Palliative Nursing Competency Framework

Published in October 2022

FOREWORD

As healthcare demands for our ageing population increase, it is essential to ensure that our nurses continue to upskill and equip themselves with the necessary knowledge and skills to provide high-quality care to patients.

Following the launch of the Community Nursing Competency Framework (CNCF) in January 2020, the Chief Nursing Officer's Office has convened two more workgroups to develop competency frameworks for palliative nursing and geriatric nursing. This Palliative Nursing Competency Framework (PNCF), like the CNCF, has detailed the job roles, key activities and professional competencies for speciality nurses in palliative care settings. Nurses interested in palliative care or coming across palliative patients in their daily work may also use the PNCF as a guide to learn more about the provision of care for people with life-limiting conditions.

I hope that the PNCF will be a useful tool for institutions to develop training pathways for staff. I encourage nurses to utilise this as a self-reflection checklist to chart their own progress and identify specific training needs. The PNCF is not meant to deter but to assist nurses by providing comprehensive information on palliative nursing in a clear and concise manner.

Lastly, I would like to thank the Workgroup, individuals and the stakeholders who gave so generously of their time and expertise in the development of this Framework.

Ms Paulin Koh
Chief Nursing Officer
Ministry of Health

INTRODUCTION

PALLIATIVE NURSING IN SINGAPORE

Nursing is a discipline that has a fundamental concern with the human condition and the totality of human experience, including the end of life. Palliative care is an emerging specialisation of nursing which develops a body of knowledge and skills specifically focused on the care of people facing the end of life.

As death and dying situations are highly emotional human experiences, having a nurse providing compassionate care can help to relieve the pain and suffering of the client and their family. The palliative care nurse's role is to reduce suffering and improve the quality of life for the dying person and their family through the early assessment, identification and management of pain and their physical, social, psychological, spiritual and cultural needs.

Palliative care nursing is a nurse-led service that involves the assessment, diagnosis, and treatment of human responses to actual or potentially life-limiting illness and involves complex decision-making and leadership to create a dynamic, caring relationship with the client, family and caregiver to reduce suffering. Therefore, palliative nursing is a subspecialty of nursing practice that continues to evolve as an art and science of nursing, and palliative care (Schroeder & Lorenz, 2017).

While the care of individuals in the palliative care phase of an illness now has a place in Singapore healthcare, palliative care has emerged as a distinct specialisation over the last decade.

Palliative care services are an integral and essential part of the health and community service system, providing support for people who are facing their own deaths and to those who support these individuals. Palliative care nursing is a key component in the transdisciplinary approach to care necessary to meet the complex needs of individuals and their caregivers facing life-threatening illnesses. Care is directed towards easing the symptoms associated with end-stage illnesses and the fears, anxieties, grief and concerns of both the person and their caregivers.

The major concerns for nurses in caring for individuals in palliative care are the improvement of quality of life, the promotion of comfort and the preservation of dignity and choice at any phase of the illness. Support and education should be made available for nurses caring for patients with life-threatening illnesses in all settings.

To help the client, families and communities, palliative care nurses need to be competent in their skills and display the qualities that enhance the care and support provided. These skills and qualities are developed through many years of transdisciplinary clinical practice and continuing education and they are informed by the founding philosophies of palliative care.

Taking reference from the National Guidelines for Palliative Care and Interpretation Guide (MOH, 2015), palliative care nurses will have to be:

1. Independent and resourceful
2. Collaborative
3. Empathetic and compassionate
4. Resilient
5. Innovative

OBJECTIVES OF THE FRAMEWORK

Palliative care, both generalist and specialist, can be found in all care settings, including the community nursing homes, acute and community hospitals, and specialist palliative care units. In recent years, the scope of palliative care has been broadened so that palliative care is now provided at an earlier stage in the trajectory of both malignant and non-malignant diseases (Palliative Care Competence Framework Steering Group, 2014).

While setting up the Palliative Nursing Competency Framework, the definition of the approach was spelt out as follows:

 ***Level 1 - Palliative Care Approach***	Palliative care principles should be practised by all levels of the nursing team. The palliative care approach should be a core skill of every nursing team at the hospital and community level. For difficult or complex cases, referral to a specialist palliative care unit will be needed.
 ***Level 2 - Trained Palliative Care***	At an intermediate level, a proportion of individuals and families will benefit from the expertise of healthcare professionals who, although not engaged full time in palliative care, have had some additional training and experience in palliative care. This level of expertise may be available in restructured and community hospitals or community settings. Healthcare professionals who wish to undertake additional training in palliative care should be supported in this regard by the employing organisation and approved by the Singapore Nursing Board.
 ***Level 3 - Specialist Palliative Care***	Specialist palliative care services are those services whose core activity is limited to the provision of palliative care. Complex needs will warrant specialist care, and staff at this level will require advanced training. Specialist palliative care services will mostly be found at the restructured hospitals, inpatient hospice, day care and home care.

OBJECTIVES OF THE FRAMEWORK

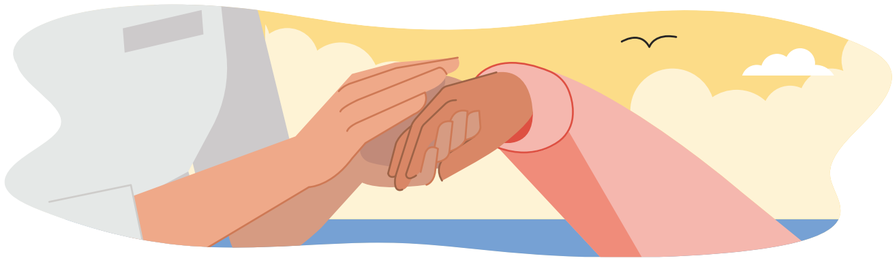
This Framework has been developed for nurses providing palliative care services in all sectors and is supported by the key stakeholders such as the palliative nursing professionals, employers, certification and professional bodies and training providers.

The purpose of the PNCF is to provide up-to-date and forward-looking information on existing and emerging job roles, skills and competencies. Furthermore, the PNCF will guide the enhancement of education and training programmes for the sector.

The Framework also provides an analysis of skills and manpower gaps in the sector so as to guide the planning and capability building of the palliative care workforce.

The Framework aims to support and benefit current and aspiring employers, employees, training providers and professional bodies as follows:

- Provide clarity on their roles and responsibilities and associated competencies.
- Provide a reference for training and development of nurses in the palliative care services.
- The training roadmap will allow training providers to:
  - Review and identify training needs of palliative care nurses
  - Review and update training programmes for palliative care nurses.



References

Palliative Care Competence Framework Steering Group. (2014). *Palliative Care Competence Framework*. Dublin: Health Service Executive.

Schroeder, K., & Lorenz, K. (2018). Nursing and the future of palliative care. Asia-*Pacific Journal of Oncology Nursing*, 5(1), 4–8. https://doi.org/10.4103/apjon.apjon_43_17

KEY COMPONENTS

The Framework consists of the following key components:

1. Job Role Profiles (JRPs)
2. Professional Competencies (PCs)

Each job role is detailed and defined using a JRP document. This document encompasses a job role description that summarises the key contributions and responsibilities, workplace context, and necessary attributes of an incumbent to perform the job. It also includes the Key Responsibility Areas (KRAs) and Key Activities (KAs) for each job role and the list of PCs at the required proficiency levels.

In addition, a glossary is included at the end of the document.

PRESENTING ARTWORKS BY PALLIATIVE CARE RESIDENTS FROM VARIOUS INSTITUTIONS

Art therapy uses art media, creative processes and artwork as tools to facilitate the exploration of a person's emotional state— their thoughts and feelings— to help reconcile emotional conflicts, foster self-awareness of emotions, improve orientation to reality, reduce anxiety and increase self-esteem (BAAT, 2014; AATA, 2013). Art therapy does not focus on the aesthetic value of artwork but aims to facilitate and support a person's emotional shift or growth at a personal level. Evidence-based research in medical literature supports the use of art therapy to bring about positive effects on patients in palliative and hospice care. Its impact can be felt in areas such as improving the quality of life for patients as well as positively affecting their coping mechanisms and mental well-being (Iguina & Kashan, 2021).

In the hospice in-patient setting, as part of holistic palliative service, art therapy is utilised to engage palliative care residents as an opportunity to review their lived experience and most importantly, a way to face the final phase of life. During this end of life period, residents not only have to contend with physical pain but also strong and conflicting emotions like a fear of dying, having guilt and regrets towards people and of life. Art therapy can provide a way to externalise these innermost complex emotions arising from the dying process in a psychologically safe space (Wood, Jacobson & Cridford, 2019). Most of the artworks that result from the art therapy interventions become visual records of the resident's struggles with illness, self-reflection, life review of achievement and fond memories. These tangible works can end up being valuable and treasured keepsakes for many caregivers.

Ms Tan Hsiu Li
Art Therapist
St Joseph's Home

References

American Art Therapy Association (AATA) (2013). About Art Therapy. AATA
https://arttherapy.org/about-art-therapy/

British Association of Art Therapists (BAAT) (2014) What is art therapy? BBAT.
https://www.baat.org/About-Art-Therapy

Iguina MM, Kashan S. Art Therapy. (2021). Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from:
https://www.ncbi.nlm.nih.gov/books/NBK549771/

Wood, Michele., Jacobson, B., Cridford, H. (2019). The International Handbook of Art Therapy in Palliative and Bereavement Care. New York. Routledge

Title: "Garden of Flowers" (2022)

Description: "Life can be beautiful if we look around us and find joy in the simple things, like the flowers blooming in the garden"

Artist: Mohd Saad Bin Hussin, 70 Years old

Media: 30cm by 30cm, Acrylic paint on round

JOB ROLES AND CAREER MAP

The Palliative Nursing Competency Framework (PNCF) includes 12 Job Roles. These are:

- **Enrolled Nurse**
- **Senior Enrolled Nurse / Principal Enrolled Nurse**
- **Staff Nurse**
- **Senior Staff Nurse / Assistant Nurse Clinician**
- **Nurse Clinician / Senior Nurse Clinician**
- **Assistant Director of Nursing / Deputy Director of Nursing / Director of Nursing**
- **Advanced Practice Nurse (APN)***

The career map provides a clear direction for palliative nurses in achieving their career goals and higher nursing responsibilities. It also describes the development, implementation, and evaluation of the professional career map for palliative nurses to support the achievement of the strategic nursing goals for succession planning and professional development. The career map for palliative nurses is shown on the next page:

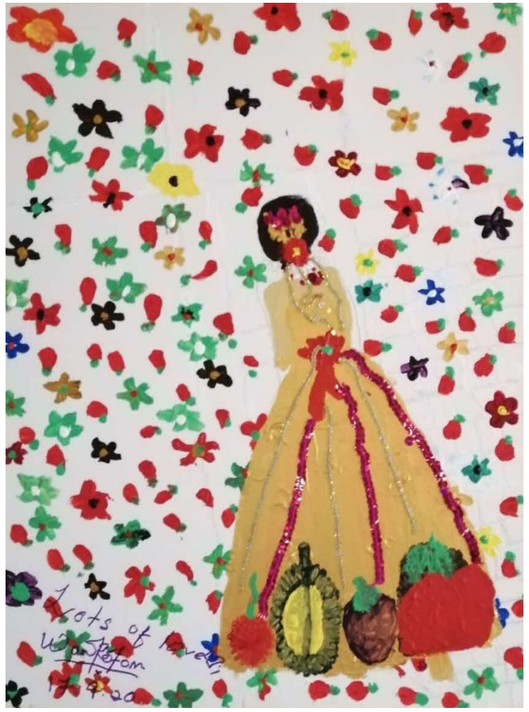
**The term "Advanced Practice Nurse" (APN) is both a job role and professional title that is regulated by the Singapore Nursing Board (SNB). An APN is a Registered Nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for extended practice. APNs, who must have a Master's degree in Nursing and attain APN certification from SNB, are trained in the diagnosis and management of common medical conditions, including chronic illnesses. APNs provide a broad range of healthcare services. They work collaboratively with doctors and other healthcare professionals to provide nursing care to clients with complex needs. APNs may also be privileged to prescribe medications if they have completed the National Collaborative Prescribing Programme (NCPP) and have been credentialed by their employing institution.*

Nursing Clinical Career Path**

Advanced Practice Nurse (APN)
Master's prepared and certified by the Singapore Nursing Board.

Nurses are able to hold an additional professional title as an APN provided they meet the requirements.

**The clinical career path list is non-exhaustive.
Variation is based on individual organisational policy.



Title: "Princess to the Ballroom" (2020)

Description:
"The Princess is not only pretty but sexy.
The hair of the Princess makes her look elegant.
The fruits on her dress make me hungry.
The dress design goes well with the colourful flowers wallpaper."

Artist: Wan Petom Bte Haris, 54 years old

Media: 46cm x 60cm, Acrylic and sequins on canvas

JOB ROLE PROFILES

There are 7 Job Role Profiles (JRPs) for all 12 job roles identified in the palliative care nursing sector. Each JRP includes the following:

- ***Job Role Title***
- ***Job Role Description***
- ***Key Responsibility Areas***
- ***Key Activities***
- ***List of Professional Competencies (PCs) at required proficiency levels for each job role***

The JRPs developed for the Framework are shown below:

ENROLLED NURSE

Job Role Description	The Enrolled nurse engages in the safe and competent delivery of basic nursing care to the clients. S/He is responsible for assisting the staff nurse in providing direct care to the clients and serves as a liaison between families and the healthcare team in accordance to the established policies, procedures and guidelines. S/He assists in communicating care plans to clients, families and / or caregivers, evaluating clients' conditions and reporting needs to the care team. S/He serves as an advocate for the clients and families / caregivers. S/He assists in the provision of client, family and caregiver training. The Enrolled Nurse should maintain professional competency within the scope of practice. S/He is required to recognise the limits of their competence and personal strength and develop strategies to enable continuous learning and development.	
	Key Responsibility Area	***Key Activities***
Responsibilities and Activities	Person-centred Care	Assist in the biopsychosocial and environmental assessment of clients and perform basic individualised nursing interventions (such as wound care, skin care, oral care, and support in activities of daily living) for clients with life-limiting illnesses
		Ensure clients' dignity, safety and confidentiality are maintained and provide comfort, relief of symptoms and palliative care to clients in the last days of life
		Assist in medication administration and education for medication adherence
		Monitor and report changes / abnormalities in clients' clinical conditions and psychosocial and emotional status in a timely manner to the healthcare team
		Maintain timely, concise, accurate assessment and documentation (such as Braden scale and oral cavity assessment) of clients' conditions and evaluate individual care plans with clients
	Client and Community Engagement and Empowerment	Assist in communicating care plans and report on clients, families and / or caregivers' needs and goals to the care team
		Build rapport and maintain therapeutic relationships and professional boundaries with clients, families and / or caregivers
		Assist in the provision of training and health education for clients, families and / or caregivers
		Support effective teaching strategies to promote clients' self-management to optimise palliative care

	Key Responsibility Area	Key Activities
Responsibilities and Activities (Cont'd)	Care Transition and Integration	Assess the clients' needs for care and support services (such as grief and bereavement support) and inform the nursing team for follow-up where appropriate
		Assist clients, families and / or caregivers in the continuity of care across palliative care settings
		Assist in the facilitation of follow-up care for clients in various palliative care settings
	Nursing Practice Management and Operational Excellence	Assist or participate in quality assurance activities
		Participate in peer sharing sessions on nursing-related issues pertaining to palliative care
		Comply with safety measures while practising in various palliative care settings
		Identify and report risks and barriers to the safety of clients in accordance with organisational policy and nursing standards and procedures
		Assist or participate in the case study presentation for transdisciplinary meetings and mortality meetings in a transdisciplinary setting
		Comply with guidelines and policies to ensure client confidentiality and personal data protection
	People and Personal Development	Attend continuing professional development courses based on learning needs to update skills and knowledge of palliative nursing care
		Set personal development goals and plans for career progression

