Clear Form

Self-assessment for Generalist Physicians

- **Novice (N)** – may be experienced in psychosocial care but new to palliative care. Needs regular support.
- **Advanced beginner (B)** – can practice independently using some psychosocial skills specific to palliative care but still needs support.
- **Competent (C)** – mostly independent, occasionally seeks out support.
- **Proficient (P)** – autonomous practice, seeks out leadership opportunities.
- **Expert (E)** – highly proficient, is regularly sought out by others.

	Palliative care competencies and descriptions	Knowledge/skill level
	1 Principles of a palliative approach to care	
1.1	**Provide a palliative approach to care**	
1.1.1	Describe the benefits of and provide an early holistic palliative approach to care that addresses physical, psychosocial, spiritual, and practical concerns.	○ N ○ B ○ C ○ P ○ E
1.1.2	Recognize common trajectories, natural histories of functional decline, and transition points to trigger early initiation of a palliative approach to care.	○ N ○ B ○ C ○ P ○ E
1.1.3	Understand community-specific protocols and practices, including the role of complementary and alternative medicine (CAM), when caring for members of underserviced populations who are living with a life-limiting illness so they can live fully throughout their care.	○ N ○ B ○ C ○ P ○ E
1.1.4	Understand community-specific protocols, including the role of traditional medicine, when caring for First Nations, Inuit, and Métis who are living with a life-limiting illness so they can live fully throughout their care.	○ N ○ B ○ C ○ P ○ E
1.2	**Address barriers to palliative care**	
1.2.1	Identify and address misperceptions, beliefs, and attitudes towards palliative care – that the person, their designated family or caregiver(s), and colleagues have – that undermine access to high-quality palliative care.	○ N ○ B ○ C ○ P ○ E
TOTAL	**1 Principles of a palliative approach to care**	**0 N 0 B 0 C 0 P 0 E**

Clear Form

	Palliative care competencies and descriptions	Knowledge/skill level
	2 Cultural safety and humility	
2.1	**Create an environment of cultural safety**	
2.1.1	Demonstrate cultural safety and describe how diversity impacts decision making to provide person- and family-centered care.	◯ N ◯ B ◯ C ◯ P ◯ E
2.1.2	Recognize the values, biases, or perspectives of people, physicians, or other health care professionals that may have an impact on the quality of care and modify the approach to the person and their designated family or caregiver(s) accordingly.	◯ N ◯ B ◯ C ◯ P ◯ E
2.1.3	Recognize that concepts such as wellness and illness may be defined differently by members of underserviced populations.	◯ N ◯ B ◯ C ◯ P ◯ E
2.1.4	Recognize that concepts such as wellness and illness may be defined differently by First Nations, Inuit, and Métis.	◯ N ◯ B ◯ C ◯ P ◯ E
2.1.5	Demonstrate sensitivity to spiritual, religious, and cultural considerations relative to palliative care, including rituals and approaches to end-of-life care.	◯ N ◯ B ◯ C ◯ P ◯ E
2.1.6	Embed First Nations, Inuit, and Métis community protocols and cultural practices, including traditional medicine, surrounding palliative and end-of-life care when providing care.	◯ N ◯ B ◯ C ◯ P ◯ E
TOTAL	**2 Cultural safety and humility**	**0 0 0 0 0**
		N B C P E

