement
- Recognizes one’s own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

Education and Evaluation

- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Participates in palliative care continuing education opportunities
- Educates patients, families and their caregivers about palliative care and the palliative approach

Advocacy

- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have access to adequate resources to provide palliative care
Palliative Care Competencies for Respiratory Therapists

Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
- Applies the Dignity Conserving Care approach when providing support
- Applies an understanding that a palliative approach to care starts early in the trajectory of a life-limiting condition, including, but not limited to: end-stage chronic obstructive pulmonary disorder (COPD), cardiac disease and neuromuscular diseases
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Applies the principles of palliative care that affirm life, offer a support system to help patients live as actively as possible until death, with optimal quality of life and help families cope
- Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
- Demonstrates an understanding of the role and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role and function of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Facilitates empathic and responsive relationships between those experiencing life-limiting conditions and their care teams
- Demonstrates leadership that encourages colleagues to foster a caring environment that supports all staff working in sensitive situations
- Practices person-centred palliative care that incorporates the unique contributions of the family in routine care giving
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Demonstrates an understanding of palliative care standards, norms of practice and best practices
- Describes the role of Respiratory Therapy in palliative care

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Assesses the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and preferences
- Validates and preserves cultural preferences and values by identifying ways to accommodate them into goal setting, decision making and care planning
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences
Palliative Care Competencies for Respiratory Therapists

Communication

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Recognizes the potential for conflict in palliative care decision-making and contributes to its management
- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families
- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Recognizes that family conversations may involve children and different communication approaches may be required
- Effectively communicates with patients and families to devise care plans for the patient’s palliative care needs and communicate these plans to the team
- Uses a variety of strategies to engage in highly skilled, compassionate, individualized and timely communication with patients, families, caregivers and their care teams
- Maintains ongoing communication with the patient, family and their care teams regarding the end-of-life plan of care
- Demonstrates expertise as a mediator and advocate for the patient to access appropriate and timely palliative care
- Demonstrates self-awareness of responses to communication challenges and remains engaged in meaningful contact with patients, families and caregivers
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services

Optimizing Comfort and Quality of Life

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Demonstrates an understanding of the concept of ‘total pain’
- Applies the principles of pain and symptom management
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Helps the patient with a life-limiting condition and their family to adapt to a transition from life prolonging treatment to a focus on palliative care
- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition
- Provides education and practical strategies to the patient, family and caregivers regarding the management of pain and symptoms
Optimizing Comfort and Quality of Life, continued…

- Uses non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role change when formulating relevant and realistic care plans
- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Demonstrates an awareness of the uniqueness of a good death and facilitates its achievement
- Applies comprehensive knowledge and understanding of the clinical presentation and disease trajectories of life-limiting conditions when responding to complex and multidimensional care needs, in order to comprehensively identify current and prospective clinical issues in palliative care
- Discusses the benefits and burdens of palliative treatment options to assist the patient in meeting their goals of care
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Implements evidence informed pharmacological and non-pharmacological approaches for pain and symptom management at end-of-life
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Provides care in keeping with the patient’s goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care
- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Acts as an expert resource regarding the role of discipline-specific interventions in symptom management and optimizing quality of life
- Assesses dyspnea on the basis of patient self-reporting, rather than clinical signs, lung function tests or oxygen saturation
- Uses pharmacological and non-pharmacological interventions to reduce dyspnea
  - Manages upper and lower airway secretions at the end-of-life
  - Manages coughing
  - Manages oxygen to control dyspnea
- Develops respiratory care plans for palliative patients, taking into account patient goals and expectations
- Implements respiratory care plans for palliative patients
- Administers cardio-pulmonary diagnostic tests for palliative patients
Optimizing Comfort and Quality of Life, continued…

- When in keeping with the patient’s goals of care or the SDM’s wishes, performs invasive vascular procedures for palliative patients
- When in keeping with the patient’s goals of care or the SDM’s wishes, implements or withdraws treatment with mechanical devices

Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the Interprofessional Team to manage pain and symptoms
- Provides supports to help the patient to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting illness on the patient and family and provides support to address identified needs
- Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of diagnosis
- Demonstrates an understanding of ACP
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
- Facilitates informed decision-making by the patient regarding place of care, while identifying risks in a supportive manner
- When able, provides care in the patient’s preferred place, while recognizing the complexities and challenges involved for patients, families and caregivers
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Collaborates effectively with the patient, family, caregivers and their care teams to define goals of care and to develop, implement and evaluate a plan of care
- Effectively collaborates with care teams to manage pain and symptoms
- Collaborates with the patient and family to identify resources that will provide support during end-of-life care
- Facilitates conversations to support end-of-life decision making
- Identifies the patient’s and family’s values, beliefs and preferences regarding the various components of palliative care provision
- Uses shared scopes of practice to optimize care
- Collaborates within and between teams across the continuum of care to facilitate continuity in palliative care
- Recognizes clinical limitations and professional boundaries and refers to other colleagues appropriately and in a timely manner
- Demonstrates an advanced level of discipline-specific clinical expertise in supporting the patient to adapt to changing clinical presentation
- Demonstrates an advanced level of clinical expertise and sensitivity in facilitating safe, smooth and seamless transitions of care for patients
Palliative Care Competencies for Respiratory Therapists

Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
- Recognizes a variety of psychological responses to diagnosis and the life-limiting condition
- Demonstrates knowledge of networks and supports across a range of family needs into bereavement
- Identifies those experiencing or at risk for complicated and disenfranchised grief, discusses, documents and refers as appropriate

Professional and Ethical Practice

- Demonstrates the ability to appropriately engage with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people's wishes regarding their care and options and preferences
- Respects the patient's decision regarding initiating, not initiating, withholding and withdrawing dialysis, hydration, nutrition support and resuscitation
- Understands the difference between managing a condition and providing end-of-life care
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
- Responds to inquiries regarding MAiD in accordance with regulatory body's relevant guidelines and standards and NSHA, IWK or employer policy
- Demonstrates an understanding of the potential management and ethical issues related to mechanical devices
- Applies a comprehensive understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care
- Facilitates discussion and resolution of ethical and legal issues in conjunction with patients, families and their care teams
- Actively influences and promotes palliative care strategic initiatives and policy development

Self-care

- Demonstrates an understanding of the personal impact of loss, grief and bereavement
- Recognizes one's own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for palliative patients
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
Palliative Care Competencies for Respiratory Therapists

Self-care, continued…

- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

Education and Evaluation

- Participates in palliative care continuing education opportunities
- Critically evaluates outcomes against standards and guidelines
- Contributes to the evaluation of the quality of palliative care
- Educates patients, families and caregivers about palliative care and the palliative approach
- Acts as an expert resource contributing to palliative care development and delivery

Advocacy

- Advocates for the patient’s needs, decisions and rights by recognizing potential vulnerabilities
- Supports autonomous decision-making
- Promotes equitable and timely access to resources
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have adequate resources to provide quality palliative care
- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
Palliative Care Competencies for Social Workers

Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
- Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a life-limiting condition
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Applies the principles of palliative care that affirm life, offer a support system to help patients live as actively as possible until death with optimal quality of life and help families cope
- Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Demonstrates knowledge of the purpose and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Demonstrates an understanding of palliative care standards
- Demonstrates an understanding of the impact that psychological responses, social stressors and spiritual dimensions to loss have on the mental health and decision making of the patient and takes these into account when planning care
- Identifies and addresses specific barriers that impact the patient’s ability to access and make use of palliative care services

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
- Assesses the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and preferences
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences
- Validates and preserves cultural preferences and values by identifying ways to accommodate them into goal setting, decision making and care planning
- Explores patients’ and families’ cultural and religious needs, beliefs and preferences as they relate to end-of-life
- Provides opportunities for patients and families to exercise religious, cultural and spiritual rituals, customs, rites and beliefs at end-of-life
**Palliative Care Competencies for Social Workers**

**Communication**

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Recognizes the potential for conflict in palliative care decision-making and contributes to its management
- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families
- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Recognizes that family conversations may involve children and different communication approaches may be required
- Effectively communicates with patients and families to devise care plans for the patient’s palliative care needs and communicate these plans to the team
- Responds appropriately to those who are dissatisfied with palliative care services
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
  - Assesses the patient’s current understanding of their health status and need for more information
  - Supports colleagues to address questions regarding diagnosis and prognosis in an empathic manner, taking into account the patient’s needs and wishes
  - Supports patients to adjust to their life-limiting condition and to understand its potential impact on their welfare and that of their families
  - Assists in the mediation of conflict in decision-making in the palliative care setting and works towards consensus building in care planning
  - Supports parents/guardians and families in sharing difficult or bad news, relating to illness or death with children and vulnerable adults, facilitating direct supportive communication with them, where appropriate

**Optimizing Comfort and Quality of Life**

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Evaluates non-complex interventions and proposes alternatives if necessary
- Demonstrates an understanding of the concept of ‘total pain’
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Applies the principles of pain and symptom management
Optimizing Comfort and Quality of Life, continued...

- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the ways in which patients can be engaged in self-management of their condition
- Helps the patient with a life-limiting condition and their family to adapt to a transition from life prolonging treatment to a focus on palliative care
- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition
- Provides education and practical strategies to the patient, family and caregivers regarding the management of symptoms
- Uses non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role change when formulating relevant and realistic care plans
- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Demonstrates an awareness of the uniqueness of a good death and facilitates its achievement
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates knowledge of the goals, strengths and limitations of care options
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients' suffering
- Provides care in keeping with the patient's goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient's care

- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient's Personal Directive and patient's or SDM's preferences
- Demonstrates knowledge of diverse psychosocial interventions relevant to various and changing care needs
- Recognizes and addresses the socio-economic impact of a life-limiting diagnosis on the patient and family
- Accesses and provides supports and interventions that may ease economic and social distress
- Recognizes how disease progression may impact on the capacity of the patient with a life-limiting condition to engage in meaningful discussions
Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the care teams to manage pain and symptoms
- Provides support to help the patient to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting condition on the patient and family and provides support to address identified needs
- Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of diagnosis
- Demonstrates an understanding of ACP and an appreciation of the appropriate time(s) to engage in discussions regarding goals and preferences for care
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
- Facilitates informed decision-making by the patient regarding place of care, while identifying risks in a supportive manner
- When able, provides care in the patient’s preferred place, while recognizing the complexities and challenges involved for patients, families and caregivers
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Recognizes clinical limitations and professional boundaries and refers to other colleagues appropriately and in a timely manner
- Recognizes the impact of a life-limiting condition on the patient and their family and their mental health and coping mechanisms and provides support

- Supports patients to prepare and revise an ACP
- Conducts a comprehensive psychosocial assessment of the patient and shares findings with the team to inform care planning and delivery
- Shares professional knowledge and expertise regarding psychosocial issues in palliative care and at end-of-life, with the care teams
- Identifies barriers to care and plans for continuity of care as needs change along the trajectory of a life-limiting condition
- Ensures psychosocial care is core to caring for patients, families and their care teams
- Negotiates the tension between respecting confidentiality of patients and sharing information with families and the Interprofessional Team
- Encourages, supports and facilitates discussions regarding ethical differences
- Models and articulates stress management strategies for coping with death, grief and loss
- Educates team members regarding psychosocial assessment and care
- Engages the care teams in self-reflective practice that promotes quality improvement, strategic thinking and program development
Palliative Care Competencies for Social Workers

Last Days and Hours

- Anticipates, recognizes and responds to the signs of imminent death
- Supports the family’s wishes and death rituals

Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
- Provides guidance, support and information to families
- Makes referrals to bereavement services as required
- Demonstrates an understanding of the needs of children of various developmental stages in dealing with grief and loss of a parent or sibling
- Demonstrates the ability to work in partnership with parents, guardians and family to prepare and support children and vulnerable adults for the loss of family member and refers as needed
- Facilitates patients, families and caregivers to express their thoughts and feelings relating to illness and loss
- Assists the family to access bereavement information and support, at a level that is appropriate to their needs
- Recognizes a variety of psychological responses to diagnosis and a life-limiting condition
- Demonstrates knowledge of networks and supports across a range of family needs into bereavement
- Provides bereavement support in individual and group settings, with referral to others, where appropriate
- Accurately assesses the patient’s and family’s loss, grief and bereavement needs
- Identifies those experiencing or at risk for complicated and disenfranchised grief, discusses, documents and refers appropriately