	Competency Domain	Competency Element (Proficiency Level)
Professional Competencies	D1. Person-centred Care	E1. Client Assessment and Care Planning (Level 1) E2. Management of Individuals with Health Conditions (Level 1) E3. Medication Management (Level 1) E4. Client, Family and Caregiver Education and Empowerment (Level 1) E5. Care Transition Across Care Continuum (Level 1) E6. Communication, Collaboration and Teamwork (Level 1) E7. Client and Environment Safety and Risk Management (Level 1)
	D2. Wellbeing and Supportive Care	E8. Grief and Bereavement Support (Level 1) E9. Client, Family and Caregiver Mental Wellbeing (Level 1) E10. Staff Support (Level 1)
	D3. Professional Development and Leadership	E11. Develop and Lead Self (Level 1) E12. Develop and Lead Others (Level 1)
	D4. Improvement, Innovation and Research	E13. Innovation and Quality Improvement (Level 1) E14. Evidence-based Practice and Research (Level 1)

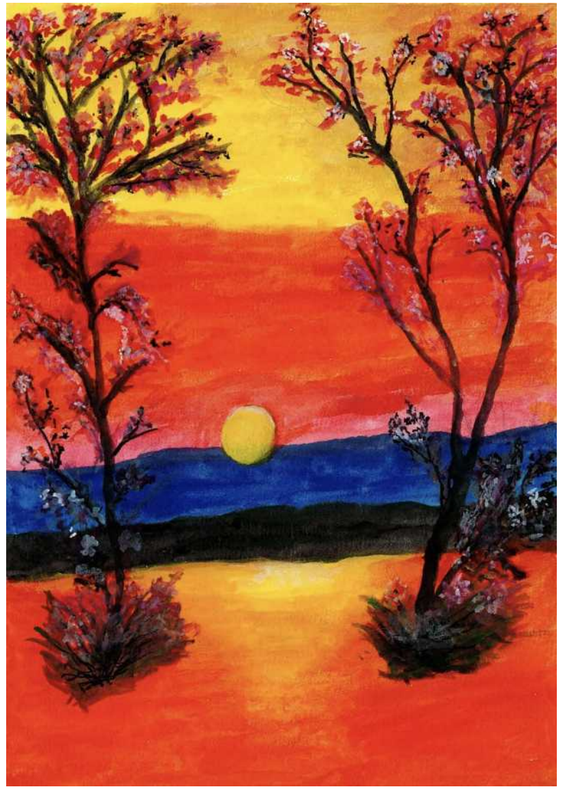
SENIOR ENROLLED NURSE / PRINCIPAL ENROLLED NURSE

Job Role Description	The Senior Enrolled Nurse / Principal Enrolled Nurse contributes to the holistic assessment, planning and delivery of person-centred care based on clients' needs and preferences. S/He provides client, family and caregiver training, health education and assists in care coordination. The Senior Enrolled Nurse / Principal Enrolled Nurse also supervises, teaches and assesses junior enrolled staff members, support care staff and students. The Senior Enrolled Nurse / Principal Enrolled Nurse should be adept at inter-professional collaboration and communication skills to navigate the health and social ecosystems to provide care for clients.

	Key Responsibility Area	Key Activities
Responsibilities and Activities	Person-centred Care	Participate and assist in the assessment of biopsychosocial and environmental care needs of clients, development, implementation and evaluation of goal-orientated nursing care for clients with palliative care needs
		Ensure clients' dignity, safety and confidentiality are maintained and provide comfort, relief of symptoms and palliative care to clients in the last days of life
		Perform designated procedures and treatments for clients according to the expected standards of practice and guidelines to improve their general comfort and wellbeing
		Administer non-parenteral medication, monitor medication adherence and provide relevant education
		Escalate changes / abnormalities of clients' clinical condition, psychosocial and emotional status in a timely manner to the healthcare team and initiate appropriate interventions within the scope of practice
		Maintain timely, concise, accurate assessment and documentation (such as Braden scale and oral cavity assessment) of clients' condition and evaluate individual care plans with clients
	Client and Community Engagement and Empowerment	Communicate individualised care plan and address concerns from clients, families and / or caregivers
		Communicate effectively and build rapport with clients, families and / or caregivers in palliative care settings
		Maintain therapeutic relationship and professional boundaries when dealing with clients, families and / or caregivers, and community partners
		Provide training and health education for clients, families and / or caregivers
	Care Transition and Integration	Provide information to clients and families with palliative care needs on available community resources, services and programmes
		Suggest referral for care and support according to needs and / or preferences
		Facilitate follow-up care for clients with inter-disciplinary care team
	Nursing Practice Management and Operational Excellence	Participate in quality improvement and assurance activities, evidence-based practice or research project(s)
		Conduct peer sharing sessions on nursing-related issues pertaining to palliative care
		Assist and participate in the case study presentation for multi-disciplinary meetings and mortality meetings in a multi-disciplinary setting

	Key Responsibility Area	Key Activities
Responsibilities and Activities (Cont'd)	Nursing Practice Management and Operational Excellence (Cont'd)	Identify and report risks / hazards in various palliative care settings to ensure the safety of self and other team members
		Comply with guidelines and policies to ensure a high degree of confidentiality and personal data protection involving client care are maintained
	People and Personal Development	Implement relevant training and development processes for junior staff of the team and / or students. Provide orientation, supervision, and guidance, including mentoring and coaching for new or less experienced staff and / or students
		Attend continuing professional development courses based on learning needs to update skills and knowledge of palliative nursing care
		Assist Registered Nurse in the daily assignment of duties for the junior nurses to provide comfort and continuous care for clients with palliative care needs
		Contribute to the development of goals and career progression plans of junior Enrolled Nurses and Nursing Aides

	Competency Domain	Competency Element (Proficiency Level)
Professional Competencies	D1. Person-centred Care	E1. Client Assessment and Care Planning (Level 1) E2. Management of Individuals with Health Conditions (Level 1) E3. Medication Management (Level 1) E4. Client, Family and Caregiver Education and Empowerment (Level 2) E5. Care Transition Across Care Continuum (Level 1) E6. Communication, Collaboration and Teamwork (Level 2) E7. Client and Environment Safety and Risk Management (Level 1)
	D2. Wellbeing and Supportive Care	E8. Grief and Bereavement Support (Level 1) E9. Client, Family and Caregiver Mental Wellbeing (Level 2) E10. Staff Support (Level 2)
	D3. Professional Development and Leadership	E11. Develop and Lead Self (Level 2) E12. Develop and Lead Others (Level 2)
	D4. Improvement, Innovation and Research	E13. Innovation and Quality Improvement (Level 1) E14. Evidence-based Practice and Research (Level 1)



Title: "Reborn Sun" (2022)

Description: "Life is like the reborn Sun – gives hope every day."

Artist: Tay Saik Lee, 75 Years old

Media: 29.7 x 42 cm watercolor paper, watercolor

STAFF NURSE

Job Role Description

The staff nurse is responsible for performing care assessment, planning and management in accordance with established nursing policies, standards and evidence-based practices.

S/He collaborates with the transdisciplinary team and community partners to achieve quality holistic care. S/He facilitates the care transition of clients and coordinates with various stakeholders and community resources.

The Staff Nurse provides client, family and / or caregivers education. S/He is also able to provide grief and bereavement support.

S/He guides, supervises and provides support to the care team, junior staff and students.

S/He recommends and implements quality improvement initiatives and research projects that are evidence-based practice.

A staff nurse is responsible for providing high-quality palliative care services to clients and family and / or caregivers. S/He adopts a holistic approach in care delivery to clients, family and / or caregivers. S/He utilises evidenced-based knowledge and skills in health and physical assessment to enhance the care of clients.

Responsibilities and Activities

Key Responsibility Area	Key Activities
Person-centred Care	Ensure dignity, safety and confidentiality of clients are respected and ensure clients receive the highest possible care standards
	Ensure palliative care is available for all people based on clinical need, regardless of diagnosis, age, gender, financial means, ethnic and cultural background, or care settings
	Perform a comprehensive and holistic assessment of clients with complex needs, which include health assessment, physical examination and assessment of psychosocial and spiritual needs
	Ensure on-going care planning is implemented in a transdisciplinary manner to meet the changing needs, preferences and wishes of clients, families and / or caregivers
	Identify client's disease trajectory, recognise deterioration and active dying; update, prepare and support the family in a timely manner
	Assess family and / or caregiver for psychosocial and spiritual needs and establish a plan of care in accordance with stated goals and outcomes
	Perform medication administration and titration in accordance with organisational guidelines and protocols
	Utilise evidence-based nursing interventions as prescribed in the care plan
	Review client and monitor progress and response to treatment. Manage and escalate in accordance with organisational guidelines in the event of unexpected and / or abnormal changes
	Participate and engage actively in the clinical discussion with the transdisciplinary team with regards to client and family and / or caregiver care plan and needs
	Facilitate Advance Care Planning (ACP) discussion with client and / or family and / or caregiver and ensure proper documentation
	Demonstrate a commitment to research-based practice and clinical excellence
	Maintain timely and accurate assessment and documentation (such as Palliative Care Outcomes Collaboration, Edmonton Symptom Assessment System)
Client and Community Engagement and Empowerment	Communicate with clients, families, caregivers and / or relevant others as active partners, to establish understanding and to identify needs, preferences and expectations for clients with life-limiting illnesses
	Coordinate and / or facilitate family meetings / conferences to discuss client's and / or family's / caregivers' care needs

Responsibilities and Activities (Cont'd)

Key Responsibility Area	Key Activities
Client and Community Engagement and Empowerment (Cont'd)	Build therapeutic relationships and maintain professional boundaries when dealing with clients, families, caregivers and / or community partners
	Provide and conduct training and education to clients, families and / or caregivers
	Provide grief and bereavement support and guide bereaved family and / or caregivers
Care Transition and Integration	Coordinate and collaborate with transdisciplinary team members and community partners to ensure care is delivered in a coordinated manner that ensures continuity of care across settings and throughout the disease trajectory
	Assist clients, families and / or caregivers in the transition between care settings
Nursing Practice Management and Operational Excellence	Assess one's practices against established organisational guidelines and standards to improve self-efficiency and drive value-based care for clients
	Support or conduct quality audits to maintain and improve standards and quality of care
	Recommend initiatives and implement quality improvement, evidence-based practice or research project(s) and carer satisfaction surveys
	Identify and analyse potential areas for improvement to reduce unanticipated adverse events and safety risks to clients
	Ensure care is taken to fulfil the needs of clients in the last days of life, as well as those of their caregivers and families
People and Personal Development	Attend formal palliative care education and continuing professional development activities to ensure competency
	Supervise junior nurses and nursing students in learning activities
	Participate in development of training roadmap for career progression

Professional Competencies

Competency Domain	Competency Element (Proficiency Level)
D1. Person-centred Care	E1. Client Assessment and Care Planning (Level 2) E2. Management of Individuals with Health Conditions (Level 2) E3. Medication Management (Level 3) E4. Client, Family and Caregiver Education and Empowerment (Level 2) E5. Care Transition Across Care Continuum (Level 2) E6. Communication, Collaboration and Teamwork (Level 2) E7. Client and Environment Safety and Risk Management (Level 2)
D2. Wellbeing and Supportive Care	E8. Conduct Grief and Bereavement Support (Level 2) E9. Client, Family and Caregiver Mental Wellbeing (Level 2) E10. Staff Support (Level 2)
D3. Professional Development and Leadership	E11. Develop and Lead Self (Level 2) E12. Develop and Lead Others (Level 2)
D4. Improvement, Innovation and Research	E13. Innovation and Quality Improvement (Level 2) E14. Evidence-based Practice and Research (Level 2)

SENIOR STAFF NURSE / ASSISTANT NURSE CLINICIAN

Job Role Description	A Senior Staff Nurse / Assistant Nurse Clinician is responsible for providing high-quality palliative care services to clients, family and / or caregivers. S/He has the accountability to deliver a holistic approach in caring for clients with complex care needs and family and / or caregivers. These include health and physical assessments, evidence-based care plans, collaborating with the transdisciplinary team, various stakeholders and community partners, client, family and / or caregiver education, providing support for psycho-emotional wellbeing including grief and bereavement, guiding and supervising junior staff and nursing students, and implementing quality improvement or evidence-based practice or research projects. A Senior Staff Nurse / Assistant Nurse Clinician should have good critical thinking skills, communicate well and be highly motivated. S/He is also responsible for leading her / his team and ensuring the delivery of safe and quality care.

	Key Responsibility Area	***Key Activities***
Responsibilities and Activities	Person-centred Care	Ensure the dignity, safety and confidentiality of clients are respected and ensure clients receive the highest possible care standards
		Ensure palliative care is available for all people based on clinical need, regardless of diagnosis, age, gender, financial means, ethnic and cultural background, and care settings
		Perform a comprehensive and holistic assessment of clients with complex needs, including health assessment, physical examination and an assessment of psychosocial and spiritual needs
		Ensure ongoing care planning is reviewed in a transdisciplinary manner to meet the changing needs, preferences, and wishes of client, family and / or caregiver
		Identify client's disease trajectory, recognise deterioration and active dying; update, prepare and support the family in a timely manner
		Assess and evaluate family and / or caregiver for psychosocial and spiritual needs and establish plan of care with clearly stated goals and outcomes
		Engage clients' healthcare providers, families and / or caregivers to gain insight into clients' end-of-life care needs, ensuring the alignment of goals of care
		Perform medication administration and titration in accordance with organisational guidelines and protocols
		Perform medication self-management and medication adherence for clients and escalate to relevant care team members for medication reconciliation and optimisation
		Perform evidence-based nursing interventions in the management of clients and families / caregivers
		Manage unexpected and / or abnormal changes in clients' health and social conditions and ensure appropriate documenting and escalation in accordance with organisational policy
		Lead / co-lead actively in the clinical discussion with the transdisciplinary team of client, family and / or caregiver to establish care plan and needs
		Maintain a conducive and safe environment for client, family and / or caregiver
		Facilitate Advance Care Planning (ACP) discussions with client and / or family and / or caregiver and ensure proper documentation
		Evaluate and advocate for evidence-based practice and clinical excellence
		Demonstrate critical thinking skills and manage clients with complex symptoms through accurate assessment (such as Palliative Care Outcomes Collaboration, Edmonton Symptom Assessment System)

	Key Responsibility Area	***Key Activities***
Responsibilities and Activities (Cont'd)	Client and Community Engagement and Empowerment	Collaborate actively with clients, families, caregivers and / or relevant others as active partners to identify needs, preferences and expectations for clients with life-limiting illnesses. Evaluate the need for timely referral and coordination
		Conduct personalised training and education to client, families and / or caregivers according to their needs
		Facilitate grief and bereavement support and after care to the bereaved family and / or caregiver and staff
	Care Transition and Integration	Coordinate and collaborate with transdisciplinary team members and community partners to ensure care is delivered in a coordinated manner that ensures continuity of care across settings and throughout the disease trajectory
		Empower clients, families and / or caregivers to encourage independence in managing care when transitioning between care settings
		Address gaps in care transitions encountered by clients, families and caregivers, or the junior nurses
	Nursing Practice Management and Operational Excellence	Perform / facilitate and evaluate quality audits of current palliative care nursing practices to maintain and improve standards of care, self-efficiency and cost-effectiveness to ensure the practices are safe and evidence based
		Recommend initiatives and implement quality improvement, evidence-based practice or research project(s), and carer satisfaction surveys
		Initiate, lead and drive evidence-based guidelines to maintain palliative nursing care standards
		Support initiatives for staff welfare to encourage and motivate the care team such as bereavement support groups for nursing staff
		Review and prioritise potential risks and barriers to the safety of clients and evaluate the feasibility and effectiveness of innovation and quality improvement interventions
	People and Personal Development	Attend formal palliative care education and continuing professional and leadership development activities to maintain their competency
		Mentor junior staff members and supervise nursing team to ensure that approved standards of palliative nursing practices are followed
		Conduct palliative care teaching and support formal or informal educational programmes and activities for nurses and other healthcare professionals through the development of training roadmaps for career progression

	Competency Domain	***Competency Element (Proficiency Level)***
Professional Competencies	D1. Person-centred Care	E1. Client Assessment and Care Planning (Level 3) E2. Management of Individuals with Health Conditions (Level 3) E3. Medication Management (Level 3) E4. Client, Family and Caregiver Education and Empowerment (Level 3) E5. Care Transition Across Care Continuum (Level 3) E6. Communication, Collaboration and Teamwork (Level 3) E7. Client and Environment Safety and Risk Management (Level 3)
	D2. Wellbeing and Supportive Care	E8. Conduct Grief and Bereavement Support (Level 2) E9. Client, Family and Caregiver Mental Wellbeing (Level 3) E10. Staff Support (Level 3)
	D3. Professional Development and Leadership	E11. Develop and Lead Self (Level 3) E12. Develop and Lead Others (Level 3)
	D4. Improvement, Innovation and Research	E13. Innovation and Quality Improvement (Level 3) E14. Evidence-based Practice and Research (Level 3)

NURSE CLINICIAN / SENIOR NURSE CLINICIAN

Job Role Description	The Nurse Clinician / Senior Nurse Clinician is responsible for providing clinical supervision, evaluating care standards and integrating evidence-based practice into their palliative nursing practice. S/He demonstrates clinical expertise and manages clients with complex care needs through direct care or by coaching the care team members. S/He has an understanding of the palliative care population's needs to ensure service alignment. The Nurse Clinician / Senior Nurse Clinician manages a team of palliative care nurses and is responsible for their professional development. S/He leads quality improvement and research projects within the organisation. S/He cultivates a collaborative team culture and effective learning environment for palliative nurses to achieve clinical excellence and deliver positive client experiences.