	3 Communication	
3.1	**Communicate effectively with patients, families, and other informal caregivers**	
3.1.1	Communicate honestly and compassionately about life-threatening illness and prognosis from time of diagnosis throughout the illness trajectory: • Elicit understanding from the patient and their designated family or caregiver(s) of their illness and prognosis for information sharing. • Demonstrate the ability to discuss an individualized estimation of survival and disease trajectory.	◯ N ◯ B ◯ C ◯ P ◯ E
3.1.2	Understand that for members of underserviced populations, designated family or caregiver(s) and community may have a role in the care team. Acknowledge and respect that responsibility for communication with the health care provider may be assigned to a family member or caregiver(s), and incorporate these wishes in the provision of care.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
3.1.3	Understand that First Nations, Inuit, and Métis designated family and community members may have a role in the care team. Acknowledge and respect that responsibility for communication with the health care provider may be designated to a family member or caregiver(s), and incorporate these wishes in the provision of care.	○ N ○ B ○ C ○ P ○ E
3.1.4	Communicate with the person and their designated family or caregiver(s) in order to determine, record, and implement a care plan aligned with the person's values and goals of care.	○ N ○ B ○ C ○ P ○ E
3.1.5	Adapt communication approaches as required when designated family and caregiver conversations involve children.	○ N ○ B ○ C ○ P ○ E
3.1.6	Demonstrate the ability to educate patients and designated families or caregivers receiving a palliative approach to care about matters related to advancing disease.	○ N ○ B ○ C ○ P ○ E
3.1.7	Communicate with health care providers, including the primary care team, about the natural history of the illness, what to monitor, when to refer, prognostication, and suggestions around "community-based action plans".	○ N ○ B ○ C ○ P ○ E
3.1.8	Facilitate meetings between the person and their designated family or caregiver(s).	○ N ○ B ○ C ○ P ○ E
TOTAL	**3 Communication**	**0 0 0 0 0** **N B C P E**

4 Optimizing comfort and quality of life

	4.1 Assess and manage pain in a palliative context	
4.1.1	Conduct a thorough pain history and perform an appropriate physical exam for someone presenting with pain.	○ N ○ B ○ C ○ P ○ E
4.1.2	Demonstrate a person- and family-centered and interdisciplinary approach to assessing pain in patients with life-threatening illness.	○ N ○ B ○ C ○ P ○ E
4.1.3	Describe and recognize 'total pain' where physical, psychological, social, emotional, and spiritual concerns each contribute to the pain experience.	○ N ○ B ○ C ○ P ○ E
4.1.4	Describe and use standardized tools for pain assessment.	○ N ○ B ○ C ○ P ○ E
4.1.5	Choose appropriate/relevant investigations of pain.	○ N ○ B ○ C ○ P ○ E
4.1.6	Choose an appropriate analgesia regimen, including non-pharmacological and pharmacological elements.	○ N ○ B ○ C ○ P ○ E