Professional and Ethical Practice

- Appropriately engages with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people’s wishes regarding their care and options and preferences
- Respects the patient’s decision regarding initiating, not initiating, withholding and withdrawing dialysis, hydration, nutrition support and resuscitation
- Understands the difference between managing a condition and providing end-of-life care
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and Medical Aid in Dying (MAiD)
- Recognizes and respects responsibility to care for patients in a manner that ensures their comfort and dignity
Palliative Care Competencies for Social Workers

**Professional and Ethical Practice, continued…**

- Recognizes the impact on self as the result of caring for the dying and bereaved
- Establishes and respects patients’ right to self-determination regarding care options and preferences, including, but not limited to:
  - Recognizing a patient’s right to make informed decisions to refuse treatment(s)
  - Seeking, responding to and implementing a patient’s preferences regarding place of care
  - Respecting ACPs
  - Recognizing palliative care ethical dilemmas and engaging all parties in a process to address dilemmas
  - MAiD
- Ensures a focus on transference, counter-transference and self-care
- Demonstrates the ability to support the care teams in their efforts to be self-reflective

**Evaluation**

- Critically evaluates outcomes against standards and guidelines
- Regularly evaluates clinical and program processes and outcomes to ensure the needs of patients are clearly identified and are responded to as effectively as possible
- Conducts evaluations with patients and families and the care teams to enhance and assure consistent quality of care
- Uses various tools and strategies to evaluate patient, family and group interventions, program processes and goal attainment

**Education**

- Participates in palliative care continuing education opportunities
- Educates patients, families and caregivers about palliative care and the palliative approach

**Self-care**

- Recognizes one’s own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue
Additional Competencies for Social Workers Specializing in Palliative Care

Principles of Palliative Care

- Applies the Dignity Conserving Care approach when providing support
- Demonstrates leadership that encourages colleagues to foster a caring environment that supports all staff working in sensitive situations
- Demonstrates knowledge of theories that are pertinent to palliative care practice
- Demonstrates an understanding of the impact of dying, death and bereavement on patients, families, caregivers and health professionals
- Demonstrates an understanding of micro and macro factors that promote or constrain palliative care
- Demonstrates an understanding of palliative care resources and services
- Demonstrates an understanding of palliative care standards, norms of practice and best practices

Cultural Safety

- Demonstrates knowledge of different cultural needs regarding access and utilization of palliative care and bereavement services
- Demonstrates an understanding of the barriers for marginalized and vulnerable groups at end-of-life and in bereavement

Communication

- Demonstrates expertise as a mediator and advocate for the patient to access appropriate and timely palliative care
- Demonstrates knowledge of key stressors and conflicts often faced by patients and families at end-of-life and in bereavement
- Demonstrates the ability to apply a framework that considers timing, readiness and approaches to sharing information

Optimizing Comfort and Quality of Life

- Applies comprehensive knowledge and understanding of the clinical presentation and disease trajectories of life-limiting conditions when responding to complex and multidimensional care needs, in order to comprehensively identify current and prospective clinical issues in palliative care
- Discusses the benefits and burdens of palliative treatment options to assist the patient in meeting their goals of care
- Demonstrates an understanding of diagnoses, trajectories of life-limiting conditions, pain and symptom management and related psychosocial issues
- Demonstrates knowledge of assessment tools and strategies relevant to medical, psychosocial and spiritual dimensions of palliative experiences
- Demonstrates an understanding of the Palliative Care Drug Program and facilitates patients' enrollment
- Acts as an expert resource regarding the role of discipline-specific interventions in symptom management and optimizing quality of life
### Care Planning and Collaborative Practice

- Demonstrates a comprehensive understanding of the role of the Specialist Palliative Care Consult Team and that of each member, including volunteers
- Identifies the full range and continuum of palliative care services, resources and the settings in which they are available
  - Demonstrates knowledge of the range of palliative care services and resources
  - Provides relevant information and resources to the patient and family
  - Identifies and accesses services and resources specific to the patient’s goals of care
  - Initiates referrals to and requests for resources, services and settings
  - Facilitates patient access to needed services and resources
- Demonstrates an advanced level of discipline-specific clinical expertise in supporting the patient to adapt to changing clinical presentation
- Demonstrates an advanced level of clinical expertise and sensitivity in facilitating safe, smooth and seamless transitions of care for patients
- Demonstrates an understanding of social, cultural and spiritual issues and power differentials as integral to care planning
- Demonstrates knowledge of the bio-psychosocial processes and experiences of a dying patient

### Care Delivery

- Demonstrates the ability to work with people at all ages (advanced knowledge of age-appropriate intervention for all developmental stages)
- Demonstrates the ability to regularly review and adjust care delivery according to changing needs throughout the course of a life-limiting condition, into bereavement
- Demonstrates an understanding of barriers to accessing palliative care
- Demonstrates an understanding of ethical and legal principles in providing care at the end-of-life
- Demonstrates an understanding of the Palliative Care Drug Program and facilitates patients enrollment
- Provides both individual and family counselling through social work frameworks that involve: systems and ecological perspectives, strengths perspective, problem-solving approach, feminist approach and structural approach

### Loss, Grief and Bereavement

- Demonstrates the ability to proactively respond to complex grief reactions and processes using own skills or appropriate referral
- Mentors and educates colleagues regarding the personal impact of loss, grief and bereavement, supporting them to recognize their own loss responses and encouraging engagement in activities to maintain their resilience on an on-going basis
Additional Competencies for Social Workers Specializing in Palliative Care

**Professional and Ethical Practice**

- Applies a comprehensive understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care
- Facilitates discussion and resolution of ethical and legal issues in conjunction with patients, families and their care teams
- Actively influences and promotes palliative care strategic initiatives and policy development

**Education, Research and Evaluation**

- Applies knowledge gained from palliative care research
- Where possible, leads, facilitates and engages in palliative care education and research
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Where possible, provides the family with opportunities to participate in end-of-life care giving research
- Demonstrates the ability to provide education to build palliative care capacity
- Demonstrates the ability to plan, implement and evaluate palliative care services
- Acts as an expert resource contributing to palliative care development and delivery
- Where possible, identifies the opportunities for and barriers to discipline-specific research unique to palliative care
- Demonstrates the ability to bring a psychosocial perspective to the development and implementation of both social work and the interprofessional education and, where possible research initiatives
- Demonstrates the ability to educate others regarding psychosocial palliative care
- Develops, facilitates and provides palliative care related education, leadership and mentorship to members of the discipline and students

**Advocacy**

- Advocates for health professionals to have adequate resources to provide quality palliative care
- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Identifies the determinants of health for the populations served and contributes to efforts to ensure equity, including, but not limited to: barriers to access to palliative care and resources, availability of Primary Care, Interprofessional Teams and Specialized Services, delayed or lack of identification of patients who would benefit from palliative care, lack of availability of community-based resources, geographic inequities and inequities for vulnerable and marginalized populations, poverty, cost of dying at home
- Promotes ACP
- Identifies organizational issues that affect the delivery of palliative care
- Participates as a member of organizations which advocate for equitable, accessible, safe and quality palliative care
  - Describes the role of the CHPCA and NSHPCA in advocating for patients with palliative care needs
Additional Competencies for Social Workers Specializing in Palliative Care

**Advocacy, continued…**

- Describes how changes in legislation could affect patients with palliative care needs
- Describes how changes in funding and structure of the health system could affect delivery of palliative care
- Identifies points of influence in the health system that could advance palliative care issues
- Describes the moral, ethical and professional issues inherent in health advocacy related to palliative care

**Community Capacity Building**

- Demonstrates an understanding of formal and informal palliative care community resources and their strengths, limitations and gaps
- Demonstrates knowledge of the theory and practice of community development and palliative care models, including: community capacity building, social planning, locality development, social action and pragmatic community organizing
- Demonstrates the ability to apply the theory and practice of community development to diverse palliative care needs
Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
- Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Applies the principles of palliative care that affirm life, offer a support system to help patients live as actively as possible until death with optimal quality of life and help families cope
- Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
- Demonstrates knowledge of the purpose and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Demonstrates an understanding of palliative care standards, guidelines and policies

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Assesses the end-of-life needs unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and preferences
- Validates and preserves cultural preferences and values by identifying ways to accommodate them into goal setting, decision making and care planning
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences

Communication

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Recognizes the potential for conflict in palliative care decision-making and contributes to its management
- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families
Palliative Care Competencies for SLPs

Communication, continued…

- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Recognizes that family conversations may involve children and different communication approaches may be required
- Effectively communicates with patients and families to devise care plans for the patient’s palliative care needs and communicate these plans to the team
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services
- Demonstrates the ability to communicate functional status regarding communication and disorders of feeding, eating, drinking and swallowing and likely progression in an accurate and compassionate manner, accounting for the patient’s needs and wishes and possible changes in function
- Demonstrates an understanding of the multidimensional communication challenges within palliative care
- Demonstrates expertise as a mediator and advocate for the patient regarding initiating, withdrawing and withholding artificial hydration and nutrition
- Demonstrates the ability to act as an expert who supports and teaches communication skills to the Interdisciplinary Team

Optimizing Comfort and Quality of Life

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Evaluates non-complex interventions and proposes alternatives if necessary
- Demonstrates an understanding of the concept of ‘total pain’
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Applies the principles of pain and symptom management
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the ways in which patients can be engaged in self-management of their condition
- Helps the patient with a life-limiting condition and their family to adapt to a transition from life prolonging treatment to a focus on palliative care
- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition
- Provides education and practical strategies to the patient, family and caregivers about the management of pain and symptoms
- Uses non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role change when formulating relevant and realistic care plans
- Demonstrates an awareness of the uniqueness of a good death and facilitates its achievement
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
Optimizing Comfort and Quality of Life, continued…

- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Provides care as outlined within the patient’s goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care
- Considers the benefits, burdens and risks of clinical interventions
  - Makes decisions regarding the appropriateness of interventions for each patient living with a life-limiting condition, taking into consideration the patient’s Personal Directive and patient’s or SDM’s preferences
- Demonstrates the ability to assess caregivers’ skills and need for training and support, to assist with safe swallow techniques
- Demonstrates an advanced ability to consider benefits, burdens and risks of SLP interventions
- Demonstrates the ability to manage decisions regarding withdrawing or postponing SLP interventions, while recognizing when to reinitiate interventions
- Demonstrates the ability to identify the psychosocial impact of diminishing communication and swallow function providing modifications to facilitate social participation
- Demonstrates expertise in facilitating patients’ identification of personally significant functional communication activities, empowering participation through supportive conversation and total communication approaches
- Demonstrates expert knowledge of impact of pain, dyspnoea and other symptoms that affect swallow function and communication performance
- Uses compensatory and rehabilitation approaches to alleviate symptoms and optimize effective, pleasurable and safe participation in activities
- Demonstrates expertise in assessing patients for assistive communication technology
- Provides recommendations for devices and modifications that promote communicative autonomy for the patient

Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the Interprofessional Team to manage pain and symptoms
- Provides supports to help the patient to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting illness on the patient and family and provides support to address identified needs
- Identifies priorities and concerns in collaboration with the patient and family, taking into account their coping strategies and perception of their diagnosis
- Demonstrates an understanding of ACP and an appreciation of the appropriate time(s) to engage in discussions regarding goals and preferences for care
Palliative Care Competencies for SLPs

Care Planning and Collaborative Practice, continued…

- Supports the patient who wishes to prepare or revise an ACP by referring them to the most appropriate health professional
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
- Facilitates informed decision-making by the patient regarding place of care, while identifying risks in a supportive manner
- When able, provides care in the patient's preferred place, while recognizing the complexities and challenges involved for patients, families and caregivers
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Demonstrates an advanced level of clinical expertise and sensitivity in facilitating a safe, smooth and seamless transition of care from facility to home for patients with complex communication, cognitive-communication and feeding, eating, drinking and swallowing needs
- Demonstrates the ability to act as an expert resource on the role of SLP in symptom management and optimizing quality of life
- Demonstrates the ability to access care teams’ expertise in the pharmacological management of secretions, dyspnoea and anxiety which may impact upon safe and pleasurable engagement in eating, drinking, swallowing and communication

Last Days and Hours

- Anticipates, recognizes and responds to the signs of imminent death
- Supports the family’s wishes and death rituals

Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
- Provides guidance, support and information to families
- Makes referrals to bereavement services as required

Professional and Ethical Practice

- Demonstrates an ability to appropriately engage with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people’s wishes regarding their care and options and preferences
Palliative Care Competencies for SLPs

Professional and Ethical Practice, continued...