Responsibilities and Activities	***Key Responsibility Area***	***Key Activities***
	Person-centred Care	Ensure all clients receive the highest possible care standards of biopsychosocial and environmental assessment to identify the strengths and needs of clients, families and / or caregivers
		Communicate with the clients' healthcare providers, families and / or caregivers for the understanding of clients' needs from admission, discharge and death
		Evaluate person-centred care plans, incorporating anticipatory care needs and preferences pertaining to life threatening illness in consultation with the transdisciplinary team
		Supervise palliative care to ensure the dignity, safety and confidentiality of all clients are respected, and facilitate transdisciplinary team discussions to align and prioritise care goals
		Manage clients with complex care needs in collaboration with the transdisciplinary care team and the larger healthcare care systems
		Supervise and perform medication management, including the administration and titration of opioids, reconciliation, and education in accordance with organisational guidelines and protocols
		Recognise early signs of deterioration in clients, to intervene and escalate appropriately
		Conduct Advance Care Planning (ACP) for complex clients and assist in ACP programme evaluation
		Ensure timely and accurate documentation is performed by the care team as per organisational standards and guidelines (such as Palliative Care Outcomes Collaboration, Edmonton Symptom Assessment System)
	Client and Community Engagement and Empowerment	Build partnerships with the available formal and informal care partners in the community
		Maintain therapeutic relationships and professional boundaries when dealing with clients, families, caregivers and / or community partners
		Conduct education and training activities for clients, families and / or caregivers according to their learning styles and readiness
		Develop plans to raise awareness and adoption of new technologies to empower clients, families, caregivers
		Implement or sustain bereavement and after care support to bereaved families, caregivers and staff
	Care Transition and Integration	Anticipate and recommend initiatives to address common transitional care needs of the clients
		Prioritise referrals based on clients' needs, preferences and care goals, with consideration of resource availability and efficiency
		Build strong relationships with health and social care partners, particularly for clients receiving shared care, to ensure an effective flow of care information

Responsibilities and Activities (Cont'd)	***Key Responsibility Area***	***Key Activities***
	Nursing Practice Management and Operational Excellence	Analyse health profiles and needs of clients and / or populations and implement services to meet these needs
		Be involved in developing palliative nursing guidelines and protocols to guide clinical and professional practices
		Monitor the palliative nursing team's practice on resource management and recommend strategies to reduce waste in service delivery, care and treatment
		Ensure the appropriateness and cost-effectiveness of practices, equipment and products used for the clients
		Lead quality audits, quality improvement and evidence-based projects e.g. death reviews
		Analyse data from death review and recommend initiatives as required to maintain standard of care practices
		Identify and report potential threats to the practice of ethical and legal principles in palliative nursing service delivery
		Conduct risk assessment to identify risks and safety hazards of palliative nursing practice and implement measures to mitigate risks identified
		Execute responsibilities as per emergency protocols in the event of public health threat or emergency
	People and Personal Development	Conduct formal and informal palliative continuing education and training based on team's learning and professional development needs
		Articulate and communicate the team's purpose and individual's roles and responsibilities
		Identify and support the learning needs of individuals or the team in response to personal development or service needs
		Develop training roadmap for the palliative nurses in one's area of clinical practice
		Encourage the care team to adopt strategies for reflective learning
		Provide clinical supervision and coaching in one's area of clinical practice e.g. onboarding of new staff
		Implement strategies to promote welfare and wellbeing of palliative nurses

Professional Competencies	***Competency Domain***	***Competency Element (Proficiency Level)***
	D1. Person-centred Care	E1. Client Assessment and Care Planning (Level 4) E2. Management of Individuals with Health Conditions (Level 4) E3. Medication Management (Level 4) E4. Client, Family and Caregiver Education and Empowerment (Level 4) E5. Care Transition Across Care Continuum (Level 4) E6. Communication, Collaboration and Teamwork (Level 3-4) E7. Client and Environment Safety and Risk Management (Level 3-4)
	D2. Wellbeing and Supportive Care	E8. Conduct Grief and Bereavement Support (Level 3-4) E9. Client, Family and Caregiver Mental Wellbeing (Level 3-4) E10. Staff Support (Level 3)
	D3. Professional Development and Leadership	E11. Develop and Lead Self (Level 3) E12. Develop and Lead Others (Level 3)
	D4. Improvement, Innovation and Research	E13. Innovation and Quality Improvement (Level 3) E14. Evidence-based Practice and Research (Level 3)

ADVANCED PRACTICE NURSE

Job Role Description

The Advanced Practice Nurse is responsible for providing complex and extended nursing practice through direct care and / or consultations with palliative care needs. S/He is skilled and knowledgeable with the ability to integrate individualised and holistic palliative interventions throughout the course of the disease for clients with life-limiting diseases and their families. S/He uses advanced clinical and decision-making skills to exercise clinical judgement to diagnose, anticipate and prevent complications pertaining to the clients' care. S/He prescribes treatments and therapies to manage actual or potential palliative issues in collaboration with the transdisciplinary team.

S/He may practise across different care settings and holds pivotal leadership roles as a clinician, administrator, educator, and researcher. S/He participates in educating nursing / other healthcare professionals through role-modelling, mentoring, sharing and facilitating the exchange of knowledge in the classroom, clinical care and the wider community. S/He drives the development of evidence-based practice, integrating theoretical and practice-based knowledge to influence the development of palliative nursing practices and policies at local and / or national / international levels.

Responsibilities and Activities

Key Responsibility Area	Key Activities
Person-centred Care	Perform comprehensive assessments of biopsychosocial, cultural, spiritual needs and evaluate environmental components to provide holistic and individualised palliative care to clients, families and / or caregivers
	Perform advanced health assessments incorporating history taking, physical examination, prognostication and diagnostic reasoning skills to diagnose and develop care plans
	Perform guidance and supervision to other nurses on detailed assessment for pain or other symptoms, formulate appropriate person-centred care plans utilising pharmacological and non-pharmacological interventions
	Initiate palliative interventions in collaboration with the transdisciplinary team in the continuum of different disease trajectories
	Provide emotional support to the clients and families through the continuum of diagnosis till bereavement. Facilitate family conferences and difficult conversations with clients and families. Able to evaluate treatment options with the anticipated benefits, burden and risk of those options, while considering and aligning the goals of care with both clients and families
	Perform medication management including administration, titration and reconciliation in accordance with organisational and national guidelines and protocols
	Prescribe medication to clients based on identified health conditions in adherence to collaborative prescribing guidelines*
	Recognise signs and symptoms of deterioration and palliative emergencies in a timely manner. Provide rational interventions to treat reversible causes in order to provide appropriate palliative care, honouring client and family wishes
	Conduct Advance Care Planning (ACP) discussions with clients, families and / or caregivers in accordance with their preferences, wishes, changing health status and needs
	Maintain timely and accurate assessment, documentation according to institutional requirements (such as Preferred Care Outcomes Collaboration, Edmonton Symptom Assessment System)
	Demonstrate problem-solving skills based on theoretical knowledge, clinical expertise and sound clinical reasoning
	Facilitate discussion and resolution of complex ethical and legal issues in conjunction with client, families and transdisciplinary teams

Responsibilities and Activities (Cont'd)

Key Responsibility Area	Key Activities
Client and Community Engagement and Empowerment	Promote awareness and provides public education regarding issues, beliefs and attitudes surrounding palliative care and the palliative approach
	Actively influence and promote strategic palliative care initiatives and policy development
	Distinguish the full range and continuum of palliative care services, resources and the settings in which they are available and required by clients
	Collaborate with community partners and providers to develop new clinical care models and services to support palliative care needs
Care Transition and Integration	Initiate referrals according to clients' needs, preferences, and care goals within the available clinical privileging framework
	Develop and coordinate smooth transition between the different care settings and services e.g. terminal discharges
Nursing Practice Management and Operational Excellence	Develop and review clinical policies, guidelines and protocols based on evidence-based practices
	Provide consultation to the team on performing clinical outcome evaluations and developing clinical outcome indicators for palliative nursing
	Lead the development and implementation of research projects, research publications and evidence-based practices related to palliative nursing
	Lead and contribute to quality improvement activities that improve the delivery of palliative care
	Participate in national and institutional policy and strategy related to palliative care nursing
People and Personal Development	Provide training, advice and mentorship to colleagues and other healthcare professionals involved in the delivery of palliative care
	Develop palliative care training programmes for nurses across care settings and cultivate transdisciplinary learning
	Develop strategic direction for palliative practice and service
	Provide clinical supervision, coaching and assessment of junior Advanced Practice Nurses, students, and interns
	Evaluate training and development programme and identify areas for improvement

Professional Competencies

Competency Domain	Competency Element (Proficiency Level)
D1. Person-centred Care	E1. Client Assessment and Care Planning (Level 4) E2. Management of Individuals with Health Conditions (Level 4) E3. Medication Management (Level 4) E4. Client, Family and Caregiver Education and Empowerment (Follow JRP) E5. Care Transition Across Care Continuum (Follow JRP) E6. Communication, Collaboration and Teamwork (Follow JRP) E7. Client and Environment Safety and Risk Management (Follow JRP)
D2. Wellbeing and Supportive Care	E8. Conduct Grief and Bereavement Support (Follow JRP) E9. Client, Family and Caregiver Mental Wellbeing (Follow JRP) E10. Staff Support (Follow JRP)
D3. Professional Development and Leadership	E11. Develop and Lead Self (Follow JRP) E12. Develop and Lead Others (Follow JRP)
D4. Improvement, Innovation and Research	E13. Innovation and Quality Improvement (Follow JRP) E14. Evidence-based Practice and Research (Follow JRP)

*NOTE: *Only applicable for APNs with a National Collaborative Prescribing Programme certificate and credentialed by their employing institution.*

ASSISTANT DIRECTOR OF NURSING / DEPUTY DIRECTOR OF NURSING / DIRECTOR OF NURSING

Job Role Description	The Assistant Director of Nursing / Deputy Director of Nursing / Director of Nursing provides strategic, professional and clinical leadership to nursing staff, demonstrating compassion and respect for clients, carers and staff whilst delivering high-quality care. The Assistant Director of Nursing / Deputy Director of Nursing / Director of Nursing is responsible for providing strategic direction on the development of palliative care nursing in alignment with national healthcare priorities. S/He translates the organisational vision, mission and values into practice, behaviours, and competencies for the palliative care nurses in collaboration with various stakeholders. S/He maintains oversight and provides inputs to the professional standards of the nursing workforce within the organisation. S/He endorses the nursing care model and ensures availability of resources for safe, quality, person-centred and value-based care delivery. The Assistant Director of Nursing / Deputy Director of Nursing / Director of Nursing uplifts the palliative care nursing image and motivates nurses to continuously strive for excellence in practice standards. S/He serves as the key advocate for the needs and wellbeing of the palliative care nurses as well as the communities they serve. S/He influences local and national policies, strategies and systems to advance palliative nursing care practice, and to improve health and integrate care for clients and the public.

Responsibilities and Activities	***Key Responsibility Area***	***Key Activities***
	Person-centred Care	Perform guidance and supervision to other nurses on complex cases with a detailed assessment for pain or other symptoms, formulate appropriate person-centred care plan utilising pharmacological and non-pharmacological interventions
		Provide inspiring and effective nurse leadership to drive continuous improvement in line with strategic priorities and act as a role model for nursing, promoting and demonstrating the standards of care, and behaviours expected
		Review and determine manpower requirements and staffing proposals and monitor budget utilisation
		Ensure optimal use of palliative care resources including inpatient beds and community nursing services and make recommendations for how these can be used more effectively to meet current and future need
		Maintain an effective communication network to ensure staff have the information and support they require to provide high quality care for all clients and their families
		Drive research-based practice and clinical excellence
		Drive Advance Care Planning (ACP) programmes
	Client and Community Engagement and Empowerment	Evaluate the effectiveness of strategies for client and community engagement
		Evaluate and redesign palliative nursing service with inputs and reported outcome from clients, families, caregivers and / or community partners
		Drive a multi-pronged strategy for engaging clients, families and caregivers and the community
		Drive strategic directions to strengthen and extend palliative care networking, build and maintain collaboration to enhance continuity of care
		Build relationships and connections for palliative care network and resources to facilitate care transition and integration
	Care Transition and Integration	Develop and drive strategies for multi-dimensional palliative care integration to improve quality and cost-effectiveness of care for individual clients, families and caregivers
		Lead and spread collaborative improvement efforts to redesign and improve palliative care coordination and integration
		Build relationships and connections for palliative care networks and resources to facilitate care transition and integration

Responsibilities and Activities (Cont'd)	***Key Responsibility Area***	***Key Activities***
	Nursing Practice Management and Operational Excellence	Engage with stakeholders to influence healthcare policies, legislations and the professional regulatory framework relating to palliative care practice
		Drive the development and provide direction for the implementation of a person-centred care delivery model
		Establish the culture, strategic direction, organisational goals and framework to enable the delivery of person-centred care
		Set the direction for evolving or sustaining the palliative nursing care model, processes and practices in the workforce
		Allocate resources to optimally equip the wards to operational state through efficient and effective capital and operational budget planning and evaluation
		Drive the adoption of best practices and innovation in nursing care delivery
		Establish the organisational and cross-institutional governance framework for palliative care nursing practice
		Review and enhance risk management policies and procedures
		Lead crisis intervention and activation of emergency procedures in the event of crisis situations in collaboration with appropriate stakeholders
		Develop and evaluate talent development and performance management strategies within the organisation to build palliative care nursing capability
		Evaluate organisational training and development policies and provide recommendations, considering national needs and international developments in palliative care nursing practice
		Identify changing trends and emerging roles to provide recommendations for capability and capacity building
		Develop strategies and sustain a talent pool for succession planning and mentorship to develop effective nursing leaders
		Evaluate strategies and recommend policy changes to improve staff welfare and morale
		Engage with stakeholders to influence local and national policies on palliative nursing care capacity and capability building
		Participate in forums to orientate and inform the public about the palliative care nursing profession and draw new recruits

	Competency Domain	***Competency Element (Proficiency Level)***
Professional Competencies	D1. Person-centred Care	E1. Client Assessment and Care Planning (Level 3-4) E2. Management of Individuals with Health Conditions (Level 3-4) E3. Medication Management (Level 3-4) E4. Client, Family and Caregiver Education and Empowerment (Level 3-4) E5. Care Transition Across Care Continuum (Level 4) E6. Communication, Collaboration and Teamwork (Level 4) E7. Client and Environment Safety and Risk Management (Level 4)
	D2. Wellbeing and Supportive Care	E8. Grief and Bereavement Support (Level 3-4) E9. Client, Family and Caregiver Mental Wellbeing (Level 3-4) E10. Staff Support (Level 4)
	D3. Professional Development and Leadership	E11. Develop and Lead Self (Level 4) E12. Develop and Lead Others (Level 4)
	D4. Improvement, Innovation and Research	E13. Innovation and Quality Improvement (Level 3-4) E14. Evidence-based Practice and Research (Level 4)

PROFESSIONAL COMPETENCIES

As the Ministry of Health has developed a national strategy to enhance palliative care provision to meet the oncoming needs of an ageing population, it is imperative to set standards in the advancement and training of palliative care nurses. A total of 14 Professional Competencies (PCs) that have been developed for this Framework are organised into four competency domains. Professional and Ethical Principles are not listed as one of the PCs as they should be applied to all 14 PCs of palliative care nursing, where applicable.

