Clear Form

Self-assessment for Social Workers

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

	Palliative care competencies and descriptions	Knowledge/skill level
	1 Principles of a palliative approach to care	
1.1	**Understanding the philosophy of palliative care and a palliative approach**	
1.1.1	A. Generalist Understand the philosophy of palliative care and a palliative approach.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Contribute to the integration of a palliative approach to care into social work education, policy, and practice.	◯ N ◯ B ◯ C ◯ P ◯ E
1.1.2	Apply the principles of palliative care, such as offering a support system to help people live as actively as possible until death with optimal quality of life, and designated helping families and caregivers cope.	◯ N ◯ B ◯ C ◯ P ◯ E
1.1.3	Understand community-specific protocols of 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 of caring for First Nations, Inuit, and Métis who are living with a life-limiting illness so they can live fully throughout their care.	◯ N ◯ B ◯ C ◯ P ◯ E
1.2	**Identifying people who would benefit from a palliative approach**	
1.2.1	Define and recognize “life-limiting conditions" and understand the different illness trajectories.	◯ N ◯ B ◯ C ◯ P ◯ E
1.2.2	Communicate to people and families or caregivers the continuum of care, disease trajectory, and optimal time to refer to palliative care.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
1.2.3	A. Generalist Use appropriate evidence-informed tools, from diagnosis of a life-limiting illness throughout the illness trajectory, to help the interdisciplinary care team identify people who could benefit from a palliative approach (e.g., psychosocial concerns, screening for distress).	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Act as an expert resource to the interdisciplinary care team and social work colleagues, regarding identification of people who would benefit from a palliative approach.	◯ N ◯ B ◯ C ◯ P ◯ E
1.3	**Understanding the interdisciplinary team**	
1.3.1	A. Generalist Understand the role of the interdisciplinary team in palliative care and involve other team members and specialists as appropriate.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Foster a caring environment that supports all care team members. Act as a specialist on the interdisciplinary team, representing psychosocial aspects of care.	◯ N ◯ B ◯ C ◯ P ◯ E
1.4	**Including designated family or caregiver(s) in the unit of care**	
1.4.1	A. Generalist Ask the person who they consider family, and include the designated family or caregiver(s) in the person's care, if the person wishes.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Describe the impact of dying, death, and bereavement on the person, their designated family or caregiver(s), and health care providers. Describe the designated designated family or caregiver's roles and dynamics (e.g., a sociogram), and how they wish to be involved in the person's care.	◯ N ◯ B ◯ C ◯ P ◯ E
1.4.2	A. Generalist Respect the importance of the role of family or caregiver(s) and community throughout a person's care, especially for members of the underserviced populations.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Serve as a conduit of communication and information between the designated family or caregiver(s) and the care team.	◯ N ◯ B ◯ C ◯ P ◯ E
1.4.3	Respect the importance of the role of designated family and community for First Nations, Inuit, and Métis throughout their palliative care.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
1.5	**Seeing people holistically**	
1.5.1	A. Generalist Acknowledge the physical, emotional, mental, social, and spiritual aspects to care.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Actively address the non-physical aspects of a person's needs and concerns.	◯ N ◯ B ◯ C ◯ P ◯ E
1.6	**Addressing barriers to care**	
1.6.1	A. Generalist Identify and address barriers to accessing care.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Describe and address micro and macro factors that promote or constrain palliative care.	◯ N ◯ B ◯ C ◯ P ◯ E
1.6.2	Address barriers to accessing services and plans for continuity of care.	◯ N ◯ B ◯ C ◯ P ◯ E
1.7	**Ensuring a thorough awareness of resources**	
1.7.1	A. Generalist Is aware of the community context and available resources, and can provide information, referral, and coordination as needed for the person and their designated family or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Help the person, their designated family or caregiver(s), and the care team navigate to appropriate and available resources.	◯ N ◯ B ◯ C ◯ P ◯ E
Total	**1 Principles of a palliative approach to care**	**0 N 0 B 0 C 0 P 0 E**