	Palliative care competencies and descriptions	Knowledge/skill level
4.2	**Use opioids effectively to manage pain and other symptoms in a palliative context**	
4.2.1	Write an opioid prescription for an opioid-naïve patient, including breakthrough dosing: • Manage common routes of opioid administration and their effect on bioavailability and dosing frequency. • Manage relevant pharmacokinetic and pharmacodynamic properties.	◯ N ◯ B ◯ C ◯ P ◯ E
4.2.2	Demonstrate appropriate opioid titration.	◯ N ◯ B ◯ C ◯ P ◯ E
4.2.3	Manage common side effects of opioids and anticipate and prevent side effects such as nausea and constipation.	◯ N ◯ B ◯ C ◯ P ◯ E
4.2.4	Address patient and designated family or caregiver(s) concerns or misconceptions about opioids.	◯ N ◯ B ◯ C ◯ P ◯ E
4.2.5	Explain the concepts of tolerance, physical dependence, and addiction as they relate to the use of opioids.	◯ N ◯ B ◯ C ◯ P ◯ E
4.2.6	Identify potential risk factors for opioid misuse, abuse, addiction and/or diversion, and describe approaches for managing these issues.	◯ N ◯ B ◯ C ◯ P ◯ E
4.2.7	Recognize opioid-induced neurotoxicity (OIN) and distinguish OIN from opioid overdose.	◯ N ◯ B ◯ C ◯ P ◯ E
4.3	**Use adjuvant modalities and medications for pain management in a palliative context**	
4.3.1	Use adjuvant analgesics appropriately, including but not limited to corticosteroids, non-steroidal anti-inflammatory drugs, and neuropathic agents.	◯ N ◯ B ◯ C ◯ P ◯ E
4.3.2	Recognize the potential role of adjuvant modalities, including but not limited to chemotherapy, radiation therapy, surgery, and interventional analgesia, in the management of pain and other symptoms, and refer when appropriate.	◯ N ◯ B ◯ C ◯ P ◯ E
4.4	**Assess and manage common symptoms, including but not limited to constipation, nausea, vomiting, dyspnea, delirium, and insomnia**	
4.4.1	Conduct a thorough history and perform an appropriate physical exam for a patient presenting with common symptoms.	◯ N ◯ B ◯ C ◯ P ◯ E
4.4.2	Demonstrate a person- and family-centered and interdisciplinary approach to assessing symptoms in people with life-threatening illness	◯ N ◯ B ◯ C ◯ P ◯ E
4.4.3	Describe and use Edmonton Symptom Assessment System (ESAS) and other validated tools as appropriate to regularly screen for symptoms in the patient population.	◯ N ◯ B ◯ C ◯ P ◯ E
4.4.4	Choose appropriate/relevant investigations for identified symptoms.	◯ N ◯ B ◯ C ◯ P ◯ E
4.4.5	Initiate appropriate first-line therapy to manage identified symptoms including non-pharmacological interventions.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
4.5	**Address psychosocial and spiritual issues that people with life-threatening illness and their designated families or caregivers encounter**	
4.5.1	Identify, assess, and plan for the psychosocial and spiritual needs that people and their designated families or caregivers encounter across the illness trajectory.	◯ N ◯ B ◯ C ◯ P ◯ E
4.5.2	Recognize the level of demand and stress on families and caregivers and identify risk factors for burnout.	◯ N ◯ B ◯ C ◯ P ◯ E
4.5.3	Demonstrate the ability to screen, diagnose, and initiate treatment for patients experiencing depression and/or anxiety.	◯ N ◯ B ◯ C ◯ P ◯ E
4.5.4	Identify patients and families or caregivers who have complex psychosocial needs, who would benefit from referral to expert resources.	◯ N ◯ B ◯ C ◯ P ◯ E
4.5.5	Describe the relationship between psychosocial, spiritual, and cultural issues with respect to total suffering and total pain.	◯ N ◯ B ◯ C ◯ P ◯ E
4.6	**Assess and describe appropriately the elements of suffering for people receiving a palliative approach to care and their designated families or caregivers**	
4.6.1	Integrate diverse societal perspectives on dying and death.	◯ N ◯ B ◯ C ◯ P ◯ E
4.6.2	Identify and describe issues contributing to suffering in people requiring a palliative approach to care and their designated families or caregivers.	◯ N ◯ B ◯ C ◯ P ◯ E
4.7	**Provide a supportive approach to suffering**	
4.7.1	Demonstrate a supportive approach to address multidimensional sources of suffering in people with palliative care needs and their designated families or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E
4.8	**Participate in providing care for the child requiring a palliative approach to care and their designated family or caregiver(s), *if provision of pediatric care is applicable to scope of practice***	
4.8.1	Describe the similarities and differences in providing palliative care to children and adults, including the impact of grief and loss on the designated family or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E
4.8.2	Identify the challenges (societal, professional, and personal) which arise when caring for a child with palliative care needs and their designated family or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E
4.8.3	Describe the interdisciplinary approach to care which benefits the child and designated family or caregiver(s) when life-limiting illness is present.	◯ N ◯ B ◯ C ◯ P ◯ E
TOTAL	**4 Optimizing comfort and quality of life**	**0 0 0 0 0**
		N B C P E