Overview of the Palliative Nursing Competency Framework (PNCF)

COMPETENCY DOMAIN		COMPETENCY ELEMENT	DEFINITION OF COMPETENCY ELEMENT
D1. Person-Centred Care	**E1**	Client Assessment and Care Planning	Perform biopsychosocial, spiritual and environmental assessments of clients in order to develop an individualised care plan using a person-centred care approach
	E2	Management of Individuals with Health Conditions	Implement holistic, evidence-based nursing interventions to manage clients' health conditions requiring palliative care, considering care goals and client preferences
	E3	Medication Management	Perform and advocate safe use, administration and prescription of medication in accordance with policies, procedures and regulations
	E4	Client, Family and Caregiver Education and Empowerment	Enable clients, families and / or caregivers to recognise assets and responsibilities to promote self-management of health and wellbeing
	E5	Care Transition Across Care Continuum	Facilitate and manage the transition of clients across care settings and / or levels of care to ensure coordination and continuity of care
	E6	Communication, Collaboration and Teamwork	Utilise engagement strategies to work together on a common goal towards the health and wellbeing of clients, families and the community
	E7	Client and Environment Safety and Risk Management	Identify and mitigate factors affecting clients' care, wellbeing and safety
D2. Wellbeing and Supportive Care	**E8**	Grief and Bereavement Support	Identify and facilitate grief and bereavement support and maintain client and caregivers' wellness
	E9	Client, Family and Caregiver Mental Wellbeing	Enable clients, families and caregivers to reflect and recognise assets and responsibilities to support their own wellbeing and self-care
	E10	Staff Support	Support staff by providing team members opportunities for self-reflection, effective self-care strategies, and organisational staff support structures
D3. Professional Development and Leadership	**E11**	Develop and Lead Self	Develop awareness of one's roles, responsibilities and abilities, enhance capabilities and manage behaviour and practice to achieve professional and / or organisational goals
	E12	Develop and Lead Others	Drive change and foster a collaborative culture; cultivate dynamic and competent care teams and networks to shape the palliative care landscape
D4. Improvement, Innovation and Research	**E13**	Innovation and Quality Improvement	Develop and implement new and improved technologies, services, delivery methods and processes to drive value-based care for clients and families facing life-limiting illnesses
	E14	Evidence-based Practice and Research	Integrate best practices and research evidence in the delivery of palliative care to achieve optimal outcomes

Definition of the 4 Proficiency Levels

Within each competency domain are specific competency elements expressed in ascending levels of expertise, where Level 1 marks the most basic level of proficiency and Level 4, advanced level proficiency.

LEVEL	RESPONSIBILITY (Degree of supervision and accountability)	AUTONOMY (Degree of decision-making)	COMPLEXITY (Degree of difficulty of situation and tasks)	KNOWLEDGE AND ABILITIES (Required to support work as described under Responsibility, Autonomy and Complexity)
4	Accountable for significant area of work, strategy or overall direction	Empowered to chart direction and practices within and outside of work (including professional field / community), to achieve / exceed work results	Highly Complex	• Synthesise knowledge in a field of work and the interface between different fields, and create new forms of knowledge • Employ advanced skills to solve critical problems and formulate new structures, and / or redefine existing knowledge or professional practice • Demonstrate exemplary ability to innovate and formulate ideas and structures • Demonstrate ability to lead both individuals and teams in promoting best practices • Lead research to inform evidence in clinical care and quality management
3	Accountable for achieving assigned objectives, decisions made by self and others	Provide leadership to achieve desired work results; manage resources, set milestones and drive work	Complex	• Evaluate factual and advanced conceptual knowledge within a field of work, involving a critical understanding of theories and principles • Select and apply an advanced range of cognitive and technical skills, demonstrating mastery and innovation, to devise solutions for complex and unpredictable problems in a specialised field of work • Manage and drive complex work activities
2	Work under broad direction May hold some accountability for performance of others, in addition to self	Use discretion in identifying and responding to issues, work with others and contribute to work performance	Non-routine (may not have precedence)	• Select and apply a range of cognitive and technical skills to solve non-routine / abstract problems • Apply relevant procedural and conceptual knowledge and skills to perform differentiated work activities and manage changes • Able to collaborate with others to identify value-adding opportunities
1	Work with some supervision Accountable for tasks assigned	Use limited discretion in resolving issues or enquiries. Requires occasional to frequent guidance	Routine (has precedence)	• Understand and apply factual and procedural knowledge in a field of work • Apply basic skills to carry out defined tasks • Identify opportunities for minor adjustments to work tasks

Each PC document includes the following:

- **Competency Domain**
- **Competency Element**
- **Definition of Competency Element**
- **Proficiency Level Description of Competency Element**
- **Knowledge**
- **Abilities**
- **Sources of Information**

The 14 PCs developed for the PNCF are shown in the following pages.

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E1** Client Assessment and Care Planning	Perform biopsychosocial, spiritual and environmental assessments of clients in order to develop an individualised care plan using a person-centred care approach		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Assist in biopsychosocial and spiritual assessments for clients to contribute to the formulation of individualised care plans	Formulate individualised care plans by conducting biopsychosocial, spiritual and environmental assessments	Formulate individualised care plans by conducting biopsychosocial, spiritual and environmental assessment for clients with complex care needs	Develop and review protocols for assessment, review outcomes and revise care plans appropriately
Knowledge	• Principles and philosophy of palliative care • Concept of quality of life • Stage of dying • Common trajectory of life-limiting conditions • Concept of person-centred care • Basic pain assessment • Basic assessment of other common symptoms • Basic spiritual assessment • Basic psychosocial and cultural assessment • Basic environmental assessment for safety • Different types of palliative care services and community resources • Members of the transdisciplinary team • Principles of clinical reasoning • Advocacy for Advance Care Planning (ACP) • Professional and ethical practice in palliative care#	• Principles and philosophy of palliative care • Concept of quality of life • Stage of dying • Common trajectory of life-limiting conditions including cancer and non-cancer • Concept of person-centred care • Knowledge of prognostication • Comprehensive pain assessment including total pain • Holistic assessment • Comprehensive assessment for common symptoms • Spiritual distress screening tool • Types of psychosocial and cultural assessment tools • Comprehensive environmental assessment • Palliative care services and the criteria for referral • Transdisciplinary team roles and responsibilities • Principles of clinical reasoning • Organisational escalation protocol • Indications for family conference • Framework of Advance Care Planning (ACP) • Professional and ethical practice in palliative care#	• Principles and philosophy of palliative care • Concept of quality of life • Stage of dying • Common trajectory of life-limiting conditions including cancer and non-cancer • Concept of person-centred care • Advanced knowledge of prognostication • Comprehensive pain assessment including total pain • Comprehensive assessment for common symptoms • Assessment for psychosocial, spiritual and cultural wellbeing using appropriate tools • Comprehensive environmental assessment • Advanced knowledge of palliative care resources and partners in the community • Expertise of each transdisciplinary team member • Clinical reasoning and decision-making • Crisis assessment and escalation strategies • Advance Care Planning, including preferred plan of care and disease-specific Advance Care Planning (ACP) • Professional and ethical practice in palliative care#	• Principles and philosophy of palliative care • Concept of quality of life • Assessment of complex issues on the stage of dying • Common trajectory of life-limiting conditions including cancer and non-cancer • Concept of person-centred care • Knowledge of prognostication* • Advanced knowledge of pain and symptom assessment • Advanced knowledge of psychosocial, spiritual, cultural and environmental assessment • Advanced clinical reasoning • Comprehensive assessment on care crisis in palliative care • Track emerging palliative care nursing trends and best practices • Expert knowledge of palliative care community resources and support infrastructure • Advance care planning, including preferred plan of care and disease-specific Advance Care Planning (ACP) • Professional and ethical practice in palliative care#

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E1** Client Assessment and Care Planning	Perform biopsychosocial, spiritual and environmental assessments of clients in order to develop an individualised care plan using a person-centred care approach		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Recognise clients' disease trajectories • Identify appropriate assessment tools and techniques to assist in biopsychosocial and spiritual assessment • Recognise signs and symptoms of active dying • Recognise and support each client's unique needs, strengths and preferences to ensure individualised care planning • Recognise any abnormalities or distress and report to clinical team where appropriate • Recognise red flags and highlight to care team the need to assess psychosocial and spiritual wellbeing where appropriate • Assist in assessment of pain, dyspnoea and other common symptoms • Assist in assessment of psychosocial needs where relevant • Assist in environmental assessment for safety concerns • Assist in regular assessment and monitoring for improvement of symptoms • Advocate Advance Care Planning (ACP) discussions • Document relevant information in the appropriate formats and / or system accurately	• Recognise the common life-limiting disease trajectories (cancer and non-cancer) and clients' care needs • Recognise signs and symptoms of active dying • Recognise clients nearing end-of-life and discuss clients' prognosis with clinical team • Initiate assessment for psychosocial, spiritual and cultural needs and concerns at initial consultation and regular intervals, particularly with changes in clinical conditions • Identify early signs of care crisis and suggest solutions or escalate as necessary • Recognise and highlight to care team the need for family conference • Establish goals of care that are aligned with clients' care preferences • Formulate individualised care plans in collaboration with clients, families and / or caregivers • Collaborate and plan support strategies for vulnerable clients • Communicate the essential components of the care plan with clients, families and / or caregivers • Facilitate the Advance Care Planning (ACP) discussions with clients, families and / or caregivers	• Describe the common life-limiting disease trajectories (cancer and non-cancer) and institute anticipatory care plans • Recommend the use of appropriate assessment tools based on clients' clinical presentation • Perform assessment for psychosocial, spiritual and cultural needs and concerns at initial consultation and regular intervals, particularly with changes in clinical conditions • Use prognostic tools to estimate prognosis with guidance from the clinical team • Formulate and evaluate individualised care plans for clients with complex care needs in collaboration with clients, families and / or caregivers • Anticipate care crisis and develop appropriate solutions or strategies to manage escalated situations • Prescribe non-pharmacological intervention to achieve optimum pain and symptom control* • Collaborate with relevant inter-sectoral agencies to manage vulnerable clients • Explain the essential components of the care plan with clients, families and / or caregivers for complex care needs	• Describe the common life-limiting disease trajectories (cancer and non-cancer) and institute anticipatory care plans • Perform comprehensive assessment, diagnostic reasoning and recommend differential diagnosis for clients* • Order investigations, interpret investigation results and recommend basic interventions* • Prescribe non-pharmacological intervention to achieve optimum pain and symptom control • Use prognostic tools to estimate prognosis • Prioritise care goals, develop and evaluate individualised client management plans • Manage clients with care crisis in collaboration with the transdisciplinary team • Provide consultation to transdisciplinary team members based on area of specialty • Conduct Advance Care Planning (ACP) for complex cases and drive ACP programmes • Conduct family conferences and discuss care plans with clients, families and / or caregivers • Serve as a consult and review formulated individualised care plans for complex cases

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E1** Client Assessment and Care Planning	Perform biopsychosocial, spiritual and environmental assessments of clients in order to develop an individualised care plan using a person-centred care approach		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities (Cont'd)	• Provide accurate and relevant information to assist in the formulation of care plans in collaboration with other members of the team • Report ethical dilemmas to care team	• Participate in discussions with the transdisciplinary team to ensure care plans are appropriately implemented • Recommend timely and appropriate referrals where necessary • Timely and accurate documentation, with the involvement of the transdisciplinary team in the care of the client • Document individualised management care plan accurately (including symptom assessment, management and evaluation) • Apply professional and ethical principles in dealing with common ethical issues	• Conduct Advance Care Planning (ACP) for complex cases and assist in ACP evaluations • Facilitate discussions with the transdisciplinary team to ensure care plans are appropriately implemented • Facilitate family conferences when necessary • Evaluate appropriateness of goals of care for clients • Ensure accurate and timely documentation • Utilise effective strategies in dealing with common ethical issues	• Develop clinical care protocols for client assessment based on best practices • Provide update of client's condition to both client and family on a regular basis, at initial consult and wherever there are changes in the clinical condition of the client • Ensure availability of spiritual support and therapy services to the care team to support the client • Facilitate team discussion and reflection on managing ethical issues

Sources of Information

1. Canadian Partnership Against Cancer & Health Canada. (2021). *The Canadian interdisciplinary palliative care competency framework.* https://s22457.pcdn.co/wp-content/uploads/2021/07/palliative-care-competency-framework-EN.pdf
2. Kang, J., Kim, Y., Yoo, Y. S., Choi, J. Y., Koh, S. J., Jho, H. J., Choi, Y. S., Park, J., Moon, D. H., Kim, D. Y., Jung, Y., Kim, W. C., Lim, S. H., Hwang, S. J., Choe, S. O., & Jones, D. (2013). Developing competencies for multidisciplinary hospice and palliative care professionals in Korea. *Supportive Care in Cancer*, 21(10), 2707–2717. https://doi.org/10.1007/s00520-013-1850-3https://doi.org/10.1007/s00520-013-1850-3
3. Singapore Hospice Council. (2015). *National guidelines for palliative care and interpretation guide.* https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf

*Ability only relevant for APNs (May be applicable for some senior staff without APN certification depending on institutions' policy and governance.)

NOTE:
For APN roles, special / privileged abilities and specific knowledge have been marked with an asterisk "" and placed under Proficiency Level 4 across the framework. Thus, if a palliative nurse is a SSN, APN, s/he would refer to the Competency Level assigned to the SSN role in addition to the items marked with an asterisk "*" under Proficiency Level 4.
#Professional and ethical practice in palliative care should be applied in all professional competencies when deemed necessary.