2 Cultural safety and humility

2.1	**Recognizing and respecting the diversity of people, families or caregivers, and communities**	
2.1.1	A. Generalist Assess the unique needs and preferences of the person and their designated family or caregiver(s). In doing so, consider social determinants of health, ethnicity, culture, gender, sexual orientation, language, religion, age, and ability.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Advocate for the person's unique needs and preferences to be respected	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
2.1.2	Demonstrate understanding of the influence of culture and lived experiences on key issues in palliative and end-of-life care. Demonstrate sensitivity to cultural considerations of members of underserviced populations, relative to palliative care and end-of-life needs.	◯ N ◯ B ◯ C ◯ P ◯ E
2.1.3	Understand that distinct beliefs, cultural practices, and lived experiences of First Nations, Inuit, and Métis influence how palliative and end-of-life care is provided. Incorporate community-specific protocols and practices into the palliative care of First Nations, Inuit, and Métis.	◯ N ◯ B ◯ C ◯ P ◯ E
2.2	**Engaging in self-reflection**	
2.2.1	Practice self-reflection to identify and address personal and systemic biases.	◯ N ◯ B ◯ C ◯ P ◯ E
2.3	**Supporting cultural practices**	
2.3.1	Partner with people and families or caregivers to provide opportunities for cultural, religious, or personal practices.	◯ N ◯ B ◯ C ◯ P ◯ E
2.3.2	Explore people's and their designated family or caregiver's cultural, religious, and spiritual needs, beliefs, and preferences, and incorporate these into goal setting, decision-making, and care planning.	◯ N ◯ B ◯ C ◯ P ◯ E
Total	**2 Cultural safety and humility**	**0 N 0 B 0 C 0 P 0 E**

3 Communication

3.1	**Recognizing and respecting that each person and designated family or caregiver(s) has a unique perspective.**	
3.1.1	Ask and seek to understand the unique perspective of each person and their designated family or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E
3.2	**Listening and providing emotional support**	
3.2.1	A. Generalist Listen and provide emotional support to the person and their designated family or caregiver(s) as they adjust to their life-limiting condition. Understand the potential impact on the person's and designated family or caregiver's welfare, mental health, and well-being.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Consider timing, readiness, and pace of sharing information.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
3.3	**Adapting communication for children**	
3.3.1	A. Generalist Adapt communication when children are involved according to age, developmental level, comprehension, and mode of communication (e.g. play therapy).	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Refer to child-life specialists, as needed.	◯ N ◯ B ◯ C ◯ P ◯ E
3.3.2	Support people and families or caregivers, including children, as they communicate with each other about difficult topics.	◯ N ◯ B ◯ C ◯ P ◯ E
3.4	**Using appropriate supports to communicate effectively**	
3.4.1	A. Generalist Utilize supports as needed for effective communication and according to the person and their designated family or caregiver's health literacy (e.g. interpreters, assistive technology).	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Recommend referrals to speech-language therapists and occupational therapists, where warranted.	◯ N ◯ B ◯ C ◯ P ◯ E
3.4.2	Acknowledge that designated family or caregiver(s) and community members may have a role in the care team, especially for members of underserviced populations. Respect that responsibility for communication with the health care provider may be designated to those members and incorporate these wishes in the provision of care.	◯ N ◯ B ◯ C ◯ P ◯ E
3.4.3	Understand that First Nations, Inuit, and Métis designated family and community members may have a role in the care team. Acknowledge and respect that responsibility for communication with the health care provider may be designated to a family member and incorporate these wishes in the provision of care.	◯ N ◯ B ◯ C ◯ P ◯ E
3.5	**Communicating collaboratively**	
3.5.1	Communicate health changes and concerns among the person and their designated family or caregiver(s) and the care team.	◯ N ◯ B ◯ C ◯ P ◯ E
3.6	**Delivering difficult news and managing essential conversations**	
3.6.1	A. Generalist Recognize the potential for conflict in decision-making and work towards consensus-building among the person, their designated family or caregiver(s), and care team.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Describe common stressors and sources of conflict, and support the person, their designated family or caregiver(s), and care team to address these. Organize meetings and lead mediation in conflict situations within the designated family or caregiver(s) and /or care team.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
3.6.2	Assess and reassess the person's and their designated family or caregiver's understanding of the life-limiting condition(s) and health status, and provide information as needed.	◯ N ◯ B ◯ C ◯ P ◯ E
Total	3 Communication	0 N 0 B 0 C 0 P 0 E