Palliative care competencies and descriptions		Knowledge/skill level
	5 Care planning and collaborative practice	
5.1	**Establish advance care plans with patients and their designated family or caregiver(s) in accordance with provincial/territorial regulations and terminology**	
5.1.1	Demonstrate respect for differing designated family structures, roles, and cultural issues with sharing information and arriving at decisions, including plans of care.	◯ N ◯ B ◯ C ◯ P ◯ E
5.1.2	Engage with First Nations, Inuit, and Métis community leaders and/or Elders, when appropriate or if requested, to develop a high-quality approach to palliative care for the person and their designated family or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E
5.2	**Demonstrate the use of advance care planning**	
5.2.1	Demonstrate an effective approach to advance care planning.	◯ N ◯ B ◯ C ◯ P ◯ E
5.3	**Develop and propose a care plan in collaboration with other disciplines**	
5.3.1	Collaborate in the development of an interdisciplinary care plan to meet the psychosocial and spiritual needs of people facing life-threatening illness and their designated families or caregivers. Aim to provide palliative care in the person's preferred location, whenever possible.	◯ N ◯ B ◯ C ◯ P ◯ E
5.3.2	Actively involve primary care providers and other community-based supports in the psychosocial and spiritual support of people facing life-threatening illness and their designated families or caregivers.	◯ N ◯ B ◯ C ◯ P ◯ E
5.3.3	Recognize that complementary and alternative medicine (CAM) can play an important role in palliative care, in particular for members of underserviced populations. Collaborate with the person and their designated family or caregiver(s) to incorporate community-specific practices into the care plan.	◯ N ◯ B ◯ C ◯ P ◯ E
5.3.4	Recognize that traditional medicine can play an important role in the palliative care of First Nations, Inuit, and Métis. Collaborate with the person and their designated family or caregiver(s) to incorporate community-specific practices into the care plan.	◯ N ◯ B ◯ C ◯ P ◯ E
5.4	**Collaborate as members of an interdisciplinary team**	
5.4.1	Work effectively with interdisciplinary colleagues to provide a palliative approach to care throughout the illness trajectory.	◯ N ◯ B ◯ C ◯ P ◯ E
5.4.2	Refer patients with complex needs requiring specialized palliative care expertise, including but not limited to: reasons for consultation, pertinent investigations, pain management, medication list, and opioid toxicity.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
5.4.3	Ensure the continuity of a palliative approach to care across different settings by collaborating with the most responsible clinician.	◯ N ◯ B ◯ C ◯ P ◯ E
5.4.4	Demonstrate the ability to collaborate with other disciplines regarding which serious illness conversations have occurred and share the person's and their designated family's or caregiver's responses.	◯ N ◯ B ◯ C ◯ P ◯ E
TOTAL	**5 Care planning and collaborative practice**	**0 0 0 0 0**
		N B C P E

6 Last days and hours

	Participate in the care of the dying patient and their designated family or caregiver(s) in uncomplicated cases	
6.1.1	Identify signs of approaching death	◯ N ◯ B ◯ C ◯ P ◯ E
6.1.2	Describe common signs of the natural dying process.	◯ N ◯ B ◯ C ◯ P ◯ E
6.1.3	Prepare and educate the person and their designated family or caregiver(s) when death approaches.	◯ N ◯ B ◯ C ◯ P ◯ E
6.1.4	Prescribe medications for symptom control in the dying phase.	◯ N ◯ B ◯ C ◯ P ◯ E
6.1.5	Pronounce a patient's death and complete a death certificate. Identify circumstances that may warrant the involvement of a coroner/medical examiner.	◯ N ◯ B ◯ C ◯ P ◯ E
6.1.6	Facilitate discussions with appropriate professionals if an autopsy is requested or required. Facilitate discussions with appropriate professionals if the patient or their designated family or caregiver(s) request organ or tissue donation.	◯ N ◯ B ◯ C ◯ P ◯ E
6.1.7	Integrate pre- and post-death rituals and practices at end-of-life, in accordance with the patient's or designated family or caregiver(s) wishes.	◯ N ◯ B ◯ C ◯ P ◯ E
6.1.8	Integrate community-specific protocols and practices surrounding end-of-life, when caring for First Nations, Inuit, and Métis.	◯ N ◯ B ◯ C ◯ P ◯ E
TOTAL	**6 Last days and hours**	**0 0 0 0 0**
		N B C P E