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E2** Management of Individuals with Health Conditions	Implement holistic evidence-based nursing interventions to manage clients' heath conditions that require palliative care while considering care goals and client preferences		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Perform basic nursing interventions to support clients' care goals and preferences	Perform and evaluate holistic nursing interventions to achieve client's care goals and preferences	Plan and manage complex and / or specialised nursing interventions to achieve optimal client's care goals and preferences	Review and steer the development of holistic nursing interventions to achieve optimal clients' care goals and preferences **and / or** Plan and perform advanced nursing interventions and procedures*
Knowledge	• Basic anatomy and physiology of body system • Knowledge of common signs and symptoms at end-of-life • Basic pain and symptom management, including both pharmacological and non-pharmacological interventions • Evidence-based practice of basic nursing care and procedures in palliative care settings • Basic knowledge of safe use of medical equipment, assistive devices and therapeutic products within the scope of practice • Knowledge of clinical measures relevant to palliative care • Basic knowledge of palliative care emergencies • Concepts of non-judgemental and dignified care • Organisational procedures and guidelines for care and documentation • Transdisciplinary team roles, responsibilities and care planning	• Basic knowledge of pathophysiology of common life-limiting illnesses • Knowledge of common signs and symptoms at end of life • Knowledge of comprehensive pain and symptom management, including pharmacological and non-pharmacological interventions • Evidence-based practice of nursing care and procedures in palliative care • Safe management of medical equipment, assistive devices and therapeutic products • Knowledge of interpretation of clinical measures relevant to palliative care • Palliative care emergencies and initial management • Concept of non-judgemental and dignified care • Common ethical issues faced in palliative care • Organisational procedures and guidelines for care and documentation • Transdisciplinary team roles, responsibilities and care planning	• Advanced knowledge of the pathophysiology of common life-limiting illnesses, including cancer and non-cancer* • Knowledge of signs and symptoms at end of life • Advanced knowledge of management of complex pain and symptoms including pharmacological and non-pharmacological interventions • Evidence-based practice of nursing care and procedures in palliative care • Advanced knowledge of management of medical equipment, assistive devices and therapeutic products • Advanced knowledge of interpretation of clinical measures relevant to palliative care • Management of palliative care emergencies • Concept of non-judgemental and dignified care • Approach to ethical issues faced in palliative care • Organisational procedures and guidelines for care and documentation • Transdisciplinary team roles, responsibilities and care planning	• Advanced knowledge of pathophysiology of common life-limiting illnesses including cancer and non-cancer* • Knowledge of signs and symptoms at end of life • Expert knowledge of management of complex pain and symptoms, including pharmacological and non-pharmacological interventions (e.g. rapid opioid titration for symptom management*) • Emerging practice and development of nursing interventions in palliative care • Expert knowledge of management of medical equipment, assistive devices and therapeutic products • Expert knowledge of interpretation of clinical measures relevant to palliative care • Advanced knowledge of palliative care emergencies and their management • Concept of non-judgemental and dignified care • Strategies to address ethical issues faced in palliative care • National and international policies, guidelines and regulations related to palliative care • Transdisciplinary team roles, responsibilities and care planning

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E2** Management of Individuals with Health Conditions	Implement holistic evidence-based nursing interventions to manage clients' heath conditions that require palliative care while considering care goals and client preferences		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Perform basic palliative nursing care interventions to promote comfort and symptom control in accordance with established policies and guidelines, taking into consideration clients' physical, psychosocial, spiritual and cultural context • Recognise and escalate any unexpected and / or abnormal changes in clients' health and social conditions • Utilise appropriate medical equipment, assistive devices and therapeutic products to perform nursing interventions in accordance with policies, procedures and regulations • Assist clients in undertaking activities of daily living in consideration of their symptoms and functional level • Communicate information on palliative care nursing interventions to clients, families and / or caregivers • Assess, document and report clients' responses to nursing interventions • Support transdisciplinary team discussions to update clients' conditions and follow-up activities • Assist in managing palliative care emergencies	• Perform palliative nursing care interventions to promote comfort and symptom control, taking into consideration clients' physical, psychosocial, spiritual and cultural contexts • Perform evidence-based palliative nursing care interventions as per individualised care plans, goals and preferences • Recognise and escalate unexpected and / or abnormal changes in clients' health and social conditions, and render appropriate initial nursing management • Recognise palliative care emergencies and initiate basic responses in accordance with organisational guidelines • Suggest and utilise appropriate medical equipment, assistive devices and therapeutic products in accordance with clients' needs, evidence and resources • Evaluate clients' outcomes against defined care goals and revise care plans in collaboration with the transdisciplinary team and community partners • Communicate the outcomes of nursing interventions to clients, families, caregivers and / or care teams • Assess, document and report clients' responses to palliative care interventions	• Evaluate palliative nursing care interventions to promote comfort and symptom control, taking into consideration clients' physical, psychosocial, spiritual and cultural context • Plan, perform and document evidence-based palliative nursing care interventions for clients with complex and / or special care needs, in accordance with established care goals • Recognise palliative care emergencies and formulate management plans with clinical team • Recognise and manage changes and complications in clients' health and social conditions, and escalate appropriately • Recommend and evaluate the use of medical equipment, assistive devices and therapeutic products • Review care goals and provide recommendations to the transdisciplinary team to optimise client outcomes • Evaluate and communicate the outcomes of complex / specialised palliative nursing interventions to clients, families, caregivers and / or care teams • Revise the existing approach to care as per best practices in collaboration with transdisciplinary team and community partners • Develop and maintain the documentation standards for nursing interventions and procedures	• Drive and evaluate palliative nursing care interventions to promote comfort and symptom control, taking into consideration clients' physical, psychosocial, spiritual and cultural context • Plan, perform and document advanced palliative nursing care interventions and procedures as per the Collaborative Practice Agreement* • Recognise, manage and escalate actual / potential changes and complications of clients' medical and social circumstances • Anticipate palliative care emergencies and formulate individualised management plans with the clinical team • Evaluate effectiveness of interventions and efficiency of care delivery for clients with different symptoms and needs • Steer the development of protocols and guidelines related to palliative nursing interventions in collaboration with the transdisciplinary team • Contribute to the development of care pathways or approaches in collaboration with transdisciplinary team and community partners • Analyse gaps in policies and standards in relation to clinical nursing management and formulate recommendations to address the gaps

Competency Domain	Competency Element	Definition of Competency Element
D1 Person-centred Care	**E2** Management of Individuals with Health Conditions	Implement holistic evidence-based nursing interventions to manage clients' heath conditions that require palliative care while considering care goals and client preferences

Sources of Information

1. BC Centre for Palliative Care. (2019). *BC centre for palliative care: inter-professional palliative competency framework*. https://bc-cpc.ca/wp-content/uploads/2019/09/1-Nurse-Competencies-May2019.pdf
2. Canadian Partnership Against Cancer & Health Canada. (2021). *The Canadian interdisciplinary palliative care competency framework*. https://s22457.pcdn.co/wp-content/uploads/2021/07/palliative-care-competency-framework-EN.pdf
3. Kang, J., Kim, Y., Yoo, Y. S., Choi, J. Y., Koh, S. J., Jho, H. J., Choi, Y. S., Park, J., Moon, D. H., Kim, D. Y., Jung, Y., Kim, W. C., Lim, S. H., Hwang, S. J., Choe, S. O., & Jones, D. (2013). Developing competencies for multidisciplinary hospice and palliative care professionals in Korea. *Supportive Care in Cancer*, 21(10), 2707-2717. https://doi.org/10.1007/s00520-013-1850-3https://doi.org/10.1007/s00520-013-1850-3
4. https://doi.org/10.1007/s00520-013-1850-3Ministry of Health. (2020, March 31). *New inpatient palliative care services from 1 April 2020*. https://www.moh.gov.sg/news-highlights/details/new-inpatient-palliative-care-service-from-1-april-2020https://www.moh.gov.sg/news-highlights/details/new-inpatient-palliative-care-service-from-1-april-2020
5. Palliative Care Competence Framework Steering Group. (2014). *Palliative care competency framework*. Dublin: Health Service Executive. https://www.lenus.ie/bitstream/handle/10147/322310/CompetenceFrameworkFinalVersion.pdf?sequence=1
6. Singapore Hospice Council. (2015). *National guidelines for palliative care and interpretation guide*. https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf

https://doi.org/10.1007/s00520-013-1850-3https://www.moh.gov.sg/news-highlights/details/new-inpatient-palliative-care-service-from-1-april-2020

*Ability only relevant for APNs (May be applicable for some senior staff without APN certification depending on institutions' policy and governance.)

For APN roles, special / privileged abilities and specific knowledge have been marked with an asterisk "" and placed under Proficiency Level 4 across the framework. Thus, if a palliative nurse is a SSN, APN, s/he would refer to the Competency Level assigned to the SSN role in addition to the items marked with an asterisk "*" under Proficiency Level 4.

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E3** Medication Management	Perform and advocate safe use, administration and prescription of medication in accordance with policies, procedures and regulations		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Administer non-parenteral medication to clients and support medication self-management	Perform medication administration and institute measures for medication compliance and / or self-management	Enforce and advocate the standards of safe medication practices, manage clients with complex medication management needs	Steer the development of organisational policies and procedures for medication management and drive safe medication practices **and / or** Prescribe medication and perform medication reconciliation*
Knowledge	• Basic principles of pharmacology • Commonly used and approved abbreviations used in medication prescription • Administration of non-parenteral medications • Rights of medication administration • Common opioid side effects and signs of opioid toxicity • Organisational policies and procedures for medication management • Basic strategies to improve medication adherence • Ethical, cultural and legal issues on medication administration	• Principles of pharmacology, including pharmacology indications, contraindications, routes and dosages of medications commonly used at the end of life, such as opioids • Commonly used and approved abbreviations used in medication prescription • Administration of medication (parenteral and non-parenteral) • Rights of medication administration • Opioid side effects and management of opioid toxicity • Concept of opioid titration, rotation, and conversion • Basic medication reconciliation • Organisational policies and procedures for medication management, including controlled drugs • Factors affecting medication adherence • Safe handling of controlled and cytotoxic drugs • Safe disposal of drugs and used sharps in the home / community setting • Strategies to improve medication adherence • Basic investigation of medication errors and incidents	• Advanced pharmacology* including pharmacokinetics, pharmacodynamics, routes and dosages of medications commonly used at the end of life such as opioids • Polypharmacy and its management • Complex medication administration and management (e.g. intrathecal medications) • Rights of medication administration • Management of side effects and toxicity of medication specific to clients' conditions • Opioid titration, rotation, and conversion • Medication reconciliation process • Organisational policies and procedures for medication management including controlled drugs • Safe handling of controlled and cytotoxic drugs • Safe disposal of drugs and used sharps in the home / community setting • Multi-pronged strategies to promote medication adherence and self-management • Quality assurance framework for medication management • Strategies to reduce medication error • Legal and legislative implications of medication errors and incidents	• Advanced pharmacology* including pharmacokinetics, pharmacodynamics, routes and dosages of medications commonly used at the end of life, such as opioids • Advancements in medication management • Rights of medication administration • Opioid titration, rotation, and conversion • Rapid opioid titration for pain / symptoms (according to institutional protocol) * • Medication reconciliation process • Polypharmacy and its management • Quality assurance framework for medication management • Collaborative practice agreement on medication prescription** • National and organisational policies and procedures for medication management • Safe handling of controlled and cytotoxic drugs • National and international guidelines on the disposal of drugs and sharps in the home / community setting • Legal and legislative implications of medication errors and incidents

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E3** Medication Management	Perform and advocate safe use, administration and prescription of medication in accordance with policies, procedures and regulations		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Assist in timely administration of medications • Assist or administer non-parenteral medications adhering to organisational policies and procedures • Assist in monitoring and reporting effects and side effects of medication • Assist in medication incident management • Assist in storage and proper disposal of medication and advise clients according to manufacturing and legislative requirements • Provide relevant education and monitor clients' medication adherence • Report adverse effects of medication in accordance to established policies and procedures	• Perform medication administration and titration in accordance with organisational guidelines and protocols • Handle controlled drugs in accordance with organisational policies and procedures • Evaluate the use of the pharmacological interventions for control of common symptoms • Monitor effects and report side-effects and toxicity of medications • Perform immediate intervention to manage adverse effects of medication and escalate appropriately • Raise medication incident reports and recommend preventive measures • Ensure proper storage and disposal of medication and advise clients according to manufacturing and legislative requirements • Communicate and work in partnership with clients, families and / or caregivers to facilitate self-management of medication • Promote medication self-management and medication adherence for clients and escalate to relevant care team members for medication reconciliation and optimisation • Supervise junior nurses to ensure adherence to organisational policies and procedures	• Perform medication management, including administration, titration of medication, adherence, reconciliation and education in accordance with organisational guidelines and protocols • Evaluate the use of the pharmacological interventions for control of common symptoms and make recommendations to care team • Propose changes in administration routes and support the client in self-administration of 'as needed' medication • Promote medication self-management and medication adherence for clients and escalate to relevant care team members for medication reconciliation and optimisation • Identify potential effects of changes in the medication regimen on clients' symptoms relating to goals of care • Monitor effects and report side-effects and toxicity of medications • Recommend interventions to manage adverse effects of medication and escalate appropriately • Supervise management of clients with complex medication regimens • Supervise management of clients with challenging issues affecting medication self-management utilising good communication	• Prescribe medication to clients and evaluate the use of the pharmacological interventions based on identified health conditions in adherence with collaborative prescribing guidelines** • Perform advanced medication management, including administration, titration of medication, adherence, reconciliation, education and opioid rotation in accordance with organisational and national guidelines and protocols • Provide medication management on potential effects of changes in the medication regimen on clients' symptoms relating to goals of care • Oversee the medication management for controlled drugs • Develop and review organisational policies and procedures for medication management • Keep abreast of latest practices in medication management • Develop strategies to improve quality assurance in safe medication administration • Review key performance indicators in medication management and recommend systemic-level measures • Evaluate the audit results and develop strategies to address gaps around medication management • Supervise team to provide support on escalated issues around medication management

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E3** Medication Management	Perform and advocate safe use, administration and prescription of medication in accordance with policies, procedures and regulations		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities (Cont'd)			• Ensure team compliance with medication management for controlled drugs in accordance with organisational policies and procedures • Analyse incident reports to identify gaps in relation to organisational practices and processes • Investigate and follow up on medication incidents and non-compliance where necessary • Work in collaboration with transdisciplinary teams to facilitate medication self-management • Recommend clients, families, caregivers and / or nurses to utilise available resources for medication continuity • Conduct audit on medication management • Coach junior nurses on the safe handling of medication • Coach junior nurses and educate clients on medication effects, managing side effects and escalating adverse effects	

Sources of Information

1. Botha, A. (2020). Care of patients with chronic heart failure: registered nurses' role. *Professional Nursing Today*, 24(3), 5-10. https://journals.co.za/doi/abs/10.10520/ejc-mp_pnt-v24-n3-a3
2. Buono, M. (2021). Implementation and evaluation of a palliative and end-of-life care peer-learning initiative. *British Journal of Nursing*, 30(4), 244-248. doi: 10.12968/bjon.2021.30.4.244
3. Huisman, B. A. A., Geijteman, E. C. T., Dees, M. K., Schonewille, N. N., Wieles, M., van Zuylen, L., Szadek, K. M., & van der Heide (2020). Role of nurses in medication management at the end of life: a qualitative interview study. *BMC Palliative Care*, 19, 68. doi: 10.1186/s12904-020-00574-5

NOTE:
*Ability only relevant for APNs (May be applicable for some senior staff without APN certification depending on institutions' policy and governance.)
**Ability only relevant for APNs who have completed the National Collaborative Prescribing Programme (NCPP) and credentialed by their employing institution.