- Respects the patient’s decision regarding initiating, not initiating, withholding and withdrawing dialysis, hydration, nutrition support and resuscitation
- Understands the difference between managing a condition and providing end-of-life care
- Identifies situations where personal beliefs, attitudes and values limit one’s ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
- Demonstrates knowledge of relevant legislation and policies, e.g. Bill C-14 MAiD, Children and Family Services Act, Adult Protection Policy Act, Personal Directives Act
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and NSHA, IWK or employer policy
- Demonstrates the ability to use recognized ethical, legal and professional frameworks to guide SLP intervention in end-of-life decision making related to initiating, withdrawing and withholding artificial hydration and/or nutrition, as a result of severe oropharyngeal dysphagia

Self-care

- Demonstrates an understanding of the personal impact of loss, grief and bereavement
- Recognizes one’s own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for patients requiring palliative care
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

Education and Evaluation

- Contributes to the evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
- Educates patients, families and caregivers about palliative care and the palliative approach

Advocacy

- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have access to adequate resources to provide palliative care
Palliative Care Competencies for Spiritual Care Practitioners

Principles of Palliative Care

- Demonstrates an understanding of the philosophy of palliative care
- Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a progressive life-limiting condition
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Applies the principles of palliative care that affirm life, offer a support system to help patients live as actively as possible until death with optimal quality of life and help families cope
- Demonstrates an awareness of the impact of multiple losses when formulating relevant and realistic treatment programs
- Demonstrates knowledge of the purpose and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Conserves patient dignity by facilitating expression of needs, hopes, feelings and concerns when planning palliative care
- Demonstrates an understanding of palliative care standards, guidelines and policies
- Demonstrates an understanding of world faiths, philosophies, beliefs, practices, cultures and traditions regarding life, illness, dying, death and bereavement
- Demonstrates the ability to articulate important spiritual, existential and emotional concepts for the patient and family
- Offers support and encouragement to the care teams in order to promote well-being and self-care
- Engages respectfully and sensitively with patients and families regarding their beliefs, fears, hopes and uncertainties regarding death and afterlife
- While respecting the patient's and family's beliefs and wishes, ensures that end-of-life spiritual and/or religious rituals and/or sacraments are available
- Through spiritual accompaniment, helps patients make their final journey with dignity, peace and compassion, while also supporting the family
- Integrates spiritual and/or religious care into the appropriate palliative care setting

Cultural Safety

- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Assesses the needs and preferences unique to each patient and family, considering ethnicity, culture, gender, sexual orientation, language, religion, age and ability
- Validates and preserves cultural preferences and values by identifying ways to accommodate them into goal setting, decision making and care planning
- Identifies who the family is for the patient and responds to family members’ unique needs and experiences
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences
Cultural Safety, continued...

- Explores patients’ and families’ cultural and religious needs, beliefs and preferences as they relate to end-of-life
- Provides opportunities for patients and families to exercise religious, cultural and spiritual rituals, customs, rites and beliefs at end-of-life

Communication

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Assesses the patient’s and family’s understanding of the life-limiting condition
- Recognizes the potential for conflict in palliative care decision-making and contributes to its management
- Supports patients to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families and caregivers
- Invites, facilitates and respects the involvement of the patient, family and their care teams in discussions regarding the plan of care
- Recognizes that family conversations may involve children and different communication approaches may be required
- Effectively communicates with patients and families to devise care plans for the patient’s palliative care needs and communicate these plans to the team
- Responds appropriately to those who are dissatisfied with palliative care services

Optimizing Comfort and Quality of Life

- Demonstrates an understanding of how the palliative approach can enhance the assessment and management of symptoms
- Demonstrates an understanding of the significance of anticipating and responding to the needs of patients in a proactive, timely manner
- Demonstrates an understanding of the causes of common non-pain symptoms at end-of-life
- Demonstrates an understanding of the concept of ‘total pain’
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the ways patients can be engaged in self-management of their condition
- Helps the patient with a life-limiting condition and their family to adapt to a transition from life prolonging treatment to a focus on palliative care
- Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition
- Uses non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role change when formulating relevant and realistic care plans
Optimizing Comfort and Quality of Life, continued...

- Contributes to decision making with the patient, family, SDM and care teams about withdrawing or withholding interventions, while recognizing when to reinitiate interventions
- Demonstrates an awareness of the uniqueness of a good death and facilitates its achievement
- Identifies patients who would benefit from the EHS SPP and facilitates enrollment
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Recognizes common trajectories of life-limiting conditions, including common symptoms
- Recognizes the physical, psychological, social and spiritual issues that may precipitate concerns for patients and families
- Understands, recognizes and manages pathological responses to loss, referring appropriately to the Specialist Palliative Care Consult Team
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Provides care in keeping with the patient’s goals of care and/or ACP
- Understands how a SDM is selected and the role they play in decision making regarding a patient’s care
- Engage patients/families in the existential/spiritual angst of illness and suffering, seeking ways to ameliorate agony of mind, spirit and body, which are intimately connected
- Recognizes and anticipates the need to adapt the focus of spiritual care at critical points, supporting the patient and family through times of transition
- Articulates the appropriate use of authority at key transitional moments in the spiritual companionship of the dying

Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the care teams to manage pain and symptoms
- Provides supports to help the patient to adapt to the changes in their condition
- Recognizes the overall impact of a life-limiting condition on the patient and family, including their mental health and coping mechanisms, and provides support to address identified needs
- Identifies priorities and concerns in collaboration with the patient and, taking into account their coping strategies and perception of their diagnosis
- Demonstrates an understanding of ACP and an appreciation of the appropriate time(s) to engage in discussions regarding goals and preferences for care
- Supports the patient who wishes to prepare or revise an ACP by referring them to the most appropriate health professional
- Facilitates the active involvement of patients in decision making and goal setting to support best outcomes and quality of life
- Demonstrates flexibility in relation to care planning, acknowledging that a patient’s priorities can alter as their condition changes
Palliative Care Competencies for Spiritual Care Practitioners

Care Planning and Collaborative Practice, continued...

- When able, provides care in the patient’s preferred place, while recognizing the complexities and challenges involved for patients, families and caregivers
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life
- Identifies how interprofessional practice enhances patient outcomes
- Facilitates discharge planning, conducts functional and risk assessments, recognizing the complexities and challenges for patients and caregivers
- Enables the patient to make an informed decision regarding place of care
- Demonstrates the ability to participate in and lead team, family and patient discussions concerning palliative end-of-life decision making
- Recognizes clinical limitations and professional boundaries and refers to other colleagues appropriately and in a timely manner
- Demonstrates the ability to assess, plan and communicate the spiritual needs of the patient and family to their care teams
- Articulates and advocates for the place of spiritual and religious care in palliative and end-of-life care

Last Days and Hours

- Anticipates, recognizes and responds to the signs of imminent death
- Supports the family’s wishes and death rituals

Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Demonstrates cultural awareness of nuances regarding pain, suffering, loss, complicated and anticipatory grief and life review
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk for grief difficulties
- Provides guidance, support and information to families
- Makes referrals to bereavement services as required
- Works in partnership with parents/guardians and family members to prepare and support children and vulnerable adults for the loss of loved ones
- Accurately assesses the patient’s and family’s loss, grief and bereavement needs
- Identifies those experiencing or at risk for complicated and disenfranchised grief, discusses, documents and refers appropriately
- Plans and leads appropriate services/rituals, suitable for the time of dying or after death, that offer hope and comfort to persons from a diversity of cultural and faith traditions and to persons who represent a diversity of world views
- Works in partnership with the patient’s faith group, faith leaders and other community religious, spiritual and cultural resources to ensure that all sacramental, religious, faith based and ceremonial rituals are met in a timely and appropriate manner
Palliative Care Competencies for Spiritual Care Practitioners

**Professional and Ethical Practice**

- Appropriately engages with people experiencing loss and suffering
- Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions
- Establishes and respects people's wishes regarding their care and options and preferences
- Respects the patient's decision regarding initiating, not initiating, withholding and withdrawing dialysis, hydration, nutrition support and resuscitation
- Understands the difference between managing a condition and providing end-of-life care
- Identifies situations where personal beliefs, attitudes and values limit ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
- Demonstrates knowledge of relevant legislation and policies, e.g. Bill C-14 MAiD, Children and Family Services Act, Adult Protection Policy Act and Personal Directives Act
- Responds to inquiries regarding MAiD in accordance with regulatory body's relevant guidelines and standards and NSHA, IWK or employer policy
- Understands distinctions among ethical and legal concepts, such as: the principle of double effect, palliative sedation and MAiD
- Demonstrates maintenance of one's integrity and authenticity in practice during the process of assisting others in moral and ethical decisions
- Participates in family meetings honouring diverse ethnic, cultural, religious and faith traditions and philosophical world views
- Facilitates the discussion and resolution of ethical issues that may arise in palliative care

**Self-care**

- Demonstrates an understanding of the impact of loss, grief and bereavement
- Recognizes one's own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for palliative patients
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Practices self-care to maintain resilience, competence and compassion
- Engages in healthy activities that help prevent compassion fatigue

**Education, Research and Evaluation**

- Demonstrates familiarity with research in palliative care and uses this to inform practice
- Critically evaluates outcomes against standards and guidelines
- Contributes to the evaluation of the quality of palliative care
- Participates in palliative care continuing education opportunities
- Educates patients, families and caregivers regarding palliative care and the palliative approach
Principles of Palliative Care

- Applies the Dignity Conserving Care approach when providing support
- Facilitates empathic and responsive relationships between those experiencing life-limiting conditions and their care teams
- Demonstrates leadership that encourages colleagues to foster a caring environment that supports all staff working in sensitive situations
- Practices person-centred palliative care that incorporates the unique contributions of the family in routine care giving
- Demonstrates an understanding of palliative care standards, norms of practice and best practices

Communication

- Uses a variety of strategies to engage in highly skilled, compassionate, individualized and timely communication with patients, families, caregivers and the care teams
- Maintains ongoing communication with the patient, family and their care teams regarding the end-of-life plan of care
- Demonstrates expertise as a mediator and advocate for the patient to access appropriate and timely palliative care
- Demonstrates self-awareness of responses to communication challenges and remains engaged in meaningful contact with patients, families and caregivers

Optimizing Comfort and Quality of Life

- Discusses the benefits and burdens of palliative treatment options to assist the patient in meeting their goals of care
- Acts as an expert resource regarding the role of discipline-specific interventions

Care Planning and Collaborative Practice

- Demonstrates a comprehensive understanding of the role of the Specialist Palliative Care Consult Team and that of each member, including volunteers
- Collaborates effectively with the patient, family, caregivers and care teams to define goals of care and to develop, implement and evaluate a plan of care
- Collaborates with the patient and family to identify resources that will provide support during end-of-life care
- Facilitates conversations to support end-of-life decision making
- Identifies the patient’s and family’s values, beliefs and preferences regarding the various components of palliative care provision
Additional Competencies for Spiritual Care Practitioners Specializing in Palliative Care

