



BC Centre for Palliative Care

Palliative Core Competencies

Nurses, Health-Care Assistants, Social workers, Counsellors, Nurse Practitioners and Physicians working in any care setting where they may care for patients and families affected by Serious Illness.

These competencies were endorsed by each of the listed disciplines. Others may review this document for applicability to their discipline and request to be added to the included list.

Adapted Dec. 2024

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In November of 2024, this document was updated with permission. The names of the domains were adapted to align with *The Canadian Interdisciplinary Palliative Care Competency Framework*,¹⁷ and the B.C. content has been re-organized into Domains 1-11. Domain 12, Virtual Care, was not included in the original B.C. document so competency statements have been adopted from the Canadian Framework. All modified and new language is identified by **bold** text and an asterisk *. The competency statements within the other domains are unchanged from 2019 and will be adapted in the future. A reference list is available within the BC Centre for Palliative Care: Inter-professional palliative competency framework (2024).

DOMAIN 1: PRINCIPLES OF A PALLIATIVE APPROACH TO CARE*

1.1	Describes key elements of palliative care and a palliative approach.
1.2	Identifies people who would benefit from a palliative approach.
1.3	Describes people as holistic beings (i.e., with physical, emotional, psychosocial, sexual and spiritual aspects).
1.4	Identifies who the family is for the person and includes family in care.
1.5	Describes the role and function of the inter-professional team in palliative care.

DOMAIN 2: CULTURAL SAFETY AND HUMILITY

2.1	Incorporates the uniqueness of each person, family and community into all aspects of care.
2.2	Builds relationships by listening without judgement and being open to learning from others.
2.3	Practices self-reflection to understand personal and systemic biases.
2.4	Advocates for culturally safe practices that are free of racism and discrimination.

DOMAIN 3: COMMUNICATION

3.1	Provides emotional support to the person and family from diagnosis to bereavement.
3.2	Asks the person and family what is important to them and, with permission, shares that information with the inter-professional team.

DOMAIN 4: OPTIMIZING* COMFORT AND QUALITY OF LIFE

4.1	Provides holistic, person-centered care.
4.2	Incorporates comfort and quality of life, as defined by the person, as a key focus of care.
4.3	Identifies issues affecting quality of life and collaborates with the inter-professional team to develop and implement a care plan.
4.4	Supports people in self-management of their life-limiting condition(s), involving the family as appropriate.

DOMAIN 5: CARE PLANNING AND COLLABORATIVE PRACTICE

5.1	Collaborates with the inter-professional team, person and family to ensure care plans are consistent with goals of care, preferences and advance care plans (ACPs), which may change throughout the life-limiting condition(s).
5.2	Anticipates, identifies and addresses supportive care needs of the person and family.

DOMAIN 6: LAST DAYS AND HOURS*

6.1	Knows responsibilities during last hours and following death and fulfills them with respect for the person and their designated family or caregivers.*
6.2	Know and recognize the expected changes as the person nears death.*
6.3	Support the designated family or caregiver's wishes and death rituals*

DOMAIN 7*: LOSS, GRIEF AND BEREAVEMENT

7.1	Identifies grief as a common response to loss with multifaceted aspects that affect how it is experienced.
7.2	Supports people and their families in their unique ways of grieving.

DOMAIN 8: SELF-CARE

8.1	Reflects on, and addresses, own well-being.
8.2	Supports colleagues as they address personal well-being in relation to challenges and complexities of this work.

DOMAIN 9*: PROFESSIONAL AND ETHICAL PRACTICE

9.1	Identifies and addresses ethical and/or legal issues in collaboration with the inter-professional team.
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DOMAIN 10: EDUCATION, EVALUATION, QUALITY IMPROVEMENT AND RESEARCH*

10.1	Participate in continuing education related to palliative care*
10.2	Participate in cultural safety training opportunities, especially any that are specific to underserved populations*
10.3	Where available, participate in regionally specific training*
10.4	Participate in First Nations, Inuit and Metis cultural safety training opportunities*
10.5	Acts as a mentor for others new to palliative care*
10.6	Participate in quality improvement initiatives*
10.7	Participate in research activities such as data collection*

DOMAIN 11: ADVOCACY*

11.1	Advocate for incorporation of the persons and their designated family or caregivers values and beliefs into care planning*
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DOMAIN 12: VIRTUAL CARE*

12.1	Identify people who [may be] would be suitable for and benefit from virtual care (adapted from Nursing-specific competencies).
12.2	Recognize equity challenges to virtual care including geography, finances, disabilities, language, availability of, and familiarity with technology. (taken from Nursing-specific competencies)
12.3	Able to clearly communicate [using virtual care tools] with people and their designated families or caregivers* (adapted from Social Worker competencies)



*All British Columbians affected by serious illness
will have equitable access to compassionate,
person-centred care and resource*