For APN roles, special / privileged abilities and specific knowledge have been marked with an asterisk "" and placed under Proficiency Level 4 across the framework. Thus, if a palliative nurse is a SSN, APN, s/he would refer to the Competency Level assigned to the SSN role in addition to the items marked with an asterisk "*" under Proficiency Level 4.

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E4** Client, Family and Caregiver Education and Empowerment	Enable clients, families and / or caregivers to recognise assets and responsibilities to promote self-management of health and wellbeing		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Support education and training and encourage self-management	Provide education and training to facilitate self-management, and promote shared decision-making	Plan, develop and implement education and training programmes, and enable self-management and self-advocacy	Develop strategies, guidelines and protocols to reinforce self-management and improve health literacy
Knowledge	• Basic communication skills • Learning needs assessment • Client engagement strategies • Concepts of self-management • Concept of health literacy • Concept of death literacy • Factors that affect or facilitate self-management • Techniques of motivational interviewing • Self-management methods, tools and supporting technology • Basic principles and methods of education and training for clients, families and / or caregivers • Education and training resources and platforms for clients, families and / or caregivers • Organisational procedures and guidelines for documentation	• Intermediate communication skills • Learning needs assessment • General client engagement and motivation approaches • Strategies for relationship building • Concept and models of self-management • Concept of health literacy and relevant assessment tools • Concept of death literacy • Effective strategies facilitating self-management • Principles and methods of education and training for clients, families and / or caregivers • Education and training resources and platforms for clients, families and / or caregivers • Methods to evaluate understanding and learning outcomes • Organisational procedures and guidelines for documentation	• Advanced communication and coaching skills • Learning needs assessment • Individualised engagement and motivation approaches • Principles and models of self-management • Strategies for relationship building • Strength-based approach to care • Principles of health literacy and relevant assessment tools • Concept of death literacy • Effective strategies facilitating self-management of specific needs • Principles and methods for education and training for clients, families and / or caregivers • Education and training design for clients, families and / or caregivers • Evaluation of training effectiveness and efficiency • Organisational procedures and guidelines for documentation	• Advanced communication skills and coaching skills • Learning needs assessment • Advanced strategies for client, family and caregiver empowerment • Emerging trends in self-management • Strength-based approach to care • Framework and measurement methods of health literacy • Concept of death literacy • Methods to improve public health literacy • Best practices in education and training design and delivery for clients, families and / or caregivers • Relevant stakeholders for education and training of clients, families and / or caregivers

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E4** Client, Family and Caregiver Education and Empowerment	Enable clients, families and / or caregivers to recognise assets and responsibilities to promote self-management of health and wellbeing		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Assist in identification of educational needs of clients, families and / or caregivers considering their level of health literacy • Assess the environment and required resources to facilitate learning for clients, families and / or caregivers • Assist and participate in the provision of training and health education for clients, families and / or caregivers according to their needs • Support effective teaching strategies to promote clients' self-management to optimise palliative care and quality of life • Establish rapport and trust with clients, families and / or caregivers • Support clients, families and / or caregivers to utilise their strengths and capabilities to cope with their care needs • Provide feedback to care team on education and training outcomes for clients, families and / or caregivers • Guide clients, families and / or caregivers in accessing appropriate community resources • Maintain documentation of education and training activities and outcomes	• Identify and participate in planning and conducting educational programmes for clients, families and / or caregivers in consideration of their level of health literacy • Provide and conduct personalised training and education to clients, families and / or caregivers according to their needs • Identify appropriate resources, methods and tools that cater to the learning needs, readiness and context of clients, families and / or caregivers • Use effective teaching approaches to promote clients' self-management to optimise palliative care and quality of life • Form therapeutic relationships with clients, families and / or caregivers to encourage them to take ownership of care decisions • Evaluate effectiveness of education and training sessions and address gaps • Recommend care and support options according to the needs and preferences of clients, families and / or caregivers • Maintain documentation of education and training activities and outcomes	• Assess, plan, develop, conduct and review educational training programmes for clients, families and / or caregivers in consideration of their level of health literacy • Plan and conduct personalised training and education to clients, families and / or caregivers according to their needs • Use effective teaching strategies to promote clients' self-management to optimise palliative care and quality of life • Empower clients, families and / or caregivers to encourage independence in managing care and transitioning between care settings • Maintain therapeutic relationships with clients, families and / or caregivers to enable them to take ownership of care decisions • Facilitate clients', families' and / or caregivers' recognition of potential strengths and capabilities to enhance self-management and self-advocacy • Evaluate effectiveness of education and training programmes and recommend strategies for improvement • Facilitate the partnership of community resources with clients, families and / or caregivers for self-management • Coach and guide nursing team on utilising the appropriate resources, methods and tools for education and training of clients, families and / or caregivers • Develop documentation framework for education and training activities and outcomes	• Drive planning, development and implementation of education and training programmes catering to needs and gaps • Evaluate and drive educational training programmes for clients, families and caregivers • Develop plans to promote awareness and adoption of new technologies to empower clients, families and caregivers • Develop effective strategies to promote clients' self-management to optimise palliative care and quality of life • Collaborate with appropriate stakeholders for the education and training of clients, families and / or caregivers • Garner resources for education and training of clients, families, caregivers and / or nursing team • Incorporate principles of self-management and shared decision-making into care management guidelines and protocols • Engage and influence community stakeholders to foster a strong network of resources and support options to promote self-management of care

Sources of Information

1. Hagan, T. L., Xu, J., Lopez, R. P., & Bressler, T. (2018). Nursing's role in leading palliative care: A call to action. *Nurse Education Today, 61*, 216–219. doi: 10.1016/j.nedt.2017.11.037
2. Malloy, P., Virani, R., Kelly, K., Munevar, C. (2010). Communication skills of nurses in palliative care. *Journal of Hospice and Palliative Nursing*, 12(3), 166-174. doi:10.1097/NJH.0b013e3181d99fee
3. Schroeder, K., & Lorenz, K. (2018). Nursing and the future of palliative care. *Asia-Pacific Journal of Oncology Nursing*, 5(1), 4-8. doi: 10.4103/apjon.apjon_43_17

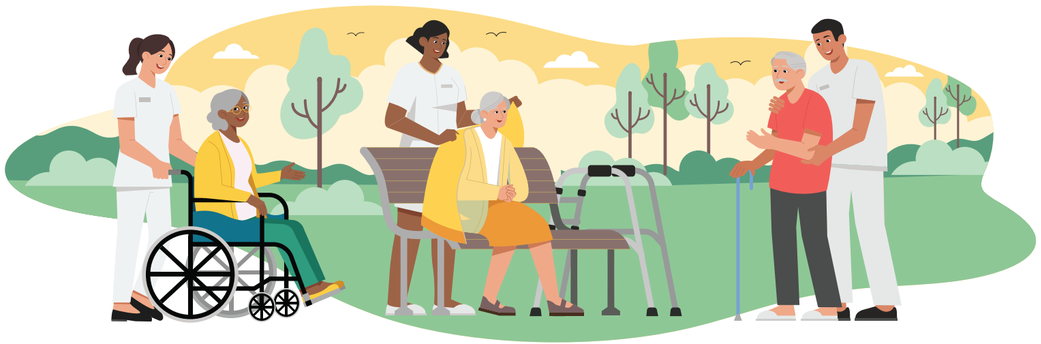
Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E5** Care Transition Across Care Continuum	Facilitate and manage the transition of clients across care settings and / or levels of care to ensure coordination and continuity of care		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Support care transition planning and coordination	Facilitate and manage care transition of clients	Establish care transition framework in collaboration with stakeholders	Integrate and streamline care transition systems and resources to enhance client care quality and safety
Knowledge	• Overview of healthcare delivery system with a focus on palliative care landscape • Basic concepts of care transition • Palliative care partners and resources in various care settings • Terminal discharge • Basic knowledge of care needs and admission criteria for care transition • Basic overview of technology enablers for care transition • Overview of healthcare financing schemes and subsidies	• Overview of healthcare delivery system with a focus on palliative care landscape • Principles of care transition • Key stakeholders and resources in palliative care settings • Terminal discharge • Essential tools and models in care transition • Evidence-based interventions for care transition • Factors influencing sites, levels and types of care • Technology enablers for care transition • Overview of healthcare financing schemes and subsidies	• Overview of healthcare delivery system with a focus on palliative care landscape • Principles of care transition process • Key stakeholders and resources in palliative care settings • Terminal discharge • New tools and models in care transition • Evidence-based interventions for care transition • Factors influencing sites, levels and types of care • Characteristics of clients at risk of care transition failure • Strategies to enhance transition of care and minimise risk of failure • Technology enablers s for care transition • Comprehensive knowledge of healthcare financing schemes and subsidies	• Overview of healthcare delivery system with a focus on palliative care landscape • Principles of care transition • Key organisations and stakeholders in palliative care settings • Terminal discharge • New tools and models in care transition • Evidence-based interventions and research for care transition • Technology enablers for care transition • Key performance indicators for care transition • Potential palliative care resources for collaboration and partnerships • Expert comprehensive knowledge of healthcare financing schemes and subsidies

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E5** Care Transition Across Care Continuum	Facilitate and manage the transition of clients across care settings and / or levels of care to ensure coordination and continuity of care		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Assist in the identification of needs and readiness of clients, families and / or caregivers for care transition • Assist in developing care transition plans according to clients' care needs, goals and preferences • Assist in terminal discharge • Assist in identifying the clients, families and / or caregiver education and / or training needs for continuity of care • Assist in providing relevant information needed for continuity of care to enable clients to navigate within the healthcare system • Assist in the follow-up care to ensure care continuity of clients • Perform timely documentation of care transition activities • Support the coordination of care among different care providers	• Assess needs and readiness of clients, families and / or caregivers for care transition • Assess clients', families' and / or caregivers' education and / or training needs for the continuity of care • Develop care transition plans in collaboration with transdisciplinary team according to clients' care needs, goals and preferences • Perform terminal discharge • Determine appropriate education and / or training required for ensuring continuity of care • Provide relevant care information needed for continuity of care to clients, families and / or caregivers and care providers • Refer clients to appropriate level, site and type of care to meet their care needs • Liaise with appropriate palliative care resources for continuity of care • Conduct follow-up proactively to ensure care continuity of clients • Maintain proper documentation and handover reports of clients' transition care needs	• Identify clients at risk of care transition failure and recommend solutions in collaboration with transdisciplinary team • Establish care transition assessment, planning and education framework • Adopt care transition tools, models and interventions appropriate for own setting • Review and evaluate care transition plans for clients at risk of care transition failure • Facilitate and evaluate terminal discharge • Provide guidance on appropriate level, site and type of care to meet clients' care needs • Oversee the care coordination activities for clients at risk of care transition failure • Define framework for information transfer needed for continuity of care in collaboration with transdisciplinary team • Incorporate appropriate technologies into care transition processes • Build partnerships with appropriate resources for continuity of care	• Advocate care transition as an organisational priority to enhance client care quality and safety • Review processes to ensure high quality terminal discharge and continuity of care • Establish organisational policies and procedures to address key care transition issues in collaboration with stakeholders • Integrate and streamline framework and resources to support transdisciplinary team in care transition • Develop and promote new technology-enabled care transition

Sources of Information

1. Canadian Partnership Against Cancer & Health Canada. (2021). *The Canadian interdisciplinary palliative care competency framework*. https://s22457.pcdn.co/wp-content/uploads/2021/07/palliative-care-competency-framework-EN.pdf
2. Palliative Care Competence Framework Steering Group. (2014). *Palliative care competency framework*. Dublin: Health Service Executive. https://www.lenus.ie/bitstream/handle/10147/322310/CompetenceFrameworkFinalVersion.pdf?sequence=1
3. Singapore Hospice Council. (2015). *National guidelines for palliative care and interpretation guide*. https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E6** Communication, Collaboration and Teamwork	Utilise engagement strategies to work together on a common goal toward the health and wellbeing of clients, families and the community		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Utilise communication techniques to work with clients, families, caregivers and / or peers	Engage with clients, families and / or caregivers and collaborate with team members and relevant stakeholders	Manage challenging relationships with clients, families, caregivers and collaborate with community partners / relevant stakeholders	Foster collaboration and synergise services to enhance client care and develop nursing capability
Knowledge	• Therapeutic communication techniques • Decision-making • Basic counselling techniques • Inter-professional teamwork • Basic mindfulness • Organisational procedures and guidelines for documentation	• Therapeutic communication techniques • Shared decision-making • Basic counselling techniques • Inter-professional teamwork • Basic mindfulness • Organisational procedures and guidelines for documentation • Communication frameworks, e.g. breaking bad news, serious illness conversations	• Therapeutic communication techniques • Shared decision-making • Advanced counselling techniques • Inter-professional teamwork • Intermediate mindfulness • Organisational procedures and guidelines for documentation • Communication frameworks, e.g. breaking bad news, serious illness conversations	• Therapeutic communication techniques • Shared decision-making • Advanced counselling techniques • Inter-professional teamwork • Advanced mindfulness • Organisational procedures and guidelines for documentation • Communication frameworks, e.g. breaking bad news, serious illness conversations



Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E6** Communication, Collaboration and Teamwork	Utilise engagement strategies to work together on a common goal toward the health and wellbeing of clients, families and the community		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Demonstrate the ability to use therapeutic communication to build trust and rapport with clients, families and / or caregivers and other healthcare professionals • Use appropriate communication techniques to elicit information from clients, families and / or caregivers • Respond empathetically and act as an advocate for clients, families and / or caregivers to have appropriate palliative care intervention • Provide relevant information to facilitate clients, families and / or caregivers to choose a positive lifestyle. Work with team members to determine appropriateness and availability of required services • Record and convey relevant information in a clear and organised manner • Demonstrate a positive attitude and ensure conducive environment when interacting with client, caregiver and team	• Demonstrate the ability to use therapeutic communication to build trust and rapport with clients, families and / or caregivers and other healthcare professionals • Conduct discussions with clients, families and / or caregivers to better understand clients' needs • Provide guidance and / or counselling to clients, families and / or caregivers on their care needs and preferences • Apply communication frameworks in breaking bad news and in serious illness conversations • Collaborate with team members and relevant stakeholders to support individual clients' needs and preferences • Adapt and explain the required information to clients, families and / or caregivers • Present clients' relevant information and participate in transdisciplinary discussions • Gather feedback from clients, families and / or caregivers • Demonstrate a positive attitude and ensure conducive environment when interacting with client, caregiver and team	• Apply therapeutic communication and engagement strategies to overcome barriers to build and maintain rapport with other healthcare professionals • Apply alternative counselling strategies for challenging situations • Apply and evaluate communication framework in breaking bad news and in serious illness conversations • Establish networks and collaborative partnerships with relevant stakeholders to manage clients' needs and preferences • Lead decision-making through discussions with various stakeholders to meet clients' needs and preferences • Facilitate transdisciplinary case discussions • Resolve conflicts within teams and with other stakeholders • Manage feedback from clients, families and / or caregivers • Support client, caregiver and team with positive attitude and ensure conducive environment when interacting with client, caregiver and team	• Drive the culture of using therapeutic communication within the organisation and with the broader stakeholders • Apply best practices / expertise to strengthen communication strategies • Evaluate and drive the use of communication framework in breaking bad news and in serious illness conversations • Identify and garner opportunities for collaboration to broaden and enhance the services delivered to clients • Lead engagement and sustain relationships with a diverse range of stakeholders • Establish communication channels and define organisational policies and protocols • Synergise the services provided by various stakeholders to ensure best interest of clients • Analyse feedback trends to identify opportunities, enhance client care and develop nursing capability • Support client, caregiver and team with positive attitude and ensure a conducive environment when interacting with client, caregiver and team