Care Planning and Collaborative Practice, continued…

• Collaborates within and between teams across the continuum of care to facilitate continuity in palliative care
• Identifies the full range and continuum of palliative care services, resources and the settings in which they are available
  ○ Demonstrates knowledge of the range of palliative care services and resources
  ○ Provides relevant information and resources to the patient and family
  ○ Identifies and accesses services and resources specific to the patient’s goals of care
  ○ Initiates referrals to and requests for resources, services and settings
  ○ Facilitates patient access to needed services and resources

• Demonstrates an advanced level of discipline-specific expertise in supporting the patient to adapt to changing clinical presentation
• Demonstrates an advanced level of expertise and sensitivity in facilitating safe, smooth and seamless transitions of care for patients

Spiritual Assessment and Care

Relational Approach

• Provides a relational, person-centred approach to assessment and care that sensitively encounters the patient and family and engages them in their healing process
• Facilitates expression of the patient’s and family’s beliefs, values, needs and desires that shape the patient’s choices and interactions
• Encourages the patient and family to share fears, concerns, hopes, dreams, creative expression, intuition and awareness of relationships, including the divine and transcendent

Assessment

• Assesses for spiritual distress, meaninglessness or hopelessness
• Utilizes philosophical, spiritual, religious, socio-cultural and psychological perspectives on human development and life transitions to gain an understanding of the patient’s and family’s source(s) of spiritual strength, hope, methods and ways of coping, needs, risks and wellness goals
• Recognizes when physiological or psychological symptoms are limiting care effectiveness and when there is need for consultation with others

Planning

• Co-develops, with patients and families, a spiritual care plan that complements and is integrated with their care plan, treatment and interventions
Additional Competencies for Spiritual Care Practitioners Specializing in Palliative Care

Spiritual Assessment and Care, continued…

**Intervention**

- Provides a variety of interventions and approaches to spiritual care related to needs assessment and co-developed interprofessional care plans
- Helps patients and families evaluate the role and function of spiritual and religious identity in their lives
- Facilitates contextualized meaning-making and sacred and religious interpretation
- Enables reconciliation with patients, families, communities and team members (e.g., conflict management, forgiveness and relational growth)
- Uses spiritual, cultural and religious reflection in exploring and making meaning of one's situation

Loss, Grief and Bereavement

- Demonstrates a comprehensive knowledge of the grieving process and reactions in order to support patients and families throughout the disease trajectory
- Demonstrates the ability to proactively respond to complex grief reactions and processes using own skills or appropriate referral
- Mentors and educates colleagues regarding the personal impact of loss, grief and bereavement, supporting them to recognize their own loss responses and encouraging engagement in activities to maintain their resilience on an on-going basis

Professional and Ethical Practice

- Applies a comprehensive understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care
- Facilitates discussion and resolution of ethical and legal issues in conjunction with patients, families and their care teams
- Actively influences and promotes palliative care strategic initiatives and policy development
- Demonstrates knowledge regarding potential ethical and moral challenges in palliative care
- Facilitates ethical decision making with patients, family, care teams and community
- Respects and advocates for plans of care that accurately reflect the patient’s and family’s stated beliefs, values, culture and preferences
- Articulates ethical issues regarding the use of palliative sedation
- Demonstrates awareness of faith tradition directives regarding MAiD, the provision, withholding and withdrawal of life-sustaining treatments
- Models behaviour congruent with the values of the Canadian Association for Spiritual Care (CASC) Code of Ethics and Professional Conduct for Spiritual Care Practitioners and Psycho-Spiritual Therapists
- Acknowledges the patient’s right to self-determination, to forgo or withdraw treatment, to informed consent and relevant federal, provincial or faith community guidelines on medical decision-making
Additional Competencies for Spiritual Care Practitioners Specializing in Palliative Care

Research, Education and Evaluation

- Applies knowledge gained from palliative care research
- Where possible, leads, facilitates and engages in education and research
- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Acts as an expert resource contributing to palliative care development and delivery
- Educates and mentors patients and families
  - Facilitates patient and family participation in care planning
  - Identifies and integrates patient and family strengths in plan of care
  - Safely and appropriately delegates aspects of care to the family
  - Identifies families in need of respite care and refers appropriately
  - Where possible, provides the family with opportunities to participate in research regarding end-of-life care giving
  - Engages in family and team conferences
  - Develops a plan of care for the family
- Where possible, identifies the opportunities for and barriers to discipline-specific research unique to palliative care
- Participates in and/or promotes research and knowledge translation in spiritual care and palliative end-of-life care, where possible
- Develops, facilitates and provides palliative care related education, leadership and mentorship to members of the discipline and students

Advocacy

- Advocates for the needs, decisions and rights of patient by recognizing potential vulnerabilities
- Supports autonomous decision-making
- Promotes equitable and timely access to resources
- Advocates for the development, maintenance and improvement of health care and social policy related to palliative care
- Advocates for health professionals to participate in palliative care continuing education opportunities
- Advocates for health professionals to have adequate resources to provide quality palliative care
Palliative Care Competencies for Those Who Supervise Palliative Care Volunteers

**Principles of Palliative Care**

- Demonstrates an understanding of the philosophy of palliative care
- Demonstrates an understanding that a palliative approach to care starts early in the trajectory of a life-limiting illness
- Demonstrates the ability to describe the meaning of the term ‘life-limiting condition’
- Demonstrates an understanding of the principles of palliative care
- Demonstrates knowledge of the purpose and function of the Interprofessional Team in palliative care
- Demonstrates an understanding of the role of the Specialist Palliative Care Consult Team, including volunteers, and refers appropriately
- Demonstrates an understanding of palliative care standards, norms of practice and best practices

**Cultural Safety**

- Demonstrates an understanding of the influence of ethnicity, culture, gender, sexual orientation, language, religion, age and ability on palliative and end-of-life care issues
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences

**Communication**

- Demonstrates an understanding of the essential role communication plays in palliative care
- Demonstrates an understanding that communication regarding palliative and end-of-life care is an on-going collaborative process
- Demonstrates an understanding of the multidimensional communication challenges that arise when caring for people with life-limiting conditions
- Recognizes the potential for conflict in palliative care decision-making
- Demonstrates an understanding of the importance of the involvement of the patient and family in discussions regarding the plan of care
- Recognizes that family conversations may involve children and different communication approaches may be required
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
- Responds appropriately to those who are dissatisfied with palliative care services by referring them to the most appropriate health professional
Optimizing Comfort and Quality of Life

- Demonstrates an understanding of the concept of ‘total pain’
- Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing the quality of life of the patient
- Recognizes the role of non-pharmacological symptom management to promote comfort and quality of life
- Demonstrates an awareness of the impact of family role changes throughout the course of a life-limiting condition
- Demonstrates an awareness of the uniqueness of a good death
- Demonstrates an understanding of the significance of the physical, psychological, social and spiritual issues that affect patients and families
- Demonstrates an understanding of the common trajectories of life-limiting conditions
- Demonstrates an understanding of ACP
- Understands the role of a SDM in decision making regarding a patient's care
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients' suffering

Care Planning and Collaborative Practice

- Understands the collaborative relationship between the patient, health professionals, family and caregivers
- Effectively collaborates with the care teams
- Recognizes the overall impact of a life-limiting condition on the patient and family, including their mental health and coping mechanisms
- Supports the patient who wishes to prepare or revise an ACP by referring them to the most appropriate health professional
- Recognizes that patients may lose cognitive and functional capacity to make decisions towards end-of-life

Last Days and Hours

- Recognizes and responds appropriately to the signs of imminent death

Loss, Grief and Bereavement

- Demonstrates knowledge of grief and bereavement to support others from a cross-cultural perspective
- Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- Recognizes the factors that may increase the risk of grief difficulties
### Professional and Ethical Practice

- Appropriately engages with people experiencing loss and suffering
- Respects people's wishes regarding their care and options and preferences
- Respects the patient's decision regarding initiating, not initiating, withholding and withdrawing treatment and supports
- Understands the difference between managing a condition and providing end-of-life care
- Demonstrates an awareness of ethical issues related to palliative care
- Identifies situations where beliefs, attitudes and values limit one's ability to be present and provide patient care; collaborates with others to ensure optimal care is provided
- Responds to inquiries regarding MAiD in accordance with NSHA, IWK or employer policy, by referring them to the most appropriate health professional

### Self-care

- Demonstrates an understanding of the impact of loss, grief and bereavement
- Recognizes one's own responses to loss and engages in activities that support well-being and resilience
- Explores own attitudes regarding death, dying and caring for palliative patients
- Demonstrates an awareness of the impact of past experiences of suffering, death and dying when providing palliative care
- Understands and attends to own emotional responses that result from caring for palliative patients
- Recognizes compassion fatigue in self and colleagues; intervenes and refers appropriately
- Engages in healthy activities that help prevent compassion fatigue

### Education and Evaluation

- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Participates in palliative care continuing education opportunities

### Supervision of Volunteers

- Demonstrates an understanding of the responsibilities and role boundaries of Palliative Care Volunteers
- Demonstrates an understanding of the “Duty of Care” of the volunteer
- Articulates the attributes of effective Palliative Care Volunteers
- Manages conflict between volunteers and patients and/or Specialist Palliative Care Consult Team members
- Addresses Palliative Care Volunteers performance issues
Competencies for Palliative Care Volunteers

**Philosophy, Objectives and Standards of Palliative Care**
- Demonstrates an understanding of the standards, guidelines and policies which guide palliative care volunteering
- Demonstrates an understanding of ACP
- Demonstrates an understanding of the role a SDM plays in decision making regarding a patient’s care
- Demonstrates awareness of own responses in the presence of a patient who is suffering
- Provides a compassionate presence and attends to patients’ suffering
- Demonstrates an understanding of the role of the Interdisciplinary Team in palliative care
- Demonstrates an understanding of the role of the Specialist Palliative Care Consult Team

**Palliative Care Organizational Structure**
- Demonstrates knowledge of the members of the Specialist Palliative Care Consult Team
- Demonstrates an understanding of the volunteer’s responsibility to their organization and palliative care services
- Demonstrates an understanding of volunteer role boundaries

**Ethics and Philosophy of Palliative Care Volunteering**
- Demonstrates an awareness of personal attitudes and feelings regarding death and dying
- Demonstrates an awareness of ethical issues related to palliative care
- Demonstrates an understanding of the Palliative Care Volunteer’s rights and responsibilities

**The Professional, Legal and Ethical Obligations of Volunteers Regarding Interaction with Patients, Families, Interprofessional Team and the Organization**
- Demonstrates an understanding of the importance of maintaining privacy and confidentiality
- Responds to those who are dissatisfied with palliative care services by referring to the most appropriate health professional
- Demonstrates an awareness of the “Duty of Care” of the volunteer

**Effective Communication**
- Demonstrates an understanding of the characteristics of effective communication
- Uses effective communication skills in listening and responding to the patient and family
- Identifies and addresses barriers to effective communication
- Recognizes that family conversations may involve children and different communication approaches may be required
- Demonstrates an awareness of specialist support in relation to communication (e.g. interpreters, sign language interpreters and assistive technology)
Competencies for Palliative Care Volunteers

The Nature of Spiritual and Religious Needs within a Palliative Care Context

- Recognizes and respects that everyone has spiritual and/or religious beliefs
- Recognizes that some people may or may not have religious elements to their spirituality
- Demonstrates an understanding of the role and limitations of the Palliative Care Volunteer in the provision of spiritual care
- Demonstrates an understanding of when to refer patients to a member of the Spiritual Care Team or local clergy

The Influence of a Patient’s and Family’s Culture, Values and Beliefs on Death, Dying and End-of-Life Care

- Recognizes the impact of a life-limiting condition on familial roles
- Demonstrates an understanding of the influence of culture on key issues in palliative and end-of-life care
- Demonstrates openness and sensitivity to social, spiritual and cultural values and practices that may influence patient and family preferences