4 Optimizing comfort and quality of life

4.1	**Maintaining dignity**	
4.1.1	A. Generalist Provide care that maintains dignity, well-being, and self-image by facilitating expression of needs, hopes, feelings, and concerns when planning palliative care.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Apply a dignity-conserving approach to care.	◯ N ◯ B ◯ C ◯ P ◯ E
4.2	**Recognizing changes in health status**	
4.2.1	A. Generalist Observe the person's functioning and indicators of distress, and promptly communicate changes to the health care team.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Support the person and their designated family or caregiver(s) as they adjust to declining health.	◯ N ◯ B ◯ C ◯ P ◯ E
4.3	**Promoting self-management/care**	
4.3.1	Support the person and their designated family or caregiver(s) to care for themselves as much as possible by encouraging the person and their designated family or caregiver(s) to focus on their strengths and effective coping strategies while acknowledging the barriers and limitations that may make self-management/care difficult.	◯ N ◯ B ◯ C ◯ P ◯ E
4.4	**Caring for people holistically**	
4.4.1	Evaluate and provide a holistic approach to care that acknowledges the physical, emotional, mental, social, and spiritual aspects to care.	◯ N ◯ B ◯ C ◯ P ◯ E
4.4.2	Identify how disease progression may affect the capacity of the person to engage in meaningful discussions.	◯ N ◯ B ◯ C ◯ P ◯ E
4.4.3	Address the socio-economic impact of a life-limiting condition on the person and their designated family or caregiver(s), facilitating access to services as needed.	◯ N ◯ B ◯ C ◯ P ◯ E
4.4.4	Provide information and referral, when needed, for the person's and their designated family or caregiver's practical, financial, and legal needs.	◯ N ◯ B ◯ C ◯ P ◯ E
4.4.5	Assess and recognize the sexual and intimacy needs of the person and their designated family or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
4.5	**Accompanying and offering presence**	
4.5.1	Offer a compassionate, empathic presence in response to the needs of the person and their designated family or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E
4.6	**Involving designated family or caregiver(s) in care**	
4.6.1	A. Generalist Involve the designated family or caregiver(s) in care, as desired and appropriate, while addressing the impact of designated family or caregiver's role change throughout the illness.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Mobilize and negotiate family or caregiving systems in complex relationships.	◯ N ◯ B ◯ C ◯ P ◯ E
4.6.2	Respect the role of designated family or caregivers and community throughout the person's care, particularly for members of underserviced populations.	◯ N ◯ B ◯ C ◯ P ◯ E
4.6.3	Respect the role of designated family and community for First Nations, Inuit, and Métis, throughout their care.	◯ N ◯ B ◯ C ◯ P ◯ E
4.7	**Screening, assessing, and managing symptoms and concerns**	
4.7.1	A. Generalist Assess for and address anxiety, depression, and existential distress in collaboration with the care team.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Provide people and their designated family or caregiver(s) counselling through a variety of social work and counselling frameworks and approaches.	◯ N ◯ B ◯ C ◯ P ◯ E
4.7.2	Provide information and options on interventions in collaboration with the care team for symptom management as appropriate and as directed (e.g. relaxation techniques to reduce anxiety related to shortness of breath or existential concerns).	◯ N ◯ B ◯ C ◯ P ◯ E
4.7.3	A. Generalist Provide or refer the person and their designated family or caregiver(s) for psychosocial interventions such as legacy work, life review, and purposeful conversations about suffering and meaning.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Act as an expert resource regarding the role of discipline-specific interventions.	◯ N ◯ B ◯ C ◯ P ◯ E
4.7.4	Recognize that complementary and alternative medicine (CAM) can play an important role in palliative care, especially 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