Sources of Information

1. Canadian Partnership Against Cancer & Health Canada. (2021). *The Canadian interdisciplinary palliative care competency framework*. https://s22457.pcdn.co/wp-content/uploads/2021/07/palliative-care-competency-framework-EN.pdf
2. Palliative Care Competence Framework Steering Group. (2014). *Palliative care competency framework*. Dublin: Health Service Executive. https://www.lenus.ie/bitstream/handle/10147/322310/CompetenceFrameworkFinalVersion.pdf?sequence=1
3. Singapore Hospice Council. (2015). *National guidelines for palliative care and interpretation guide*. https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E7** Client and Environment Safety and Risk Management	Identify and mitigate factors affecting clients' care, wellbeing and safety		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Identify client safety hazards and risks in the environment and care delivery process	Implement appropriate client safety and risk management measures	Develop client safety and risk management plans based on organisational and national policies and guidelines	Establish organisational approach to client safety and risk management
Knowledge	• Escalation protocols, client safety protocols and guidelines, e.g. (i) psychosocial, abuse and suicide risk protocols, (ii) guidelines for opioid use, (iii) medication safety • Organisational guidelines for client safety and equipment usage and maintenance such as syringe pump • Tools for clinical and environmental risk assessment • Organisational guidelines and procedures for client feedback, documentation and reporting incidents related to patient care in palliative settings • Organisational infection control protocols • National pandemic readiness / national civic emergencies and response plan	• Escalation protocols and interventions, client safety protocols and guidelines, e.g. (i) psychosocial, abuse and suicide risk protocols, (ii) guidelines for opioid use, (iii) medication safety • Organisational guidelines for client safety and equipment usage and maintenance • Clinical and environmental risk assessment and management principles • Organisational guidelines and procedures for client feedback, documentation and reporting of incidents related to patient care in palliative settings • Organisational infection control protocols • Tools for incident review and investigation (e.g. Root Cause Analysis) • Clinical governance framework • National pandemic readiness / national civic emergencies and response plan	• Escalation protocols and interventions, client safety protocols and guidelines, e.g. (i) psychosocial, abuse and suicide risk protocols, (ii) guidelines for opioid use, (iii) medication safety • Organisational guidelines for client safety and equipment usage and maintenance • Clinical and environmental risk assessment and management principles • Organisational guidelines and procedures for client feedback, documentation and reporting incidents related to patient care in palliative settings • Advanced knowledge of organisational infection control protocols • Clinical governance framework • Risk management approaches and frameworks • Tools for incident review and investigation (e.g. Root Cause Analysis and Failure Mode and Effect Analysis) • National pandemic readiness / national civic emergencies and response plan	• Organisational guidelines for clinical and environmental risk assessment and management • Organisational infection control protocols • Clinical governance framework • Risk management approaches and frameworks • Tools for incident review and investigation (e.g. Root Cause Analysis and Failure Mode and Effect Analysis) • Best practices for client safety and risk management in palliative care • National and international guidelines for client safety • National pandemic readiness / national civic emergencies and response plan

Competency Domain	Competency Element	Definition of Competency Element		
D1 Person-centred Care	**E7** Client and Environment Safety and Risk Management	Identify and mitigate factors affecting clients' care, wellbeing and safety		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Recognise signs of abuse and neglect and escalate appropriately • Identify and assist in mitigating safety hazards and risks in the environment and care delivery process • Explain client safety guidelines • Show the support care staff to ensure adherence to client safety guidelines • Plan a safe environment for dying to take place • List potential safety hazards and risks in the environment and care delivery process • Plan and support coordination and implementation of activities to promote safe care practices for the frail, terminally ill and dying • Inform and assist in the investigation, documentation and reporting of hazards, risks and safety breaches • Use constant appropriate communication with clients, caregivers, families and relevant stakeholders to mitigate safety errors caused by lapses in communication in care of the terminally ill and dying • Adhere to protocols in the event of crisis situations	• Identify and recognise signs of abuse and neglect, intervene and escalate appropriately • Demonstrate adherence to national and organisational client safety guidelines, e.g. psychosocial, abuse and suicide • Examine safety hazards and risks within the environment and provide inputs to the risk management plans in order to provide a safe environment for the care of the terminally ill and dying • Plan, implement and reinforce safety and risk management measures to mitigate safety issues in the environment and care delivery process • Organise and participate in incident reviews to identify causes of safety breaches and measures to prevent recurrence • Explain to and mitigate with relevant stakeholders on incidents / errors. • Maintain appropriate documentation of risk management initiatives and support investigation of hazards, risks and safety breaches • Explain with constant appropriate communication with clients, caregivers, families and relevant stakeholders to mitigate safety errors caused by lapses in communication in care of the terminally ill and dying • Support interventions and emergency procedures in the event of crisis situations	• Plan and guide the care team and work with the transdisciplinary team in managing palliative care clients who are vulnerable and at risk for abuse, neglect or unsafe medication and opioid practices • Measure client safety outcome • Evaluate client safety and risk management plans in collaboration with quality, risk and safety teams • Evaluate incident reviews to identify causes of safety breaches in a palliative or hospice setting and develop preventive measures • Organise and lead investigation and provide findings for discussion with stakeholders, as appropriate • Explain and disseminate learning points from incidents reviews to prevent recurrences • Develop and incorporate best practices to improve client and environment safety in palliative care • Manage interventions and emergency procedures in the event of crisis situations	• Create a safety culture in the organisation • Identify and choose relevant national safety standards for organisation-wide adherence • Develop and establish organisational approach to prevent or minimise potential safety and health hazards for vulnerable and at-risk palliative care clients in collaboration with appropriate stakeholders • Evaluate effectiveness of risk management plans and recommend adjustments to mitigate risks in the care of the dying or terminally ill • Compose and provide guidance for investigation of incidents and discussion with stakeholders, as appropriate • Compose and provide professional opinion and endorse recommendations for systematic improvement • Develop and promote safety culture in palliative care through client safety initiatives within and outside the organisation • Lead intervention and activation of emergency procedures in the event of crisis situations in collaboration with appropriate stakeholders

Competency Domain	Competency Element	Definition of Competency Element
D1 Person-centred Care	**E7** Client and Environment Safety and Risk Management	Identify and mitigate factors affecting clients' care, wellbeing and safety

Sources of Information

1. Casarett, D., Spence, C., Clark, M. A., Shield, R., & Teno, J. M. (2012). Defining patient safety in hospice: Principles to guide measurement and public reporting. *Journal of Palliative Medicine*, 15(10), 1120-1123. doi: 10.1089/jpm.2011.0530
2. Connolly, M., Charnley, K., & Regan, J. (2012). *A review of palliative care competence frameworks: prepared for the palliative care competency framework development Project Steering Group*. Dublin: Health Service Executive. Retrieved March 7, 2022, from https://www.lenus.ie/bitstream/handle/10147/325166/PCCframerep.pdf?sequence=1
3. Dy, S. M. (2016). Patient safety and end-of-life care: common issues, perspectives, and strategies for improving care. *The American Journal of Hospice and Palliative Care, 33(8),* 791-796. doi: 10.1177/1049909115581847
4. Hökkä, M., Martins Pereira, S., Pölkki, T., Kyngäs, H., & Hernández-Marrero, P. (2020). Nursing competencies across different levels of palliative care provision: A systematic integrative review with thematic synthesis. *Palliative Medicine*, 34(7), 851-870. doi: 10.1177/0269216320918798
5. Macdonald, M. T., Lang, A., Storch, J., Stevenson, L., Barber, T., Iaboni, K., & Donaldson, S. (2013). Examining markers of safety in homecare using the international classification for patient safety. *BMC Health Services Research*, 13(1), 1-10. doi: 10.1186/1472-6963-13-191
6. World Health Organisation & WHO Patient Safety. (2010). *Conceptual framework for the international classification for patient safety version 1.1: final technical report January 2009* (No. WHO_IER_PSP_2010.2). World Health Organisation. https://apps.who.int/iris/handle/10665/70882
7. Yardley, I., Yardley, S., Williams, H., Carson-Stevens, A., & Donaldson, L. J. (2018). Patient safety in palliative care: a mixed-methods study of reports to a national database of serious incidents. *Palliative Medicine*, 32(8), 1353-1362. doi: 10.1177/0269216318776846

Competency Domain	Competency Element	Definition of Competency Element		
D2 Wellbeing and Supportive Care	E8 Grief and Bereavement Support	Identify and facilitate grief and bereavement support and maintain client and caregivers' wellness		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Identify and support diverse response to loss, grief and bereavement for clients and caregivers	Perform and support diverse response to loss, grief and bereavement for clients and caregivers	Plan and manage complicated grief and bereavement support for clients and caregivers	Develop strategies, guidelines and protocols to manage grief and bereavement support for clients and caregivers
Knowledge	• Theories of loss, grief and bereavement • Grief and bereavement assessment and intervention • Bereavement services provided and resources available in the various care settings • Basic legacy work, reminiscence and life review • Basic understanding on funeral services / arrangements upon death, bereavement support services and pamphlets on grief and bereavement for families and caregivers • Concepts of spirituality and quality of life	• Theories of loss, grief and bereavement • Grief and bereavement assessment and intervention • Bereavement services provided and resources available in the various care settings • Legacy work, reminiscence and life review • Funeral services / arrangements upon death, bereavement support services and pamphlets on grief and bereavement for families and caregivers • Concepts of spirituality and quality of life • Grief and bereavement counselling skills	• Theories of loss, grief and bereavement • Complicated grief and bereavement assessment and intervention • Comprehensive assessment of grief and bereavement needs • Bereavement services provided and resources available in the various care settings • Legacy work, reminiscence and life review • Funeral services / arrangements upon death, bereavement support services and pamphlets on grief and bereavement for families and caregivers • Concepts of spirituality and quality of life • Grief and bereavement counselling skills	• Theories of loss, grief and bereavement • Complicated grief and bereavement assessment and intervention • Comprehensive assessment of grief and bereavement needs • Bereavement services provided and resources available in the various care settings • Legacy work, reminiscence and life review • Funeral services / arrangements upon death, bereavement support services and pamphlets on grief and bereavement for families and caregivers • Concepts of spirituality and quality of life • Grief and bereavement counselling skills

Competency Domain	Competency Element	Definition of Competency Element		
D2 Wellbeing and Supportive Care	E8 Grief and Bereavement Support	Identify and facilitate grief and bereavement support and maintain client and caregivers' wellness		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Identify the grief and bereavement needs of clients, families and caregivers • Explains and normalises to client, families and caregivers the emotional reactions related to life-threatening illness and loss • Provides emotional support to clients, families and caregivers, referring to other multi-disciplinary teams as appropriate • Recognise the need to refer to a specialised team member for maladaptive coping • Assist in providing brief guidance, support and information to families before, at times of and after death with respect and compassion • Assist in organising and providing information on support services within the organisation for grief and bereavement support • Support using active listening to help bereaved clients, families and caregivers adjust to their grief • Explore and respect the wishes, beliefs and practices associated with loss, grief and bereavement of clients, families and caregivers • Identify and deals with own grief separately from clients, families and caregivers	• Identify the grief and bereavement needs of clients, families and caregivers • Explains and normalises to client, families and caregivers the emotional reactions related to life-threatening illness and loss • Provides emotional support to clients, families and caregivers, referring to other multi-disciplinary teams as appropriate • Recognise the need to refer to a specialised team member for maladaptive coping • Assist in providing brief guidance, support and information to families before, at times of and after death with respect and compassion • Assist in organising and providing information on support services within the organisation for grief and bereavement support • Support using active listening to help bereaved clients, families and caregivers adjust to their grief • Explore and respect the wishes, beliefs and practices associated with loss, grief and bereavement of clients, families and caregivers • Identify and deals with own grief separately from clients, families and caregivers	• Identify signs of complicated grief in clients and manage or refer family to inter-professional team and specialists as needed • Perform a comprehensive assessment of grief and bereavement needs and manages complex situations • Develop and demonstrate an enhanced understanding of the needs of individuals, including children at various development stages, in dealing with grief and loss • Analyse and evaluate grief reactions in clients and their families or caregivers, which may occur from the time of diagnosis until bereavement • Provide guidance, support and information to families before, at times of and after death, and make referrals to bereavement services as required • Develop a care plan for clients, families & caregivers coping with their unique grief reactions to loss and death • Take part in bereavement follow-up with bereaved family or caregiver following the client's death with respect and compassion • Practise critical reflection in managing complicated grief and seek transdisciplinary team support when needs arise • Participate in evidence-based research on grief and bereavement nursing care	• Engage with effective strategies in responding to loss, grief and bereavement • Perform a comprehensive assessment of grief and bereavement needs and manages complex situations • Demonstrate comprehensive understanding of the needs of individuals, including children at various development stages, in dealing with grief and loss • Recognise the differences between grief and depression, provide intervention and refer client and / or family to inter-professional team and specialists as needed • Perform interventions to manage complex grief using advanced skills and / or with the transdisciplinary approach • Support individuals experiencing pathological responses to grief as part of the inter-professional team • Conduct grief counselling for clients and their families or caregivers, which may occur from the time of diagnosis until bereavement • Support and mentor colleagues in the management of loss, grief and bereavement • Facilitate discussion for a proper referral with transdisciplinary team for complicated grief • Facilitate bereavement follow-up with bereaved family or caregiver following the client's death

Competency Domain	Competency Element	Definition of Competency Element		
D2 Wellbeing and Supportive Care	E8 Grief and Bereavement Support	Identify and facilitate grief and bereavement support and maintain client and caregivers' wellness		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities (Cont'd)				• Identify staff development and training needs in bereavement counselling • Develop clinical care protocols for grief and bereavement care and evaluate the outcomes • Lead evidence-based research on grief and bereavement nursing care

Sources of Information

1. BC Centre for Palliative Care. (2019). *BC centre for palliative care: inter-professional palliative competency framework*. https://bc-cpc.ca/wp-content/uploads/2019/09/1-Nurse-Competencies-May2019.pdf
2. Harrop, E., Morgan, F., Longo, M., Semedo, L., Fitzgibbon, J., Pickett, S., Scott, H., Seddon, K., Sivell, S., Nelson, A., & Byrne, A. (2020). The impacts and effectiveness of support for people bereaved through advanced illness: a systematic review and thematic synthesis. *Palliative Medicine*, 34(7), 871-888. doi: 10.1177/0269216320920533
3. Shear, M. K. (2012). Grief and mourning gone awry: pathway and course of complicated grief. *Dialogues in Clinical Neuroscience*, 14(2), 119-128. doi: 10.31887/DCNS.2012.14.2/mshear
4. Singapore Hospice Council (2014). *National guidelines for palliative care*. https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf
5. Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: a decade on. *Omega*, 61(4), 273-289. doi: 10.2190/OM.61.4.b

Competency Domain	Competency Element	Definition of Competency Element		
D2 Wellbeing and Supportive Care	E9 Client, Family and Caregiver mental wellbeing	Enable clients, families and caregivers to reflect and recognise assets and responsibilities to support their own wellbeing and self-care		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Assist In assessment of mental wellbeing and self-care support for clients, families and caregivers	Implement mental wellbeing and self-care strategies for clients, families and caregivers	Plan, develop and implement programmes and enable mental wellbeing and self-care for clients, families, and caregivers	Develop strategies, guidelines and protocols to support mental wellbeing and emotional resilience for clients, families and caregivers
Knowledge	• Stress management • Concept of resilience • Concept of support group • Concept of self-care • Concept of multicultural and spiritual diversity • Family dynamics in stress management • Psychological aspects of life-limiting conditions and potential mental health needs • Basic strategies to promote mental wellbeing and resilience • Community and support services	• Stress management • Concept of resilience • Concept of support group • Concept of self-care • Concept of multicultural and spiritual diversity • Family dynamics in stress management • Psychological aspects of life-limiting conditions and potential mental health needs • Basic strategies to promote mental wellbeing and resilience • Community and support services	• Stress management • Resilience management and strategies • Concept of support group • Self-care strategies and programmes • Culture and spirituality assessment • Family dynamics in stress management • Psychological aspects of life-limiting conditions and potential mental health needs • Strategies to promote mental wellbeing and resilience • Community and support services	• Stress management framework • Strength-based approach to wellbeing • Concept of support group • Self-care strategies and programmes • Evidence-based practices in culture and spirituality assessment, wellbeing and self-care • Framework and measurement of family dynamics in stress management • Best practice in assessing the psychological aspects of life-limiting conditions and potential mental health needs • Relevant stakeholders and strategies to promote mental wellbeing and resilience • Community and support services

