



Self-assessment for Volunteers

- **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 core philosophy of Palliative Care and the palliative approach to care						
1.1.1	Understand the philosophy of palliative care and a palliative approach.	N	B	C	P	E
1.1.2	Understand community-specific protocols and practices of caring for members of underserved populations who are living with a life-limiting illness so they can live fully throughout their care.	N	B	C	P	E
1.1.3	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
1.1.4	Understand the key components of volunteer support (presence, listening, respect for other and other's pace, acknowledgement).	N	B	C	P	E
1.2 Understanding the interdisciplinary team						
1.2.1	Understand the role of the interdisciplinary palliative care team, its members, and the role of the volunteer in the team.	N	B	C	P	E
1.3 Including designated family or caregiver(s) in the unit of care						
1.3.1	Respect who the person considers family and include the designated family or caregiver(s) in the person's care.	N	B	C	P	E
1.3.2	Respect the importance of the role of designated family or caregiver(s), and community, for members of underserved populations throughout their palliative care.	N	B	C	P	E
1.3.3	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				
1.3.4	Recognize the impact of a life-limiting condition on designated familial roles.	N	B	C	P	E
1.4 Seeing people holistically						
1.4.1	Acknowledge the physical, emotional, mental, social, and spiritual aspects to care.	N	B	C	P	E
TOTAL	1 Principles of a Palliative Approach to Care					
		N	B	C	P	E



2 Cultural safety and humility

2.1 Supporting cultural practices						
2.1.1	Understand that cultural practices influence how palliative and end-of-life care is provided, in particular for members of underserved populations.	N	B	C	P	E
2.1.2	Understand that First Nations, Inuit, and Métis cultural practices and beliefs influence how palliative and end-of-life care is provided.	N	B	C	P	E
2.1.3	Help support a safe, respectful, and culturally inclusive environment that is free of racism and discrimination.	N	B	C	P	E
2.2 Recognizing and respecting the diversity of people, families and caregivers, and communities						
2.2.1	Demonstrate a respectful attitude towards the identities, and cultural and spiritual differences in family or caregiver practices surrounding illness and the end-of-life.	N	B	C	P	E
2.3 Engaging in self-reflection						
2.3.1	Practice self-reflection to identify and address personal and systemic biases.	N	B	C	P	E
TOTAL	2 Cultural safety and humility					
		N	B	C	P	E



3 Communication

3.1 Recognizing and respecting that each person and designated family or caregiver has a unique perspective						
3.1.1	Adapt communication and information sharing to the unique needs of the person and their designated family or caregiver(s).	N	B	C	P	E

Palliative care competencies and descriptions		Knowledge/skill level				
3.2 Listening and providing emotional support						
3.2.1	Use active listening and silence, and provide sensitive emotional support to the person and their designated family or caregiver(s).	N	B	C	P	E
3.3 Adapting communication for children						
3.3.1	Adapt communication when children are involved.	N	B	C	P	E
3.4 Using appropriate supports to communicate effectively						
3.4.1	Utilize supports as needed for effective communication (e.g. interpreters, assistive technology).	N	B	C	P	E
3.4.2	Understand that designated family or caregiver(s) and community members may have a role in the care team, in particular for members of underserved populations.	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.	N	B	C	P	E
3.5 Communicating collaboratively						
3.5.1	Communicate health changes and concerns of the person and their designated family or caregiver(s) to the rest of the care team.	N	B	C	P	E
TOTAL	3 Communication					
		N	B	C	P	E



4 Optimizing comfort and quality of life

4.1 Maintaining dignity						
4.1.1	Provide care that maintains dignity, well-being, and self-image.	N	B	C	P	E
4.2 Recognizing changes in health status						
4.2.1	Observe the person's functioning and indicators of distress, and promptly communicate changes to the health care team.	N	B	C	P	E
4.2.2	Has a basic knowledge of the effects of the most common diseases and their treatments, and the type of care people receive at end-of-life.	N	B	C	P	E
4.3 Caring for people holistically						
4.3.1	Provide a holistic approach to care that acknowledges the physical, emotional, mental, social, and spiritual aspects to care.	N	B	C	P	E

Palliative care competencies and descriptions		Knowledge/skill level				
4.3.2	Provide simple comfort measures according to volunteer policies, such as mouth care, better positioning, use of a fan, or reduction in environmental stimuli. Adhere to proper body mechanics in practical assistance of the person as per organizational policies.	N	B	C	P	E
4.3.3	Recognize when a person is experiencing pain or discomfort and alert health professionals.	N	B	C	P	E
4.3.4	Respect the role of the designated family or caregiver(s) and community for members of underserved populations throughout their palliative care.	N	B	C	P	E
4.3.5	Respect the role of designated family and community for First Nations, Inuit, and Métis throughout their palliative care.	N	B	C	P	E
4.3.6	Recognize that complementary and alternative medicine (CAM) can play an important role in palliative care, especially for members of underserved populations.	N	B	C	P	E
4.3.7	Recognize that traditional medicine can play an important role in palliative care for First Nations, Inuit, and Métis.	N	B	C	P	E
4.4 Offering presence						
4.4.1	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
TOTAL	4 Optimizing comfort and quality of life					
		N	B	C	P	E