Grief as a Normal Response to Loss

- Demonstrates a respectful attitude to diversity and supports the patient and family in an open and non-judgmental environment
- Demonstrates an awareness of the losses that a patient and family may experience during the course of life-limiting conditions and the dying process
- Demonstrates an understanding of the diversity and complexity of grief experiences and how they relate to the grieving process
- Demonstrates an awareness of gender and cultural differences in the way people grieve and cope with bereavement
- Demonstrates an awareness of what helps or hinders a grieving person as they adjust to significant loss, change and bereavement
- Understands the role of volunteers in supporting dying patients and the bereaved
- Understands how and when to refer a patient to grief and bereavement support services within the Specialist Palliative Care Consult Team or in the community

The Role of the Volunteer in Comfort Care

- Recognizes when a patient is experiencing pain or discomfort and alerts health professionals
- Demonstrates an appreciation of the boundaries regarding identifying and reporting pain and symptoms and providing comfort care
- Demonstrates an awareness of CAM and their impact on health and well-being
- Provides support to patients and families facing a life-limiting condition in a compassionate and sensitive way
Competencies for Palliative Care Volunteers

**Signs of Approaching Death**

- Recognizes and responds appropriately to the signs of imminent death
- Understands the volunteer role at the time of approaching death

**Self-care**

- Demonstrates an awareness of the supports available from the Specialist Palliative Care Consult Team
- Practices self-care strategies
- Demonstrates an awareness of ways volunteers can manage and cope with the impact of patients dying and death

**Education and Evaluation**

- Contributes to the evaluation of the quality of palliative care and the effectiveness of the Specialist Palliative Care Consult Team
- Participates in palliative care continuing education opportunities

**Special Events (where union contracts permit)**

- Assists in planning and organizing special events for patients and families

**Assists Staff to Support Patients’ Needs (where union contracts permit)**

- For example: bed making, shampoos, back, foot and hand massages, shaving, feeding or ambulation

**Additional Competencies for Pediatric Palliative Care Volunteers**

- Demonstrates an awareness of the similarities and differences in the provision of palliative care to children, adolescents and adults
- Demonstrates an understanding of the developmental stages of childhood and adolescence
- Demonstrates an appreciation of the impact of developmental stages on children’s concepts of illness and dying
- Demonstrates an awareness of the impact childhood life-limiting illness has on parents, siblings, friends and extended family
- Demonstrates an appreciation of the importance of play and education for children/youth with life-limiting conditions and their need to engage in childhood activities
- Demonstrates an awareness of the ethical/legal issues unique to pediatric palliative care
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## Appendix 1: Glossary of Terms

**Adult Protection Act**
This legislation, along with the Canadian Charter of Rights and Freedoms, guides all aspects of Adult Protection Service delivery in Nova Scotia, for more information visit: https://nslegislature.ca/sites/default/files/legc/statutes/adult%20protection.pdf.

**Advance Care Paramedics**
Advance Care Paramedics have successfully completed a recognized education program in paramedicine at the advanced care level. Advance Care Paramedic education builds upon the primary care competencies, and they apply their added knowledge and skills to provide enhanced levels of assessment and care. Controlled or delegated medical acts in the advanced competency profile include advanced techniques to manage life-threatening problems affecting patient airway, breathing and circulation. They may also implement treatment measures that are invasive and/or pharmacological in nature.

**Advance Care Planning/Advance Care Plan (ACP)**
ACP is a process of reflection and communication to determine the type of health and personal care a person would want in the future if they were unable to speak for themselves. Components of ACP include Personal Directives, naming of a SDM and establishing Goals of Care.

**CanMEDS**
An educational framework that describes the abilities physicians require to effectively meet the health care needs of the people they serve. It is the basis for the educational and practice standards of the Royal College of Physicians and Surgeons of Canada, for more information visit: http://canmeds.royalcollege.ca/en/framework.

**Caregiver**
Family or friends who are engaged in any aspect of the patient’s care and are not reimbursed for the provision of care.

**Care Teams**
Describes the involvement of multiple interdisciplinary care teams in a patient’s care, may include the Specialist Palliative Care Consult Team in addition to Primary Care or an Acute Care Team.

**Children and Family Services Act**
Legislation that protects children who are living in situations of abuse or neglect. For further information visit: https://novascotia.ca/coms/families/changestoCFSA/index.html.

**Clinical Nurse Specialist (CNS)**
The CNA defines a CNS as a RN with a master’s or doctoral degree in nursing, extensive nursing knowledge and skills and clinical experience in a specialty area.

**Competency**
The effective application of a combination of knowledge, skill and judgment demonstrated by an individual in daily practice or job performance.
Appendix 1: Glossary of Terms

Cultural Safety
Cultural safety is predicted on understanding the power differentials inherent in health service delivery and redressing these inequities through educational processes. Addressing inequities, through the lens of cultural safety, enables health professionals to:
- Improve health care access for clients or individuals, aggregates and populations
- Acknowledge that we are all bearers of culture
- Expose the social, political and historical contexts of health care
- Enable practitioners to consider difficult concepts, such as racism, discrimination and prejudice
- Understand that cultural safety is determined by those to whom health professionals provide care
- Understand the limitations of “culture” in terms of having people access and safely move through health care systems and encounters with care providers
- Challenge unequal power relations.

Dignity Conserving Care
This approach considers three broad areas of influence on individual perceptions of dignity: illness-related concerns, i.e., those things that directly result from the illness; the dignity-conserving repertoire, i.e., those influences related to the patient’s psychological and spiritual resources or makeup; and the social dignity inventory, i.e., those environmental influences that can affect dignity.

Discipline-Specific
Unique to a particular health discipline.

Double Effect
The principle of double effect is a rule of conduct frequently used to determine when a person may lawfully and ethically perform an action from which two effects will follow, one bad and the other good.

Duty of Care
A common law duty to take reasonable care to avoid causing harm to others.

Emergency Health Services Special Patient Program (EHS SPP)
This program allows care to be tailored to an individual patient, rather than following standard EHS protocols. Through the EHS SPP, Paramedics may provide certain types of palliative care, within their scope of practice, in a patient’s home rather than transporting the patient to an ED. These calls require the direct oversight of an EHS physician. For further information visit: http://novascotia.ca/dhw/ehs/palliative-care.asp.

Emergency Medical Responder (EMR)
Historically, EMRs have been the medical first responder in rural and remote communities (e.g. Firefighters). They are often associated with volunteer emergency services organizations and may be the sole provider of emergency medical services in some communities. EMRs may be responsible for initial assessments, the provision of safe and prudent care and the transport of a patient to the most appropriate health care facility. An EMR must successfully complete a recognized training program in emergency patient care and transportation.

End-of-Life Care
End-of-life care is an important part of palliative care and usually refers to the care of a person during the last part of their life, from the point at which it has become clear that the person is dying.
Appendix 1: Glossary of Terms

Enduring Power of Attorney
A power of attorney is a legal document that lets you give another person authority to act on your behalf. An enduring power of attorney is one that specifically provides for the power to remain in force if the donor becomes mentally incompetent (loses legal capacity).\(^9\) To learn more visit [https://www.legalinfo.org/wills-and-estates-law/power-of-attorney#what-is-an-enduring-power-of-attorney](https://www.legalinfo.org/wills-and-estates-law/power-of-attorney#what-is-an-enduring-power-of-attorney).

Extended Care Paramedic
An experienced Advanced Care Paramedic who has taken additional geriatric training allowing them to support nursing home residents to receive the medical care they need within their own facility, instead of being transported to an unfamiliar, and often frightening hospital environment. Extended Care Paramedics respond in vehicles that have diagnostic tools in addition to the equipment that is carried by an ambulance.\(^8\)^\(^5\)-\(^8\)^\(^6\)

Family
The people the patient defines as family, including: blood relatives, spouses, in-laws, common-law partners, friends and pets.\(^3\)

Goals of Care
Describes people's goals for their care and should include treatment of the disease and/or symptom management. In some cases, it includes limits on the interventions that people want, such as “do not resuscitate” orders.\(^2\)

Hospice
A term that encompasses both a setting of care and a type of care for those near the end-of-life, focused on comfort rather than acute care. Hospice as a setting can include stand-alone facilities or designated hospice beds in other locations.\(^2\)^\(^1\)^\(^0\)^\(^8\)

Hospice Level Care
The care provided in the last weeks of life for those who cannot or do not wish to die at home. Hospice, in relation to acute palliative care, is for those who are relatively stable but require monitoring and interventions that are unavailable in their home setting, for a variety of reasons.\(^2\)^\(^1\)^\(^0\)^\(^9\)

Integrated Palliative Care
Integrated palliative care is more than a bio-medical model of care. It is a collaborative model that takes into account the continuum of care and range of people who need to provide it: friends, families, healthcare professionals, including: Specialists, Home Care Providers, Primary Care, Social Workers and Spiritual Care. Social inclusion is also an important component. Communication between the range of people engaged in care is open, transparent and accessible to allow timely, knowledgeable and coordinated care. Palliative care is delivered in the location determined by the patient, including: hospitals, home, institutions and shelters.\(^7\)^\(^8\)

Interprofessional Practice
The process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/ families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making and partnerships.\(^1\)^\(^6\)

Life-Limiting Condition
Denotes a medical condition for which there is no cure and from which a person is expected to die prematurely.\(^1\)^\(^1\)^\(^2\)
Appendix 1: Glossary of Terms

**Medical Assistance in Dying (MAiD)**
In accordance with federal legislation, Bill C-14, MAiD includes circumstances where a medical practitioner or nurse practitioner, at an individual's request administers a substance that causes an individual's death; or prescribes a substance for an individual to self-administer to cause their own death.94

**Mental Health Act**
This Act ensures that people with mental health issues are dealt with in an ethical manner.95

**Nurse Practitioner (NP)**
The CNA defines an NP as a registered nurse with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice. NPs practice in primary and acute care settings.45-47 For further information see https://cna-aic.ca.

**Palliative Approach**
The Palliative Approach takes the principles of palliative care and applies them to the care of people with chronic, life-limiting conditions by meeting their full range of physical, psychosocial and spiritual needs at all stages of life, not only at end-of-life. The palliative approach does not link the provision of care with prognosis but rather broadly focuses on conversations with people regarding their needs and wishes. A palliative approach to care is particularly important when the prognosis of the patient is uncertain, and survivorship is a possibility.2, 4, 7

**Palliative Care**
Care that improves the quality of life of patients/families facing life-limiting conditions, through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual. Includes end-of-life care offered to dying persons and a palliative approach to care integrating key aspects at appropriate times for those at increased risk of dying.5

**Palliative Care Physician Consultation**
A palliative care physician consultation is an assessment resulting from a request from a referring physician or nurse practitioner who, in light of his/her knowledge of the patient, requests the opinion of another physician (the “Palliative Care Specialist Physician”) competent to give advice in this field because of the complexity, seriousness, or obscurity of the case, or because another opinion is requested by the patient or patient’s representative. The palliative care consultant will usually assess physical, social, psychological and spiritual concerns, and recommend strategies for their management. It includes a comprehensive review of pharmacotherapy, appropriate counselling and consideration of appropriate community services. The Palliative Care Specialist Physician is a member of an interdisciplinary team, which will also be involved in the consultation and the resultant recommended plan. A palliative care consultation does not include assessment of eligibility for MAiD.108

**Palliative Sedation**
The monitored use of medications to relieve refractory and unendurable symptoms by inducing varying degrees of unconsciousness; but not death; in patients who, given their disease state, progression and symptom constellation; are expected to die within hours or days.92

**Patient**
The person or persons receiving care. The term patient refers to people of all ages and those at risk for perinatal loss. In the case of pediatric patients, the term also includes parents or guardians.
Appendix 1: Glossary of Terms

**Personal Directive**
A Personal Directive is one of many planning documents a capable person, including a mature minor, may use to ensure their wishes and values related to life decisions are captured and communicated. Personal care decisions include those regarding:

- clothing
- comfort
- health care
- hydration
- hygiene
- nutrition
- recreation
- residence
- safety
- shelter
- social activities
- support services

Personal Directives may also include naming of a SDM. Personal Directives do not include decisions regarding finances and estates.99

**Practice Focused in Palliative Care**
Health professionals and volunteers who specialize in palliative care or have a practice focused in palliative care may be members of a Specialist Palliative Care Consult Team or practice in settings where the vast majority patients require palliative care.