	Palliative care competencies and descriptions	Knowledge/skill level
4.7.5	Recognize that traditional medicine can play an important role in palliative care for First Nations, Inuit, and Métis. Collaborate with the person and designated family to incorporate community-specific practices into the care plan.	◯ N ◯ B ◯ C ◯ P ◯ E
Total	**4 Optimizing comfort and quality of life**	**0 0 0 0 0** **N B C P E**

5 Care planning and collaborative practice

5.1	**Understanding interdisciplinary collaboration, transitions, and roles**	
5.1.1	Conduct a psychosocial assessment of the person and their designated family or caregiver(s) and, with their consent, share these findings to contribute to interdisciplinary care planning.	◯ N ◯ B ◯ C ◯ P ◯ E
5.1.2	Lead or participate in family meetings with the person, their designated family or caregiver(s), and care team. Help the person and their designated family or caregiver(s) understand the roles of each member of the care team, and how to communicate effectively with them.	◯ N ◯ B ◯ C ◯ P ◯ E
5.1.3	Engage with First Nations, Inuit, and Métis community leaders and /or Elders, when appropriate or if requested, to co-create a high-quality approach to palliative care for the person and their designated family or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E
5.1.4	Understand that members of underserviced populations may have designated family or caregiver(s) and community members who have a role in the care team.	◯ N ◯ B ◯ C ◯ P ◯ E
5.1.5	Understand that First Nations, Inuit, and Métis family and community members may have a role in the care team.	◯ N ◯ B ◯ C ◯ P ◯ E
5.1.6	Prepare the person and their designated family or caregiver(s) for transitions of care settings.	◯ N ◯ B ◯ C ◯ P ◯ E
5.2	**Assess and provide assistance with ADL's and IADLI's**	
5.2.1	Identify care needs, safety components, and resources required to address activities of daily living (ADLs) and instrumental activities of daily living (IADLs), such as establishing a case manager, reassessing care, and respite needs for caregivers, etc.	◯ N ◯ B ◯ C ◯ P ◯ E
5.3	**Acting as an advocate**	
5.3.1	Advocate for incorporation of the person's and designated family or caregiver's preferences, values, and beliefs into care planning.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
5.4	**Promoting advance care planning (ACP)**	
5.4.1	Ask the person and their designated family or caregiver(s) if they have discussed care wishes and identified a substitute decision-maker (SDM), facilitate these discussions in families, and share that information with the care team. Provide information and links to resources regarding advance care planning and goals of care.	◯ N ◯ B ◯ C ◯ P ◯ E
5.4.2	Explore with the person and their designated family or caregiver(s) that legal documents are in order (will, living will) and that prearrangements are done.	◯ N ◯ B ◯ C ◯ P ◯ E
5.5	**Supporting informed decision-making**	
5.5.1	A. Generalist Support the person, their designated family or caregiver(s), SDM, and care team to make decisions regarding treatments, location, and type of care.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Discuss the benefits and considerations of palliative treatment options with the person, their designated family or caregiver(s), and care team.	◯ N ◯ B ◯ C ◯ P ◯ E
5.5.2	Understand the impact that psychological responses, social stressors, and spiritual dimensions of loss have on the mental health and decision-making of the person, and take these into account when planning care.	◯ N ◯ B ◯ C ◯ P ◯ E
5.5.3	Encourage, support, and facilitate discussions regarding ethical issues and how they impact decision-making and well-being. Share findings with the care team.	◯ N ◯ B ◯ C ◯ P ◯ E
Total	**5 Care planning and collaborative practice**	**0 N 0 B 0 C 0 P 0 E**

