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 Multidisciplinary 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 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
- Supports patients to make informed decisions on 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
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 multidisciplinary 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’
- 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, and Substitute Decision Maker (SDM) and care teams about withdrawing or withholding interventions.
- Demonstrates an awareness of the uniqueness of a good death as defined by the patient, and facilitates its achievement
- 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 expressed wishes and identified goals of care
Optimizing Comfort and Quality of Life, continued...

- 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 expressed wishes and identified goals of care
- Provides appropriate assessment and intervention for the management of the patient’s 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
- Familiar with the Health Care Consent Act, and understands that a health provider must obtain informed consent from the patient (or, if they are incapable, their Substitute Decision Maker) for any treatment or intervention proposed
- Understands how a Substitute Decision Maker (SDM) is determined (based on the hierarchy within the Health Care Consent Act) and the role the SDM plays in making health care decisions if the patient is not mentally capable
- Supports the patient to express their wishes and/or identify goals of care by referring them to the most appropriate health professional
- Facilitates the active involvement of patients in goal setting, decision making and informed consent to support the best possible outcomes and quality of life
- 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
Care Planning and Collaborative Practice, continued...

- 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

- Aware of best practices for expected death in the home including local policies and processes
- 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 Therapy and Medical Assistance in Dying (MAiD)
- Demonstrates knowledge of relevant legislation and policies, e.g. Bill C-14 (MAiD), Bill 84 (Medical Assistance in Dying Statute Law Amendment Act, 2017) , Child, Youth and Family Services Act, Adult Protection Act, Health Care Consent Act, and Substitute Decisions Act
- Responds to inquiries regarding MAiD in accordance with regulatory body’s relevant guidelines and standards and employer policies
Palliative Care Competencies for Occupational Therapists

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 patients with palliative care needs
- 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
Additional Competencies for Occupational Therapists 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, guidelines and policies

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
Research, Education and Evaluation

- Applies knowledge gained from palliative care research
- Where possible, provides the family with opportunities to participate in palliative and 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