Clear Form

	Palliative care competencies and descriptions	Knowledge/skill level
	7 Loss, grief, and bereavement	
7.1	**Address grief and bereavement in people with life-threatening illness and their designated families or caregivers**	
7.1.1	Accurately assess and manage loss, grief, and bereavement needs.	○ N ○ B ○ C ○ P ○ E
7.1.2	Identify risk factors for complicated grief.	○ N ○ B ○ C ○ P ○ E
7.1.3	Demonstrate an understanding of the needs of children at various developmental stages in dealing with grief and loss.	○ N ○ B ○ C ○ P ○ E
7.1.4	Describe an approach to provide or refer to supportive care any persons experiencing anticipatory grief and/or bereavement.	○ N ○ B ○ C ○ P ○ E
7.1.5	Support designated family and caregiver(s), and community-specific protocols and practices surrounding death, loss, and grief when caring for members of underserviced populations.	○ N ○ B ○ C ○ P ○ E
7.1.6	Support designated family and community-specific protocols and practices surrounding death, loss and grief when caring for First Nations, Inuit, and Métis.	○ N ○ B ○ C ○ P ○ E
7.1.7	Acknowledge the impact of personal traumas and negative experiences on members of underserviced populations, and how these can shape their expressions of grief, bereavement, and mourning. Practice trauma-informed principles and care.	○ N ○ B ○ C ○ P ○ E
7.1.8	Acknowledge the impact that historical and ongoing systemic trauma and loss have on First Nations, Inuit, and Métis experiences and expressions of grief, bereavement, and mourning. Practice trauma-informed principles and care.	○ N ○ B ○ C ○ P ○ E
TOTAL	**7 Loss, grief and bereavement**	**0 N 0 B 0 C 0 P 0 E**

	8 Self-care	
8.1	**Demonstrate self-reflection and self-care in working with people requiring a palliative approach to care and their designated families or caregivers**	
8.1.1	Identify common factors contributing to personal and professional stress in caring for people who require a palliative approach to care and their designated families or caregivers.	○ N ○ B ○ C ○ P ○ E
8.1.2	Develop a plan to cope with personal and professional stress that may arise in caring for people who require a palliative approach to care and their designated families or caregivers. Offer support to colleagues.	○ N ○ B ○ C ○ P ○ E
8.1.3	Engage in healthy activities that help prevent compassion fatigue in oneself and colleagues.	○ N ○ B ○ C ○ P ○ E

	Palliative care competencies and descriptions	Knowledge/skill level
8.1.4	Exhibit self-reflective capacity in analyzing one's own values, beliefs, and reactions when faced with dying and death.	◯ N ◯ B ◯ C ◯ P ◯ E
8.1.5	Demonstrate awareness when personal reactions may impact the ability to provide a palliative approach to care and seek help to mitigate.	◯ N ◯ B ◯ C ◯ P ◯ E
TOTAL	8 Self-care	0 N 0 B 0 C 0 P 0 E

9 Professional and ethical practice

9.1	Actively engage in advance care planning, goals of care discussions, and decision-making with people who would benefit from a palliative approach to care, using bioethical and legal frameworks	
9.1.1	Discuss the common ethical issues that arise throughout the illness trajectory such as decision-making, withdrawing or withholding therapy, and resuscitation orders.	◯ N ◯ B ◯ C ◯ P ◯ E
9.1.2	Distinguish between Medical Assistance in Dying (MAiD), continuous palliative sedation therapy (CPST) for refractory symptoms at the very end-of-life, and withholding or withdrawing therapy, in accordance with provincial/territorial/federal regulations and terminology.	◯ N ◯ B ◯ C ◯ P ◯ E
9.1.3	Demonstrate the ability to respond to patients and their designated families or caregivers when discussing MAiD, CPST, and withholding or withdrawing therapy.	◯ N ◯ B ◯ C ◯ P ◯ E
9.1.4	Compassionately explore and address suffering with the patient and their designated family or caregiver(s) when discussing MAiD, CPST, and withholding or withdrawing therapy.	◯ N ◯ B ◯ C ◯ P ◯ E
9.1.5	Involve specialist palliative care services when appropriate.	◯ N ◯ B ◯ C ◯ P ◯ E
TOTAL	9 Professional and ethical practice	0 N 0 B 0 C 0 P 0 E