6 Last days and hours

6.1	**Supporting death rituals**	
6.1.1	Facilitate the person's and designated family or caregiver's wishes for death rituals.	◯ N ◯ B ◯ C ◯ P ◯ E
6.1.2	Support designated family or 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
6.1.3	Support designated family or caregiver(s) and community-specific protocols and practices surrounding death, loss, and grief when caring for First Nations, Inuit, and Métis.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
6.2	**Anticipating changes as death nears**	
6.2.1	Understand and recognize expected signs and symptoms as a person nears death. Provide support to designated family or caregiver(s).	◯ N ◯ B ◯ C ◯ P ◯ E
6.3	**Involving and supporting designated family or caregiver(s)**	
6.3.1	Provide or offer information about emotional, spiritual, and practical support services to the designated family or caregiver(s). Involve the interdisciplinary care team as needed.	◯ N ◯ B ◯ C ◯ P ◯ E
6.3.2	Assist the person and their designated family or caregiver(s) to prepare for expected death.	◯ N ◯ B ◯ C ◯ P ◯ E
6.3.3	Provide emotional support for the designated family or caregiver(s) throughout the illness trajectory, during and following the person's last moments.	◯ N ◯ B ◯ C ◯ P ◯ E
Total	**6 Last days and hours**	**0 0 0 0 0** N B C P E

7 Loss, grief, and bereavement

7.1	**Recognizing complicated grief**	
7.1.1	A. Generalist Identify and support those at risk for or experiencing pathological or complicated responses to loss and grief, and intervene or refer appropriately.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Proactively address complicated grief reactions.	◯ N ◯ B ◯ C ◯ P ◯ E
7.2	**Supporting diverse responses to loss**	
7.2.1	Recognize and support the expression of grief reactions in people and their designated families or caregivers, which may occur from the time of diagnosis until bereavement.	◯ N ◯ B ◯ C ◯ P ◯ E
7.2.2	Describe grief and a variety of psychological responses to illness and death as an expected reaction to loss that is experienced uniquely by everyone.	◯ N ◯ B ◯ C ◯ P ◯ E
7.2.3	Describe and support, in partnership with the designated family or caregiver(s), the needs of children at varying developmental stages in dealing with grief.	◯ N ◯ B ◯ C ◯ P ◯ E
7.2.4	Acknowledge the impact of personal traumas and negative experiences on members of underserviced populations, and how these can shape the expressions of grief, bereavement, and mourning. Practice trauma-informed principles and care.	◯ N ◯ B ◯ C ◯ P ◯ E

	Palliative care competencies and descriptions	Knowledge/skill level
7.2.5	Engage with the designated family or caregiver(s) and community to identify community-specific protocols and practices that support the experience and expressions of grief.	○ N ○ B ○ C ○ P ○ E
7.2.6	Acknowledge the impact that historical and ongoing systemic trauma and loss have on First Nations, Inuit, and Métis experiences and expressions of grief, bereavement, and mourning.	○ N ○ B ○ C ○ P ○ E
7.2.7	Engage with the designated family or caregiver(s) and community to identify First Nations, Inuit, and Métis community-specific protocols and practices that support the experiences and expressions of grief.	○ N ○ B ○ C ○ P ○ E
7.3	**Facilitating the use of support services**	
7.3.1	A. Generalist Provide information on support and bereavement services within the organization and community.	○ N ○ B ○ C ○ P ○ E
	B. Specialist Facilitate bereavement follow-up with the designated family or caregiver(s), following the person's death.	○ 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	**Demonstrating self-awareness**	
8.1.1	Demonstrate self-awareness of own response to illness, death, and dying.	○ N ○ B ○ C ○ P ○ E
8.2	**Addressing compassion fatigue**	
8.2.1	Recognize and address compassion fatigue in self and team.	○ N ○ B ○ C ○ P ○ E
8.3	**Supporting healthy behaviors for self and team**	
8.3.1	A. Generalist Support the team to engage in reflective behaviors about the personal impact of working with dying people and their designated families or caregivers.	○ N ○ B ○ C ○ P ○ E
	B. Specialist Mentor and educate interdisciplinary team regarding the personal impact of loss, grief, and bereavement, and encourage self-awareness and activities that maintain colleagues' resilience.	○ N ○ B ○ C ○ P ○ E
8.3.2	Regularly engage in healthy behaviors (such as self-care) to help prevent compassion fatigue.	○ N ○ B ○ C ○ P ○ E
Total	**8 Self-care**	**0 N 0 B 0 C 0 P 0 E**