**Primary Care**
Health care provided by a medical professional (such as a general practitioner, nurse practitioner or nurse) with whom a patient has initial contact and by whom the patient may be referred to a specialist.113

**Primary Care Paramedics**
Primary Care Paramedics have successfully completed a recognized education program in paramedicine. They may be associated with remote, rural, suburban, urban, industrial, air ambulance and military services. They are trained to carry out basic emergency care services such as: performing semi-automated external defibrillation, administering oxygen, establishing an IV, cardiac monitoring and administering symptom relief medications.85-86

**Professional Association**
A professional association acts in the interest of its members, who are usually also members of a professional college. Membership in an association is generally voluntary.

**Professional College**
A professional college is the regulatory body for a profession and has as its primary goal the responsibility to protect the public. Membership in a professional college is mandatory in order to practice in a particular jurisdiction.

**Settings of Care**
Setting in which care is provided, e.g. hospital, collaborative care clinic, ambulatory clinic, health professional’s private practice, assisted living facility, long term care facility, shelter, hospice and home.

**Specialist Palliative Care Consult Team**
The Specialist Palliative Care Consult Team (also called the Palliative Care Consult Team or Palliative Care Specialty Team) is a specially-trained team of doctors, nurse practitioners, nurses, social workers and other health care professionals who work collaboratively with a patient’s Interdisciplinary Care Team to provide an extra layer of support for people with life-limiting conditions. The Consult Team focuses on providing relief from symptoms and improving quality of life for both the patient and the family. Consultation with the Specialist Team is appropriate at any age and at any stage of a life-limiting condition and can be provided along with curative-intent treatment.108
Appendix 1: Glossary of Terms

Specialize in Palliative Care
Health professionals and volunteers who specialize in palliative care or have a practice focused in palliative care may be members of a Specialist Palliative Care Consult Team or practice in settings where the vast majority patients require palliative care.

Substitute Decision Maker (SDM)
The person named in a Personal Directive to make decisions on behalf of the author of the directive when that person can no longer speak for themselves, also called a delegate or Statutory Decision Maker.99-100

Supportive Care
Care that aims to relieve a person’s symptoms or suffering during illness with a life-threatening condition where the goal of care is cure. In situations where the prognosis is unclear, especially early in the course of illness, there is overlap between supportive care and a palliative approach to care.108

The Surprise Question
A technique to identify patients whom would benefit from palliative care – “Would you be surprised if this patient died in the next year?”90

Total Pain
The suffering that encompasses all of a person’s physical, psychological, social, spiritual and practical struggles.91
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

Advance Care Planning (ACP)

Offered by the deSouza Institute
This 18 hour e-learning course is designed to help health professionals enhance their ACP skills. Participants will learn basic and complex care planning concepts. They will also learn how to help patients appoint a Power of Attorney for Personal Care and how to discuss critical care and life-sustaining treatments.
https://my.desouzainstitute.com/courseCodes/index/1
- Target Audience: Health Professionals
- Cost: $349, bulk discount available

 Advance Care Planning (ACP)

Offered by the Nova Scotia Hospice Palliative Care Association
The Nova Scotia Hospice Palliative Care Association (NSHPCA) offers two educational sessions regarding ACP.
The first is a 45 minute presentation which introduces people to the concept of ACP, why it is important and guides people through some steps to begin the process of ACP. Content also includes a brief overview of NS Personal Directives legislation.
To support the first presentation, the NSHPCA has developed a companion booklet: Speak Up NS. The booklet includes information about how to begin the process of ACP in the context of the NS Personal Directives Legislation, as well as copy of the NS Personal Directives form.
The second educational session is an extended version of the first. The session allows for a more detailed exploration of the five steps involved in ACP, as well as small group sessions where participants discuss the concept of a “good death”, the role of an SDM and other issues. Depending on the audience, the sessions can be customized to provide additional information for health care professionals regarding their role in the ACP process.

Biannual Perinatal Palliative Care Workshop

Offered by the IWK
A one to two day perinatal palliative care workshop.
- Target Audience: IWK and NSHA Staff
- The Working Group recommends this workshop to health professionals caring for infants, children and youth

Canadian Hospice Palliative Care Association Resources

Offered by the CHPCA
Wide variety of educational resources.
- Target Audience: Health Professionals and Volunteers
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

Clinical Pastoral Education (CPE)

Available in Halifax and Sydney via CBRH and QEII

In order to become a certified Spiritual Care Practitioner in Canada, practitioners must complete 4 units or a CPE course. 400 hours per program.

- Target Audience: Spiritual Care Providers
- Cost: ranges from $1200 - $1600

College of Family Physicians of Canada – Certificate of Added Competency (CAC)

Offered by Canadian Medical Schools

A year of added competency training in the form of a residency or fellowship.

- Target Audience: Physicians
- The Working Group recommends this program to Family Physicians
- Cost: Varies by institution

Conversations about Serious Illness

Offered by the NS Cancer Care Program, NSHA

This three hour workshop focuses on the importance of ACP and Goals of Care (GOC) for cancer patients and prepares health care providers to initiate serious illness discussions with cancer patients/family members. This program has a number of resources for health professionals and patients and families which are available at https://library.nshealth.ca/SeriousIllness

- Target Audience: Health Professionals
- Cost: N/A

Critical Care Nursing Program

Offered by the Registered Nurses Professional Development Centre

The program is comprised of 280 hours of knowledge building, 40 hours skills labs/simulation; 168 hours of clinical time. Clinical practicum can be integrated at specific points in the program or at the end of all lessons. Some palliative care curriculum.

- Target Audience: RNs
- Cost: $600 plus textbooks

Doctoral (Psychology) Internship Program

Offered by McGill University

This part-time practicum/internship is run under the auspices of the Psychosocial Oncology Program at the McGill University and is open to doctoral trainees in A.P.A./C.P.A. and/or O.P.Q. accredited graduate programs in Clinical or Counselling Psychology. Offered at the Royal Victoria Hospital (Montreal). https://www.mcgill.ca/palliativecare/education-and-training/psychosocial-oncology-training

- Target Audience: Psychologists
- Cost: TBD
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

Emergency Nursing Program

Offered by the Registered Nurses Professional Development Centre

The program is comprised of 280 hours of knowledge building, 40 hours skills labs/simulation and 168 hours of clinical time. Clinical practicum can be integrated at specific points in the program or at the end of all lessons. Includes some palliative care curriculum.

- Target Audience: RNs
- Cost: $600 plus textbooks

End-of-Life Nursing Education Consortium (ELNEC)

Offered by the American Association of Colleges of Nursing

The ELNEC project is a national education initiative to improve palliative care. The project provides undergraduate and graduate nursing faculty, continuing education providers, staff development educators, specialty nurses in pediatrics, oncology, critical care and geriatrics and other nurses with training in palliative care so they can teach this essential information to nursing students and practicing nurses.

- Target Audience: Undergraduate and graduate nursing faculty, continuing education providers, staff development educators, specialty nurses in pediatrics, oncology, critical care and geriatrics.
- Cost: TBD

EPEC-Oncology Canada (EPEC-O)

Offered by trained Canadian facilitators, contact the Canadian Partnership Against Cancer for a list of local facilitators

A two day interactive workshop comprised of 16 modules, Canadian adaptation of EPEC (Education in Palliative and End-of-Life Care, NCI/Northwestern University).

- Target Audience: Oncology Health Professionals
- Cost: $275 physicians, $150 other disciplines

EPEC-Pediatrics

Offered by EPEC (NCI/Northwestern University)

Adaptation of EPEC designed to address the needs of children, families and pediatric clinicians. Consists of 23 core and 2 elective topics in pain and symptom management in palliative care. These topics are taught as a combination of a one day intro workshop, 18 distance learning modules and 6 in-person conference sessions.

- Target Audience: Pediatric Health Professionals
- Cost: TBD, requires travel to the US
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

Facilitating Advanced Care Planning: An Interprofessional Education Program

Offered by the Public Information and Advocacy Work Group of the Canadian Strategy on Palliative and End-of-Life Care

The module has an accompanying Facilitator’s Guide, which describes a variety of teaching methods, contains cases to stimulate discussion and guides teachers on how best to present the material. The preferred delivery method for this module is a small group teaching environment that allows for discussion. Part of the Educating Future Physicians in Palliative and End-of-Life Care Curriculum, available via CHPA.

- Target Audience: Interprofessional educational program for health care providers. The program is intended for use at all levels—undergraduate, postgraduate and CPD
- Cost: $7 for the module and facilitators guide

Grief and Bereavement Certificate

Offered by King’s University College, London, Ontario

This distance education program is comprised of five undergraduate courses. [http://www.kings.uwo.ca/academics/thanatology/](http://www.kings.uwo.ca/academics/thanatology/)

- Target Audience: All disciplines, participants do not need to be a health professional
- Cost: $1240 per course

Hospice Palliative Care Volunteer Training Program

Offered by the CHPCA

Manual available from [http://www.virtualhospice.ca](http://www.virtualhospice.ca)

- Target Audience: Palliative Care Volunteers
- Cost: Facilitator’s Manual is $35

Interdisciplinary Certificate in Palliative Care

Offered by Lakehead University

This distance certificate consists of four, university undergraduate degree-level, half-credit courses and can be completed over three terms. [https://www.lakeheadu.ca/academics/other-programs/online/programs/certificates/palliative-care](https://www.lakeheadu.ca/academics/other-programs/online/programs/certificates/palliative-care)

- Target Audience: Health Professionals
- Cost: TBD
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

**Interprofessional Psychosocial Oncology Distance Education Project**

*Offered by Canadian Association of Psychosocial Oncology*

The Relational Practices with Families in Oncology and Palliative Care Course – Focuses on developing interprofessional knowledge and skill in caring for families experiencing cancer across the illness trajectory. Case discussions including attention to diverse communications, such as First Nations, African descent and LGBTQ. Participants attend real-time weekly online seminars throughout the course.

Screening for Distress – online 5-8 hour course
http://www.capo.ca/ipode-project/

- **Target Audience:** Health Professionals, Spiritual Care Providers
- **Cost:** Relational Practices – Tuition varies by University, Dalhousie and Atlantic School of Theology. Screening for Distress – Free

**iEPEC-O**

*Offered by the deSouza Institute*

This sixteen module self-directed online course consisting of covers a comprehensive curriculum in palliative and end-of-life care topics. The course incorporates recommendations from “The Way Forward” report on person-centred approaches. It enhances learning outcomes by leveraging powerful online graphic illustration, interactive activities and audio-visual demonstration of core palliative care competencies.

https://portfolio.desouzainstitute.com/courses/viewCourse/619

- **Target Audience:** Oncology Health Professionals
- **Cost:** $599, bulk discount available

**Introduction to Hospice Palliative Care**

*Offered by the deSouza Institute*

This 10 hour e-learning course is designed to help health professionals expand their knowledge regarding palliative care issues.

https://my.desouzainstitute.com/courseCodes/index/1

- **Target Audience:** Health Professionals
- **Cost:** $299, bulk pricing available
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

LEAP Core

Offered by Pallium Canada

Pallium’s LEAP Core is a 2-day course, comprised of 14 modules, accredited through the College of Family Physicians of Canada for 26.5 Mainpro+ credits. Provides learners with the essential, basic competencies of the palliative care approach. Geared towards community based providers including home care. Ideal for developing teamwork, promoting interprofessional collaboration, promoting collaboration amongst providers who need to work together. Available in English and French. [http://pallium.ca/leap-courses/leap/](http://pallium.ca/leap-courses/leap/)

- Target Audience: Health Professionals
- The Working Group recommends this program as the foundational education program for health professionals caring for patients and families with life-limiting illness and those specializing in palliative care
- Cost: $175 Physicians, $115 other disciplines

LEAP Emergency Department

Offered by Pallium Canada

An interactive 1-day course specific to the emergency department setting and palliative emergencies. Under Development.