5 Care planning and collaborative practice

5.1 Understanding interdisciplinary collaboration						
5.1.1	Contribute to interdisciplinary care planning by offering observations to the health care team of challenges the person and their designated family or caregiver(s) may be experiencing, or any opportunities to provide support.	N	B	C	P	E
5.1.2	Understand that designated family or caregiver(s), and community members, may have a role in the care team, in particular for members of underserved populations.	N	B	C	P	E
5.1.3	Understand that First Nations, Inuit, and Métis family and community members may have a role in the care team.	N	B	C	P	E
5.1.4	Understand the roles, responsibilities, and limits of the volunteer as per the organization's policies.	N	B	C	P	E

Palliative care competencies and descriptions		Knowledge/skill level				
5.1.5	Assist professional staff with supporting the person's needs as per the organization's policies.	N	B	C	P	E
TOTAL	5 Care planning and collaborative practice					
		N	B	C	P	E



6 Last days and hours

6.1	Respecting death rituals					
6.1.1	Know the responsibilities of volunteers during last hours and following death, and fulfill them with respect for the person and their designated family or caregiver(s).	N	B	C	P	E
6.2	Anticipating changes as death nears					
6.2.1	Know and recognize the expected changes as the person nears death.	N	B	C	P	E
6.3	Involving and supporting designated family or caregiver(s)					
6.3.1	Support the designated family or caregiver's wishes and death rituals.	N	B	C	P	E
6.3.2	Support family and community-specific protocols and practices surrounding death, loss, and grief. Demonstrate openness to incorporating protocols and practices when caring for members of underserved populations.	N	B	C	P	E
6.3.3	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
TOTAL	6 Last days and hours					
		N	B	C	P	E



7 Loss, grief, and bereavement

7.1	Supporting diverse responses to loss					
7.1.1	Understand grief as an expected reaction to loss that is experienced and expressed uniquely by everyone.	N	B	C	P	E
7.1.2	Acknowledge the impact of personal traumas and negative experiences on members of underserved populations, and how these can shape the expressions of grief, bereavement, and mourning.	N	B	C	P	E

Palliative care competencies and descriptions		Knowledge/skill level				
7.1.3	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
7.1.4	Recognize common expressions of and reactions to grief in people and their families or caregivers, which may occur from the time of diagnosis until bereavement.	N	B	C	P	E
7.2 Offering support services						
7.2.1	Understand the role of the volunteer in supporting people who are dying, and the bereaved.	N	B	C	P	E
TOTAL	7 Loss, grief and bereavement					
		N	B	C	P	E



8 Self-care

8.1 Understanding compassion fatigue						
8.1.1	Understand the concept of compassion fatigue, its manifestations, and ways to help prevent it.	N	B	C	P	E
8.2 Supporting healthy behaviours for self and team						
8.2.1	Regularly engage in healthy behaviours to help prevent compassion fatigue. Ask organization for support and resources when help is needed.	N	B	C	P	E
8.3 Demonstrating self-awareness						
8.3.1	Demonstrate self-awareness of own response to illness, death, and dying.	N	B	C	P	E
TOTAL	8 Self-care					
		N	B	C	P	E



9 Professional and ethical practice

9.1 Understanding legislation and policy						
9.1.1	Demonstrate understanding of the importance of maintaining privacy and confidentiality.	N	B	C	P	E
9.2 Addressing ethical issues						
9.2.1	Understand ethical issues that may arise (e.g., issues associated with the progression of the illness, treatment choices, or differing designated family or caregiver(s) opinions).	N	B	C	P	E

Palliative care competencies and descriptions		Knowledge/skill level				
9.3	Advocating for inclusion of the person's and their designated family or caregiver's beliefs and values					
9.3.1	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	Maintaining boundaries					
9.4.1	Demonstrate understanding of the volunteer boundaries, their purpose, and some strategies for maintaining boundaries with people and their designated families or caregivers.	N	B	C	P	E
TOTAL	9 Professional and ethical practice					
		N	B	C	P	E



10 Education, evaluation, quality improvement, and research

10.1	Accessing continuing education					
10.1.1	Participate in continuing education related to palliative care.	N	B	C	P	E
10.1.2	Participate in cultural safety training opportunities, especially any that are specific to underserved populations. Where available, participate in regionally specific training..	N	B	C	P	E
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
10.2	Educating and supporting learners					
10.2.1	Act as a mentor for others new to palliative care.	N	B	C	P	E
10.3	Contributing to quality improvement					
10.3.1	Participate in quality improvement initiatives.	N	B	C	P	E
10.4	Collecting data					
10.4.1	Participate in research activities such as data collection.	N	B	C	P	E
TOTAL	10 Education, evaluation, quality improvement, & research					
		N	B	C	P	E



Palliative care competencies and descriptions	Knowledge/skill level				
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11 Advocacy					
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11.1	Advocating for the person, designated family or caregiver(s), and societal rights				
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11.1.1	Advocate for incorporation of the person's and their designated family or caregiver's values and beliefs into care planning.	N	B	C	P	E
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11.1.2	Assist organization with community education initiatives about palliative care.	N	B	C	P	E
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TOTAL	11 Advocacy					
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N	B	C	P	E
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Totals					
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N	B	C	P	E
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