Clear Form

	Palliative care competencies and descriptions	Knowledge/skill level
	9 Professional and ethical practice	
9.1	**Understanding legislation and policy**	
9.1.1	A. Generalist Demonstrate knowledge of current legislation and policies relevant to palliative care.	○ N ○ B ○ C ○ P ○ E
	B. Specialist Apply comprehensive understanding of legal, ethical, and professional standards to the provision of quality palliative care.	○ N ○ B ○ C ○ P ○ E
9.2	**Understanding MAiD**	
9.2.1	Respond to inquiries regarding MAiD in accordance with the appropriate legislation and regulatory body's guidelines and standards.	○ N ○ B ○ C ○ P ○ E
9.3	**Addressing ethical issues**	
9.3.1	A. Generalist Describe and respond to ethical issues and dilemmas that may arise (e.g., issues associated with impaired swallowing, artificial feeding, differing family or caregiver opinions).	○ N ○ B ○ C ○ P ○ E
	B. Specialist Facilitate discussion and resolution of ethical and legal issues with people, their designated families or caregivers, and the care team.	○ N ○ B ○ C ○ P ○ E
9.3.2	Collaborate with colleagues, the person and their designated family or caregiver(s) in ethical decision-making.	○ N ○ B ○ C ○ P ○ E
9.4	**Advocating for inclusion of the person's and their designated family or caregiver's beliefs and values**	
9.4.1	Promote incorporation of the person's and their designated family or caregiver's wishes, values, and beliefs into the provision of all care.	○ N ○ B ○ C ○ P ○ E
9.4.2	Respect and advocate for people's decisions about their care, including declining life-sustaining treatments.	○ N ○ B ○ C ○ P ○ E
9.5	**Maintaining boundaries**	
9.5.1	Maintain professional boundaries with people and families or caregivers.	○ N ○ B ○ C ○ P ○ E
9.5.2	Practice self-reflection to identify and mitigate the potential for transference and counter-transference.	○ N ○ B ○ C ○ P ○ E
Total	**9 Professional and ethical practice**	**0 N 0 B 0 C 0 P 0 E**

	Palliative care competencies and descriptions	Knowledge/skill level
	10 Education, evaluation, quality improvement, and research	
10.1	**Educating and supporting learners**	
10.1.1	A. Generalist Educate staff, people, and families or caregivers on a psychosocial palliative approach.	○ N ○ B ○ C ○ P ○ E
	B. Specialist Create courseware and educational resources for social workers caring for people receiving palliative care and their designated families or caregivers, particularly for those who wish to specialize in palliative care.	○ N ○ B ○ C ○ P ○ E
10.1.2	A. Generalist Act as a mentor for others new to palliative care.	○ N ○ B ○ C ○ P ○ E
	B. Specialist Provide practicums for social work students specializing in palliative care.	○ N ○ B ○ C ○ P ○ E
10.2	**Accessing continuing education**	
10.2.1	A. Generalist Participate in continuing education related to palliative care. This could include seminars, clinical training, and supervision.	○ N ○ B ○ C ○ P ○ E
	B. Specialist Bring a psychosocial perspective to the development of discipline-specific and interdisciplinary education.	○ N ○ B ○ C ○ P ○ E
10.2.2	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
10.2.3	Participate in First Nations, Inuit, and Métis cultural safety training opportunities. Where available, participate in regionally specific training.	○ N ○ B ○ C ○ P ○ E
10.3	**Contributing to quality improvement**	
10.3.1	A. Generalist Participate in quality-improvement initiatives to improve professional practice in your organization.	○ N ○ B ○ C ○ P ○ E
	B. Specialist Design and lead quality improvement initiatives.	○ N ○ B ○ C ○ P ○ E
10.4	**Evaluating person outcomes**	
10.4.1	A. Generalist Evaluate the person's outcomes against standards and guidelines.	○ N ○ B ○ C ○ P ○ E