- Target Audience: Health Professionals
- Cost: TBD

LEAP Heart

Offered by Pallium Canada

An interactive 1-day course specific to palliative care within the context of end-stage heart disease. Under Development.

- Target Audience: Health Professionals
- Cost: TBD

LEAP Hospital

Offered by Pallium Canada

An interactive 1-day course specific to in-patient hospital settings. Under Development.

- Target Audience: Health Professionals
- Cost: TBD

LEAP Indigenous

Offered by Pallium Canada

Pallium worked with content experts (Elders, Healers, Health Professionals) to develop cultural competence messages that are being rolled into all LEAP courses. Additional messages will be rolled into LEAP modules as materials are updated and renewed. A full review of delivery modalities for Aboriginal groups is being developed.

- Target Audience: Health Professionals
- Cost: See LEAP Core
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

LEAP Long-Term Care (Leap LTC)

Offered by Pallium Canada
An interactive 2-day course specific to Long-Term Care setting. Audience includes healthcare professionals as well as personal support workers (PSWs) or care aides and other regulated and unregulated care providers, who work in long-term care. Provides learners with the essential, basic competencies of the palliative approach to care. Ideal for developing teamwork and promoting interprofessional collaboration. Other personnel may also join (e.g. managers and support staff). LEAP LTC meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for 27.5 certified Group Learning Mainpro+ credits.
http://pallium.ca/leap-courses/leap-long-term-care-2/
- Target Audience: Health Professionals and PSWs
- The Working Group recommends this program as the foundational education program for health professionals caring for patients and families in LTC settings
- Cost: $125

LEAP Mini

Offered by Pallium Canada
An interactive 1-day course that provides learners with the essential, basic competencies of the palliative care approach. Ideal for established teams (e.g. Family Health Clinics), enhancing teamwork, promoting interprofessional collaboration and enhancing collaboration amongst providers in different agencies who need to work together. LEAP Mini has been accredited by the College of Family Physicians of Canada for 16.5 certified Group Learning Mainpro+ credits. Available in English and French.
http://pallium.ca/leap-courses/leap-mini/
- Target Audience: Health Professionals
- Cost: $125 Physicians, $95 other disciplines

LEAP Online

Offered by Pallium Canada
Online modules for all professional that provide independent self-learning on the Palliative Care Approach. Under Development.
- Target Audience: Health Professionals
- Cost: TBD

LEAP Onco

Offered by Pallium Canada
An interactive 1-day course specific to oncology. LEAP Onco meets the accreditation criteria of the Royal College of Physicians and Surgeons of Canada and has been accredited for 7.5 MOC Section 1 credits.
http://pallium.ca/leap-courses/leap-mini-onco/
- Target Audience: Health Professionals who work in cancer care but whose primary focus of work is not palliative care
- Cost: $175 Physician, $115 other disciplines
LEAP Paramedic

*Offered by Pallium Canada*

Competency-based, blended program: online and face-to-face program with 10 modules online interactive theory based (8 hours), and 6 hours (excluding breaks) case-based face-to-face. Learning goals are to: provide the essential practical knowledge, attitudes and skills to provide a palliative care approach; link learners to local palliative care resources; change practice to include palliative care on-site.

http://pallium.ca/leap-courses/leap-paramedic/

- Target Audience: Paramedics and EMS Professionals
- The Working Group recommends this program as the foundational education program for Paramedics
- Cost: $75

LEAP Renal

*Offered by Pallium Canada*

An interactive 1-day course specific to professionals caring for patients with advanced kidney diseases. LEAP Renal meets the accreditation criteria of the Royal College of Physicians and Surgeons of Canada and has been accredited for 8.0 MOC Section 1 credits.

http://pallium.ca/leap-courses/leap-renal/

- Target Audience: Health Professionals who work with patients with advanced kidney disease
- Cost: $115

Methadone for Pain in Palliative Care

*Offered by the Canadian Virtual Hospice*

A course for physicians wishing to improve their knowledge and develop core competencies in methadone prescribing for pain management in palliative care.

http://www.methadone4pain.ca/

- Target Audience: Physicians
- Cost: Free

Palliative Approach in Nursing Practice

*Offered by the British Columbia Institute of Technology*

This twelve week online course prepares nurses to support and comfort patients and families who are facing end-of-life issues related to their disease progression or condition.

http://www.bcit.ca/study/courses/nssc7000

- Target Audience: RNs
- Cost: $779
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

### Palliative Care Certificate
**Offered by Assiniboine College**
Distance program and practicum.  
[http://public.assiniboine.net/program/122/palliative-care/program-details](http://public.assiniboine.net/program/122/palliative-care/program-details)
- Target Audience: Health Professionals  
- Cost: $3270

### Palliative Care: Medical Intensive Course
**Offered by Victoria Hospice**
This five day course covers basic and some advanced aspects of palliative care. Accredited by the College of Family Physicians of Canada for 29 Mainpro-M1 credits.  
- Target Audience: Family Physicians or New Palliative Care Physicians, Palliative Care and Home Care RNs, Family Practice Residents, Pharmacists and Medical Students  
- Cost: $995 plus travel to Victoria and accommodation

### Palliative Care Front Line Education Program
**Offered by the Nova Scotia Community College and Private Colleges throughout NS**
Developed by Cancer Care Nova Scotia, in collaboration with the Nova Scotia Community College. The program includes modules and a virtual toolkit of resources.  
[http://www.cancercare.ns.ca](http://www.cancercare.ns.ca)
- Target Audience: This basic program is offered as part of the CCA and LPN curricula and as a continuing education offering for health professionals and volunteers  
- Cost: Tuition for CCAs and LPNs varies by institution

### Palliative Care Certificate
**Offered by Mohawk College, Ontario**
This certificate program is comprised of six graduate level distance courses and a clinical placement.  
[https://www.mohawkcollege.ca](https://www.mohawkcollege.ca)
- Target Audience: Health Professionals  
- Cost: $275 per course

### Palliative Care in Family Medicine
**Offered by Medical Schools across Canada**
Palliative Care courses within the Family Medicine Curriculum.  
- Target Audience: Physicians in Training  
- Cost: Varies by Universities
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

**Pallium Portal**

*Offered by Pallium Canada*

Pallium's website offers a number of short courses, videos and clinical support tools to those who have completed a LEAP course.

http://pallium.ca

- **Target Audience:** Health Professionals
- **Cost:** Included in LEAP registration

**Pediatric Critical Care Program**

*Offered by the BC Institute of Technology*

Distance Education Program.

http://www.bcit.ca/study/programs/810qbsn

- **Target Audience:** Pediatric Critical Care Nurses
- **Cost:** TBD

**Pediatric Palliative Care Mini**

*Offered by Dalhousie University & the IWK*

An eight week elective course for undergraduate health professional students.

- **Target Audience:** Health Professional Students
- **Cost:** TBD

**Pediatric Palliative Care Workshop**

*Offered by the IWK*

Offered twice annually.

- **Target Audience:** IWK and NSHA Staff
- **Cost:** No cost

**Psychosocial Care of the Dying and Bereaved**

*Offered by Victoria Hospice*

This introductory one week course presents a psychosocial perspective of palliative care, including: self-care and team issues, the impact of disease transitions and holistic care, counselling and bereavement support.

- **Target Audience:** Health Professionals, Spiritual Care
- **Cost:** $800 plus travel to Victoria and accommodation
Appendix 2: Palliative Care Educational Programs Considered by the Capacity Building Working Group

Royal College of Physicians and Surgeons of Canada – Palliative Care Subspecialty Adult and Pediatric Streams

*Offered by Canadian Medical Schools*

A two year residency program.

- **Target Audience:** Physicians
- The Working Group recommends these programs as the foundational education program for Adult and Pediatric Palliative Care Physicians
- **Cost:** Varies by university

Sacred Art of Living and Dying Program

*Offered by Victoria Hospice and The Sacred Art of Living*

The Sacred Art of Living and Dying workshops draw on ancient teachings regarding how to live without fear or denial of suffering and mortality.

http://www.victoriahospice.org

- **Target Audience:** Health Professionals, Spiritual Care
- **Cost:** $395 US plus travel to Victoria and accommodation

Speak Up Nova Scotia

*Offered by the NSHPCA*

The NS ACP initiative includes workshops and resources for health professionals and patients and families.

http://www.advancecareplanning.ca/resource/nova-scotia/

- **Target Audience:** Health Professionals and patients and families
- **Cost:** No charge

St. Christopher’s Hospice, UK

*Offered by St. Christopher’s Hospice*

Offers a variety of learning experiences, including clinical placements.

www.stchristophers.org.uk/education/

- **Target Audience:** Health Professionals
- **Cost:** Varies, requires travel to the UK and accommodation
Appendix 3: Further Information Regarding Selected Educational Programs

Pallium Canada’s LEAP Core will be supported as the standardized educational offering for health professionals.\(^{10}\) The program will be coordinated throughout NS. LEAP Core was selected for its ability to support attainment of competencies, its national profile, the infrastructure and support provided and the availability of trained facilitators. LEAP Core will be offered throughout NS with members of the Specialist Palliative Care Consult Teams serving as facilitators. LEAP Core will not be considered a mandatory course, health professionals caring for patients with life-limiting conditions and their families and those supervising Palliative Care Volunteers will be encouraged to participate.

LEAP Core was also identified as the entry-level education program for non-physician members of Specialist Palliative Care Consult Teams, in addition to any other requirements included in role descriptions. Nursing members of Palliative Care Consult Teams are also encouraged to attain the Canadian Nursing Association’s Certification in Palliative Care (CHPCNC).\(^{37}\) A process is underway to engage members of Palliative Care Consult Teams from across NS in a process to articulate additional entry level requirements, as well as the continuing education needs and interests of those specializing in palliative care.

LEAP Long-Term Care (LTC) was selected as the primary education program for health professionals working in LTC settings.\(^ {11}\) LEAP LTC was piloted in NS in 2015 and is now available nation-wide. LEAP LTC was selected for its ability to support attainment of competencies, its national profile, the infrastructure and support provided and the availability of trained facilitators. LEAP LTC will not be considered a mandatory course, health professionals will be encouraged to participate.

LEAP Paramedic was affirmed as the core education program for Paramedics.\(^ {87}\) LEAP Paramedic was developed and piloted in NS and Prince Edward Island in 2015 and is now offered nation-wide. LEAP Paramedic was selected for its ability to support attainment of competencies, its national profile, the infrastructure and support provided and the availability of trained facilitators. The program is being offered by various Colleges as an addition to the core curriculum of Para Medicine preparatory programs. In addition to LEAP Paramedic, EHS offers regular palliative care inservices for all practicing Paramedics.

The Palliative Care Front Line Education Program (PCFLE) was affirmed as the introductory education program for CCAs and LPNs.\(^ {88}\) The PCFLE has been offered in NS since 2009 and has undergone five revisions based on evaluation findings. The PCFLE has been incorporated into the core curriculum for LPNs and CCAs in NS since 2007. CCAs and LPNs trained in other jurisdictions who wish to practice in NS are required to complete the PCFLE. CCAs and LPNs working in LTC settings will also be encouraged to participate in LEAP LTC to further strengthen their palliative care knowledge and skill.

The IWK’s Pediatric Palliative Care workshop was affirmed as the entry level education program for those caring for children and youth with life-limiting conditions. This workshop is offered twice annually and is facilitated by Pediatric Palliative Care Specialists.