10 Education, evaluation, quality improvement, and research

10.1	Access continuing education in palliative approach to care	
10.1.1	Participate in continuing education opportunities for maintenance of competency in palliative approach to care.	◯ N ◯ B ◯ C ◯ P ◯ E
10.1.2	Participate in cultural safety training opportunities, especially any that are specific to underserviced populations. Where available, participate in regionally specific training.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
10.1.3	Participate in First Nations, Inuit, and Métis cultural safety training opportunities. Where available, participate in regionally specific training.	○ N ○ B ○ C ○ P ○ E
10.1.4	Keep up to date on current evidence base for provision of palliative approaches to care.	○ N ○ B ○ C ○ P ○ E
10.2	**Contribute to quality improvement**	
10.2.1	Participate in cultural safety training opportunities with the intention of improving the quality of palliative care, in particular for underserviced populations, including for First Nations, Inuit, and Métis.	○ N ○ B ○ C ○ P ○ E
10.2.2	Contribute to the evaluation of the quality of palliative care and the effectiveness of the palliative care system, as related to own practice.	○ N ○ B ○ C ○ P ○ E
10.2.3	Evaluate continuously for gaps in the provision of care toward people seeking palliative care and their designated family or caregiver(s).	○ N ○ B ○ C ○ P ○ E
10.3	**Promote knowledge generation, translation, and synthesis**	
10.3.1	Participate, as appropriate, in research activities on improving palliative care delivery.	○ N ○ B ○ C ○ P ○ E
10.3.2	Keep up to date on current and emerging research in palliative care delivery.	○ N ○ B ○ C ○ P ○ E
TOTAL	**10 Education, evaluation, quality improvement, & research**	**0 0 0 0 0** N B C P E

11 Advocacy

11.1	**Identify determinants of health and address barriers impacting palliative care provision**	
11.1.1	Identify, and where possible, address barriers for availability and accessibility of palliative care, including but not limited to: geography, stigma associated with receiving palliative care, lack of recognition of people who would benefit, availability of community resources, and availability of specialized palliative care services.	○ N ○ B ○ C ○ P ○ E
11.1.2	Identify and work in partnership with allies among underserviced populations to address the inequities in their access to palliative care.	○ N ○ B ○ C ○ P ○ E
11.1.3	Identify, and where possible, address barriers for availability and accessibility of palliative care specific to First Nations, Inuit, and Métis.	○ N ○ B ○ C ○ P ○ E
11.1.4	Identify opportunities to advocate for improving the health and well-being of persons with palliative care needs.	○ N ○ B ○ C ○ P ○ E
11.1.5	Advocate for culturally safe practices that are free of racism and discrimination.	○ N ○ B ○ C ○ P ○ E
TOTAL	**11 Advocacy**	**0 0 0 0 0** N B C P E

Clear Form

	Palliative care competencies and descriptions	Knowledge/skill level
	12 Virtual care	
12.1	**Identify people who would be suitable for and benefit from virtual palliative approach to care**	
12.1.1	Identify people who would be suitable to be assessed by virtual care modalities in the palliative care context.	○ N ○ B ○ C ○ P ○ E
12.1.2	Recognize equity challenges to accessing and receiving virtual care including geography, finances, disabilities, language, availability of, and familiarity with technology.	○ N ○ B ○ C ○ P ○ E
12.2	**Adapt care to a virtual modality**	
12.2.1	Deliver virtual care as per standards of Accreditation Canada.	○ N ○ B ○ C ○ P ○ E
12.2.2	Adapt a variety of information and communication techniques to deliver a person-centered palliative approach to care virtually.	○ N ○ B ○ C ○ P ○ E
12.2.3	Utilize assessment tools for remote monitoring of palliative care symptoms, including Edmonton Symptom Assessment System (ESAS) tools, to deliver care virtually.	○ N ○ B ○ C ○ P ○ E
TOTAL	**12 Virtual care**	**0 0 0 0 0**
		N B C P E

Totals	**0 0 0 0 0**
	N B C P E