	Palliative care competencies and descriptions	Knowledge/skill level
	B. Specialist Contribute to the design, testing, and integration of standards and guidelines appropriate to the scope of social work for people receiving palliative care and their designated families or caregivers.	◯ N ◯ B ◯ C ◯ P ◯ E
10.5	**Collecting data**	
10.5.1	A. Generalist Participate in research activities such as data collection.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Lead or co-lead research initiatives to assess clinical practice, and identify gaps to improve psychosocial care of people and their designated families or caregivers.	◯ N ◯ B ◯ C ◯ P ◯ E
10.6	**Promoting knowledge generation, translation, and synthesis**	
10.6.1	Generate and disseminate new knowledge related to social work.	◯ N ◯ B ◯ C ◯ P ◯ E
10.6.2	Keep up to date on current and emerging research.	◯ N ◯ B ◯ C ◯ P ◯ E
Total	**10 Education, evaluation, quality improvement, & research**	0 N 0 B 0 C 0 P 0 E

11 Advocacy

11.1	**Advocating for the person, designated family or caregiver(s), and societal rights**	
11.1.1	A. Generalist Advocate for the rights of the person and their designated family or caregiver(s) for autonomy, self-determination, and privacy.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Advocate in favour of equity for all people, in all healthcare settings, to reduce barriers to accessing palliative care.	◯ N ◯ B ◯ C ◯ P ◯ E
11.1.2	Advocate for incorporation of the person's and designated family or caregiver's values and beliefs into care planning.	◯ N ◯ B ◯ C ◯ P ◯ E
11.2	**Acting as an advocate**	
11.2.1	A. Generalist Advocate for the incorporation of people's and designated family or caregiver's values and beliefs into the care plan.	◯ N ◯ B ◯ C ◯ P ◯ E
	B. Specialist Describe and address barriers for marginalized and vulnerable groups at the end-of-life and in bereavement.	◯ N ◯ B ◯ C ◯ P ◯ E
11.2.2	Advocate for culturally safe practices that are free of racism and discrimination.	◯ N ◯ B ◯ C ◯ P ◯ E
Total	**11 Advocacy**	0 N 0 B 0 C 0 P 0 E

	Palliative care competencies and descriptions	Knowledge/skill level
	12 Virtual care	
12.1	**Identifying people who would be suitable for and benefit from virtual care**	
12.1.1	Able to identify people who would be suitable to be assessed by virtual care modalities.	○ N ○ B ○ C ○ P ○ E
12.1.2	Recognize equity challenges to virtual care including geography, finances, disabilities, language, and familiarity with technology.	○ N ○ B ○ C ○ P ○ E
12.2	**Adapting 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	Able to adapt a variety of information and communication techniques to deliver person-centred care.	○ N ○ B ○ C ○ P ○ E
12.2.3	Able to utilize various tools to deliver care virtually.	○ N ○ B ○ C ○ P ○ E
12.2.4	Develop clear processes for follow-up of the person in care and their hand-over to other professionals.	○ N ○ B ○ C ○ P ○ E
12.2.5	Develop clear processes for involvement of the interdisciplinary team.	○ N ○ B ○ C ○ P ○ E
12.3	**Delivering care virtually**	
12.3.1	Able to clearly communicate with people and designated their families or caregivers and elicit signs and symptoms remotely.	○ N ○ B ○ C ○ P ○ E
Total	**12 Virtual care**	0 N 0 B 0 C 0 P 0 E

Totals	0 N 0 B 0 C 0 P 0 E