Dalhousie University will support two training streams for physicians. A two year Royal College of Physicians and Surgeons of Canada subspecialty residency program will train specialists in the fields of adult and pediatric palliative medicine beginning in 2018.\(^ {57-58}\) The second stream, offered through the College of Family Physicians of Canada, is a one year Certificate of Added Competency for Family Physicians.\(^ {54-55}\) Thoracic Surgery specialty was identified due to the significant volume of palliative procedures, other medical specialties also include palliative procedures.

The NSHPCCA, with funding from the NSHA, will lead a working group to develop a standardized education program for Palliative Care Volunteers. This program will be based on the competencies outlined in the Framework and the expressed needs of NS Volunteers and those responsible for the supervision of Palliative Care Volunteers.
Appendix 4: Mapping the NSHA’s Palliative Care Competency Framework to the CIHC’s National Interprofessional Competency Framework

<table>
<thead>
<tr>
<th>Palliative Care Competency Domains(\text{kk})</th>
<th>Maps to CIHC Competency Domain(s)(\text{16})</th>
<th>Applies to these Disciplines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy/Health Advocate</td>
<td>• Collaborative Leadership</td>
<td>• All Health Professionals</td>
</tr>
<tr>
<td></td>
<td>• Patient/Client/Family</td>
<td>• Spiritual Care</td>
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<tr>
<td></td>
<td>Community-centred Care</td>
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<td></td>
<td>• Role Clarification</td>
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<td></td>
<td>• Team Functioning</td>
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<tr>
<td>Assesses and Manages Conditions That</td>
<td>• Role Clarification</td>
<td>• Diagnostic Medical Sonographers</td>
</tr>
<tr>
<td>Constitute Emergencies in Palliative Patients</td>
<td></td>
<td>• Medical Radiation Technologists</td>
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<td></td>
<td></td>
<td>• RNs</td>
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<td></td>
<td></td>
<td>• LPNs</td>
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<td>• NPs</td>
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<td>• Pharmacists</td>
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<tr>
<td></td>
<td></td>
<td>• Physicians</td>
</tr>
<tr>
<td>Care Planning and Collaborative</td>
<td>• Collaborative Leadership</td>
<td>• All Health Professionals</td>
</tr>
<tr>
<td>Practice/Collaborator</td>
<td>• Interprofessional Conflict</td>
<td>• Spiritual Care</td>
</tr>
<tr>
<td></td>
<td>Resolution</td>
<td>• Those who Supervise Palliative Care Volunteers</td>
</tr>
<tr>
<td></td>
<td>• Patient/Client/Family</td>
<td>• Palliative Care Volunteers</td>
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<td></td>
<td>Community-centred Care</td>
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<tr>
<td></td>
<td>• Role Clarification</td>
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<td></td>
<td>• Team Functioning</td>
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</tr>
<tr>
<td>Communication/Communicator</td>
<td>• Interprofessional Conflict</td>
<td>• All Health Professionals</td>
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<tr>
<td></td>
<td>Resolution</td>
<td>• Spiritual Care</td>
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<td></td>
<td>• Patient/Client/Family</td>
<td>• Those who Supervise Palliative Care Volunteers</td>
</tr>
<tr>
<td></td>
<td>Community-centred Care</td>
<td>• Palliative Care Volunteers</td>
</tr>
<tr>
<td></td>
<td>• Role Clarification</td>
<td></td>
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<tr>
<td></td>
<td>• Team Functioning</td>
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</tbody>
</table>

\(\text{kk}\) For the most part, this document uses the six competency domains defined in the Irish Palliative Care Competence Framework.\(\text{1}\)

Palliative care competency domains established by national and provincial health professional associations and colleges were also incorporated into this document (e.g. The Royal College of Physicians and Surgeons of Canada CanMEDS framework).\(\text{18-66, 79}\)
## Appendix 4: Mapping the NSHA’s Palliative Care Competency Framework to the CIHC’s National Interprofessional Competency Framework

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<tr>
<th>Palliative Care Competency Domains</th>
<th>Maps to CIHC Competency Domain(s)</th>
<th>Applies to these Disciplines</th>
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</table>
| Comprehensive General Physical Assessment, Examination and Implementation of a Person-centred Management Plan, Including Relevant Diagnostics | - Patient/Client/Family Community-centred Care  
- Role Clarification  
- Team Functioning | - CNS  
- RNs  
- NPs  
- Physicians  
- Pharmacists |
| Comprehensive Assessment and Management of Physical Symptoms and Implementation of a Person-centred Management Plan | - Patient/Client/Family Community-centred Care  
- Role Clarification  
- Team Functioning | - CNS  
- RNs  
- NPs  
- Physicians  
- Pharmacists |
| Comprehensive Psychological, Social, Spiritual and Cultural Assessment and Implementation of a Person-centred Care Plan | - Patient/Client/Family Community-centred Care  
- Role Clarification  
- Team Functioning | - CNS  
- RNs  
- NPs  
- Physicians  
- Pharmacists  
- Psychologists  
- Social Workers  
- Spiritual Care |
| Demonstrates an Understanding of the Unique Care Needs of Older Adults | - Patient/Client/Family Community-centred Care  
- Role Clarification  
- Team Functioning | - All disciplines involved in caring for geriatric patients with life-limiting illnesses  
- Spiritual Care  
- Those who Supervise Geriatric or Palliative Care Volunteers  
- Geriatric and Palliative Care Volunteers |
| Demonstrates an Understanding of the Unique Care Needs of Oncology Patients | - Patient/Client/Family Community-centred Care  
- Role Clarification  
- Team Functioning | - All disciplines involved in caring for oncology patients  
- Spiritual Care  
- Those who Supervise Oncology or Palliative Care Volunteers  
- Oncology and Palliative Care Volunteers |
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| Education (Patient, Family, Public, Students, Colleagues)                                        | • Patient/Client/Family Community-centred Care  
  • Role Clarification  
  • Team Functioning                                                                 | • All Health Professionals  
  • Spiritual Care                                                                 |
| Ethics and Philosophy of Palliative Care Volunteering                                             | • Patient/Client/Family Community-centred Care  
  • Role Clarification  
  • Team Functioning                                                                 | • Palliative Care Volunteers                                                                 |
| Identifies the Full Range and Continuum of Palliative Care Services, Resources and the Settings in Which They Are Available | • Patient/Client/Family Community-centred Care  
  • Role Clarification  
  • Team Functioning                                                                 | • CNS  
  • Dietitians  
  • RNs  
  • NPs  
  • Occupational Therapists  
  • Physicians  
  • Pharmacists  
  • Physiotherapists  
  • Social Workers  
  • Spiritual Care                                                                 |
| Last Days and Hours                                                                                | • Patient/Client/Family Community-centred Care  
  • Role Clarification  
  • Team Functioning                                                                 | • All Health Professionals  
  • Spiritual Care  
  • Those who Supervise Palliative Care Volunteers  
  • Palliative Care Volunteers                                                                 |
| Leads Case Discussions in Team Meetings and Rounds                                                | • Patient/Client/Family Community-centred Care  
  • Role Clarification  
  • Team Functioning                                                                 | • CNS  
  • RNs  
  • NPs  
  • Physicians  
  • Spiritual Care                                                                 |
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| Loss, Grief and Bereavement       | • Patient/Client/Family Community-centred Care  
                                 | • Role Clarification             | • All Health Professionals  
                                 |                                      | • Spiritual Care                    |
|                                  |                                  | • Those who Supervise Palliative Care Volunteers  
                                 |                                      | • Palliative Care Volunteers        |
| Manager                          | • Patient/Client/Family Community-centred Care  
                                 | • Role Clarification             | • Physicians                     |
|                                  | • Team Functioning                |                              |                              |
| Medical Expert                   | • Patient/Client/Family Community-centred Care  
                                 | • Role Clarification             | • Physicians                     |
|                                  | • Team Functioning                |                              |                              |
| Optimizing Comfort and Quality of Life | • Patient/Client/Family Community-centred Care  
                                           | • Role Clarification             | • All Health Professionals  
                                           |                                      | • Spiritual Care                    |
|                                  | • Team Functioning                | • Those who Supervise Palliative Care Volunteers  
                                           | • Palliative Care Volunteers      |
| Palliative Sedation              | • Patient/Client/Family Community-centred Care  
                                 | • Role Clarification             | • CNS                            |
|                                  | • Team Functioning                | • RNs                           | • RNs                           |
|                                  |                                  | • NPs                           | • NPs                           |
|                                  |                                  | • Physicians                     | • Pharmacists                    |
| Principles of Palliative Care    | • Patient/Client/Family Community-centred Care  
                                 | • Role Clarification             | • All Health Professionals  
                                 |                                      | • Spiritual Care                    |
|                                  | • Team Functioning                | • Those who Supervise Palliative Care Volunteers  
                                 | • Palliative Care Volunteers      |
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<tr>
<td>Principles of Pediatric Palliative Care</td>
<td>Patient/Client/Family Community-centred Care, Role Clarification, Team Functioning</td>
<td>All disciplines involved in caring for children and youth with life-limiting illnesses, Spiritual Care, Those who Supervise Pediatric Palliative Care Volunteers, Pediatric Palliative Care Volunteers</td>
</tr>
<tr>
<td>Principles of Prenatal, Neonatal, Perinatal Palliative Care</td>
<td>Patient/Client/Family Community-centred Care, Role Clarification, Team Functioning</td>
<td>All disciplines involved in caring for neonates, infants and mothers with life-limiting illnesses, Spiritual Care, Those who Supervise Pediatric Palliative Care Volunteers, Pediatric Palliative Care Volunteers</td>
</tr>
<tr>
<td>Professional and Ethical Practice/Professional</td>
<td>Interprofessional Conflict Resolution, Patient/Client/Family Community-centred Care, Role Clarification, Team Functioning</td>
<td>All Health Professionals, Spiritual Care, Those who Supervise Palliative Care Volunteers, Palliative Care Volunteers</td>
</tr>
<tr>
<td>Research and Evaluation/Scholar</td>
<td>Patient/Client/Family Community-centred Care, Role Clarification</td>
<td>All Health Professionals, Spiritual Care, Those who Supervise Palliative Care Volunteers, Palliative Care Volunteers</td>
</tr>
<tr>
<td>Safe and Appropriate Prescribing Practices</td>
<td>Patient/Client/Family Community-centred Care, Role Clarification</td>
<td>CNS, RNs, NPs, Physicians, Pharmacists</td>
</tr>
</tbody>
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| Self-care                         | • Patient/Client/Family Community-centred Care  
• Role Clarification              | • All Health Professionals  
• EMRs  
• Spiritual Care  
• Those who Supervise Palliative Care Volunteers  
• Palliative Care Volunteers       |
| Special Events                    | • Patient/Client/Family Community-centred Care  
• Role Clarification              | • Those who Supervise Palliative Care Volunteers  
• Palliative Care Volunteers       |
| Spiritual Assessment and Care     | • Patient/Client/Family Community-centred Care  
• Role Clarification              | • Spiritual Care                  |
| Supervision of Volunteers         | • Interprofessional Conflict Resolution  
• Patient/Client/Family Community-centred Care  
• Role Clarification  
• Team Functioning              | • Those who Supervise Palliative Care Volunteers       |
| The Nature of Spiritual and Religious Needs within the Context of Palliative Care | • Patient/Client/Family Community-centred Care  
• Role Clarification              | • All Health Professionals  
• Spiritual Care  
• Those who Supervise Palliative Care Volunteers  
• Palliative Care Volunteers       |
| The Role of the Volunteer in Comfort Care | • Patient/Client/Family Community-centred Care  
• Role Clarification  
• Team Functioning              | • All Health Professionals  
• Spiritual Care  
• Those who Supervise Palliative Care Volunteers  
• Palliative Care Volunteers       |
| Understands the Role of the EMR in Comfort Care | • Patient/Client/Family Community-centred Care  
• Role Clarification  
• Team Functioning              | • EMRs  
• Paramedics  
• ED Nurses  
• ED Physicians               |