Competency Domain	Competency Element	Definition of Competency Element		
D2 Wellbeing and Supportive Care	**E9** Client, Family and Caregiver mental wellbeing	Enable clients, families and caregivers to reflect and recognise assets and responsibilities to support their own wellbeing and self-care		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Recognise signs of stress in clients, families and caregivers • Assist clients, families, and caregivers to identify and address the causes of stress • Encourage the clients, families, and caregivers to utilise their strengths and capabilities in managing stressors • Assist in provide information to family and / or caregivers on the care of dying • Assist clients, families and caregivers to promote self-care and stress management techniques • Create a conducive and supportive environment • Participate and contribute in family discussions or conferences • Show care, respect and concern when interacting with clients, families and / or caregivers • Identify clients, families, and caregivers who need additional support and highlight to care team	• Facilitate therapeutic relationships with the clients, families, and / or caregivers to encourage them to take ownership of their wellness and self-care • Identify opportunities with clients, families, and / or caregivers to identify and address the causes of stress • Provide support to clients, families and / or caregivers to utilise their strengths and capabilities in managing stressors • Provide information to family and / or caregivers on the care of dying • Support clients, families and caregivers to promote self-care and stress management techniques • Create a conducive and supportive environment • Facilitate family discussions or conferences • Show care, respect and concern when interacting with clients, families and / or caregivers • Provide information to clients, families, and / or caregivers in discussion with team to make appropriate referrals to community support services • Participate and contribute to caregiver support programmes	• Facilitate therapeutic relationships with the clients, families, and / or caregivers to encourage them to take ownership of their own wellness and self-care • Create opportunities with clients, families, and / or caregivers to identify and address the causes of stress • Conduct support to clients, families, and / or caregivers to utilise their strengths and capabilities in managing stressors • Provide information to family and / or caregivers on the care of dying • Support clients, families and caregivers to promote self-care and stress management techniques • Create a conducive and supportive environment • Facilitate family discussions or conferences • Show care, respect and concern when interacting with clients, families and / or caregivers • Provide information to clients, families, and caregivers to community support services • Design self-care programmes for families and caregivers	• Evaluate therapeutic relationships with the clients, families, and / or caregivers to encourage them to take ownership of their wellness and self-care • Develop, drive and evaluate mental wellbeing programmes for clients, families, and caregivers • Synthesise the latest evidence practices to support clients, families, and caregivers • Develop policies for supporting clients, families and caregivers' mental wellbeing • Engage and influence palliative care and community stakeholders to foster a stronger network of resources to promote mental wellbeing and self-care

Sources of Information

1. Agency for Integrated Care. (2022). *Mental health competency framework a guide for health and social care workers in community care sector.* https://www.aic.sg/partners / Documents/CMH%20Resources/Mental%20Health%20Competency%20Framework.pdf
2. Centers for Disease Control and Prevention. (2018, October 31). *Health-related quality of life (HRQOL)* well-being concepts. https://www.cdc.gov/hrqol/wellbeing.htm
3. elearning for healthcare. (2022). *Mental health training resources: older people's mental health competency framework*. https://www.e-lfh.org.uk/wp-content/uploads/2020/04/OlderPeoplesMentalHealthCompetencyFramework-V1.8.pdf

Competency Domain	Competency Element	Definition of Competency Element		
D2 Wellbeing and Supportive Care	**E10** Staff Support	Support staff by providing team members opportunities for self-reflection, effective self-care strategies, and organisational staff support structures.		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Support team members and provide opportunities for self-reflection and self-care	Coach and support team members; provide opportunities for self and team reflection and self-care	Lead and support team members; provide opportunities for self and team reflection and self-care	Develop and lead the organisation by developing long-term staff support strategies and programmes
Knowledge	• Concepts of compassion fatigue and burnout • Concepts of mental wellbeing and resilience • Concept of assessment of mental wellbeing and resilience • Psychological aspects in managing clients with life-limiting conditions and potential mental health needs of staff • Concepts of self-awareness and self-competencies • Concept of transference and counter-transference • Concepts of spirituality • Concept of self-care • Team dynamics and support • Organisation and community resources for staff support	• Compassion fatigue and burnout • Mental wellbeing and resilience • Assessment of mental wellbeing and resilience • Psychological aspects in managing clients with life-limiting conditions and potential mental health needs of staff • Self-awareness and self-competencies • Concept of transference and counter-transference • Spirituality assessment • Self-care strategies • Team dynamics and support • Organisation and community resources for staff support	• Compassion fatigue and burnout • Mental wellbeing and resilience • Assessment of mental wellbeing and resilience • Psychological aspects in managing clients with life-limiting conditions and potential mental health needs of staff • Self-awareness and self-competencies • Concept of transference and counter-transference • Spirituality assessment and interventions • Self-care strategies • Team dynamics and support • Organisation and community resources for staff support	• Compassion fatigue and burnout • Mental wellbeing and resilience • Assessment of mental wellbeing and resilience • Psychological aspects in managing clients with life-limiting conditions and potential mental health needs of staff • Self-awareness and self-competencies • Concept of transference and counter-transference • Spirituality assessment and interventions • Self-care strategies • Team dynamics and support • Organisation and community resources for staff support

Competency Domain	Competency Element	Definition of Competency Element		
D2 Wellbeing and Supportive Care	**E10** Staff Support	Support staff by providing team members opportunities for self-reflection, effective self-care strategies, and organisational staff support structures.		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Recognise signs of compassion fatigue and burnout in self and others • Recognise spiritual distress in self and peers • Recognise staff who require support and encourage to seek help • Participate and assist in support programmes that are designed to promote staff wellbeing • Build trust and rapport among transdisciplinary team members with open communication • Participate in team debrief • Apply self-care strategies, engage in activities that build resilience and seek help when needed • Contribute in creating a supportive working environment	• Assess for compassion fatigue and burnout in self and others • Identify spiritual distress in self and others • Identify and support staff who require support and seek for help when needs arise • Participate and contribute in support programmes that are designed to promote staff wellbeing • Build trust and rapport among transdisciplinary team members with open communication • Contribute in team debrief • Apply and promote self-care strategies, engage in activities that build resilience and seek help when needed • Promote a supportive working environment	• Develop plan to prevent compassion fatigue and burnout in self and others • Assess spiritual distress in self and others • Provide and evaluate staff support and counselling • Plan, develop and lead support programmes that are designed to promote staff wellbeing • Foster a team culture for open communication • Facilitate team debrief • Mentor and support team on self-care strategies • Build team resilience • Lead a supportive working environment	• Drive programmes to create awareness on compassion fatigue and burnout in the organisation • Evaluate strategies in preventing compassion fatigue and burnout • Drive and evaluate support programmes that are designed to promote staff wellbeing • Evaluate the team culture in the organisation • Lead team debrief • Mentor and coach team on self-care strategies • Collaborate with inter-departments to create policies on staff support programmes • Drive strategies to build team resilience • Create policies to promote a supportive working environment

Sources of Information

1. Canadian Partnership Against Cancer & Health Canada. (2021). *The Canadian interdisciplinary palliative care competency framework.* https://s22457.pcdn.co/wp-content/uploads/2021/07/palliative-care-competency-framework-EN.pdf
2. Canning, D., Yates, P., & Rosenberg, J. P. (2005). *Competency standards for specialist palliative care nursing practice.* Brisbane: Queensland University of Technology. https://www.pcna.org.au/PCNA/media/docs/competystds_1.pdf

Competency Domain	Competency Element	Definition of Competency Element		
D3 Professional Development and Leadership	**E11** Develop and Lead Self	Develop awareness of one's role and abilities, enhance capabilities and manage behaviours and practice to achieve professional and / or organisational goals		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Understand own scope of practice and implement steps for self-development	Reflect on own practice and learning; and identify self-development needs	Reflect on own practice and behaviours, review and prioritise development needs	Enhance own leadership practice and behaviours and develop strategies in response to the changing healthcare and community landscape
Knowledge	• Code of Conduct for Nurses and Midwives • Knowledge of ethical, legal and professional standards in palliative care service provision • Concepts of professional boundaries involved when building therapeutic relationships with caregivers and individuals facing life-limiting illnesses • Clinical decision-making and ethical frameworks in clinical scenarios presenting with ethical and legal dilemmas • Nursing career structure and development pathways • Need for continuous professional development and learning • Self-efficacy in palliative care (self-evaluation methods) • Reflection practice • Available resources for self-development • Scope of competencies and qualifications of self • Evolving nursing roles in own practice • Understanding of appraisal system, professional development planning and clinical supervision to enhance both professional and personal development • Organisational guidelines on personal safety	• Code of Conduct for Nurses and Midwives • Knowledge of ethical, legal and professional standards in palliative care service provision • Concepts of professional boundaries involved when building therapeutic relationships with caregivers and individuals facing life-limiting illnesses • Clinical decision-making and ethical frameworks in clinical scenarios presenting with ethical and legal dilemmas • Nursing career structure and development pathways • Identification of gaps in continuous professional development and learning and accesses appropriate educational and development opportunities in palliative care • Reflective practice and evaluate its impact • National strategy and guidelines for palliative care and their directions • Available resources and opportunities for self-development • Scope of competencies and qualifications of self • Familiarity with appraisal system, professional development planning and clinical supervision to enhance both professional and personal development • Updated knowledge of organisational and professional practice standards • Resource management	• Professionalism in nursing practice • Comprehensive scope and standards of professional, ethical and legal practices in palliative care locally and internationally • Leadership development in nursing • Reflective practice and evaluation of its impact • Self-performance evaluation methods and tools • Updated knowledge of national strategy and guidelines for palliative care and their subsequent directions • Latest evidence-based trends and advancements in palliative nursing practice • Resource and manpower management • Palliative care advocacy • Analytical, critical and systems thinking • Principles of value-based healthcare delivery model	• Professionalism in nursing practice • Comprehensive scope and standards of professional, legal and ethical practices in palliative care locally and internationally • Leadership development in nursing • Reflective practice and evaluation of its impact • Self-performance evaluation methods and tools • Latest updates on national strategy and guidelines for palliative care and their subsequent directions • Trends and advancements in the nursing practice • Advanced systems and strategic thinking • Framework for value-based healthcare delivery

Competency Domain	Competency Element	Definition of Competency Element		
D3 Professional Development and Leadership	**E11** Develop and Lead Self	Develop awareness of one's role and abilities, enhance capabilities and manage behaviours and practice to achieve professional and / or organisational goals		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Adhere to relevant national, professional and organisational policies, guidelines and legislation • Recognise risks and take necessary measures for personal safety • Practise within own scope and competencies • Seek assistance promptly in situations and / or instances affecting professional, ethical and clinical practice • Utilise feedback on professional behaviours and reflect personal efficacy when providing palliative care • Undertake personal development planning for professional growth in consultation with seniors • Identify opportunities and participate in continuous learning and professional development • Apply learning to own practice • Advocate for practice development of own job level • Organise and utilise resources in an effective, efficient and responsible manner for delivery of palliative care	• Adhere to relevant national, professional and organisational policies, guidelines and legislation • Apply proactive approaches to personal safety in accordance with guidelines and protocol • Develop practice and professional behaviours based on feedback and self-reflection when providing care for the terminally ill • Relate and reflect on own practice and competencies • Solve clinical, ethical situations and / or issues affecting professional, ethical and clinical practice and seek support when needs arise • Identify learning needs based on evaluation of own practice • Develop and implement a personal development plan in consultation with seniors • Take ownership of own learning and professional development related to palliative care • Organise learning to improve own practice • Apply practice development for own and junior job levels • Apply analytical thinking and creative problem-solving for decision-making • Develop awareness of the national direction for palliative care	• Translate relevant national and professional policies, guidelines and legislation into practice • Anticipate situations and / or issues affecting professional and clinical practice and develop preventive solutions and seek guidance when needs arise • Participate in transdisciplinary clinical discussions and decision-making where complex ethical and legal dilemmas and implications have been identified • Plan and initiate the development of organisational personal safety guidelines • Organise own practice and change behaviours based on feedback, self-reflection to facilitate team's performance • Organise, reinforce and ensure adherence to relevant national, professional and organisational policies, guidelines and legislations • Reflect on own practice and behaviours to heighten personal and team's cognizance towards attitudes related to palliative care and death • Plan development needs based on team and organisational requirements • Review personal development plan and make suitable adjustments	• Engage stakeholders to influence the development and enhancement of relevant national, professional and organisational policies, guidelines and legislation • Plan and participate in the transdisciplinary clinical discussions and decisions where complex ethical and legal dilemmas and implications have been identified • Develop strategies to enhance professional and clinical practice in response to the changing healthcare landscape • Evaluate and endorse the organisational personal safety guidelines • Reflect on own practice and behaviours to understand the impact on organisation and stakeholders • Examine leadership practice and behaviours based on feedback, self-reflection and relevant performance indicators • Plan and set direction on adoption of trends and advancements in nursing practice • Apply strategic thinking for problem-solving and decision-making • Develop the organisational strategies to drive value-based palliative care service delivery

Competency Domain	Competency Element	Definition of Competency Element		
D3 Professional Development and Leadership	**E11** Develop and Lead Self	Develop awareness of one's role and abilities, enhance capabilities and manage behaviours and practice to achieve professional and / or organisational goals		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities (Cont'd)		• Plan and utilise resources in an effective, efficient and responsible manner for delivery of palliative care	• Develop trends and advancements in nursing to advocate practice development for the team • Apply systems thinking for problem-solving and decision-making • Develop and implement processes aligned to value-based palliative care delivery model	• Develop and advocate for equitable palliative care provision, strengthening palliative care through integration of palliative care services in mainstream healthcare systems

Sources of Information

1. Canadian Partnership Against Cancer & Health Canada. (2021). *The Canadian interdisciplinary palliative care competency framework.* https://s22457.pcdn.co/wp-content/uploads/2021/07/palliative-care-competency-framework-EN.pdf
   Canning, D., Yates, P., & Rosenberg, J. P. (2005). *Competency standards for specialist palliative care nursing practice.* Brisbane: Queensland University of Technology. https://www.pcna.org.au/PCNA/media/docs/competystds_1.pdf
2. Kang, J., Kim, Y., Yoo, Y. S., Choi, J. Y., Koh, S. J., Jho, H. J., Choi, Y. S., Park, J., Moon, D. H., Kim, D. Y., Jung, Y., Kim, W. C., Lim, S. H., Hwang, S. J., Choe, S. O., & Jones, D. (2013). Developing competencies for multidisciplinary hospice and palliative care professionals in Korea. Supportive Care in Cancer, 21(10), 2707-2717. doi: 10.1007/s00520-013-1850-3
3. Palliative Care Competence Framework Steering Group. (2014). *Palliative care competency framework.* Dublin: Health Service Executive. https://www.lenus.ie/bitstream/handle/10147/322310/CompetenceFrameworkFinalVersion.pdf?sequence=1
4. Pettus, K. I., & de Lima, L. (2020). Palliative care advocacy: why does it matter? *Journal of Palliative Medicine,* 23(8), 1009-1012. doi: 10.1089/jpm.2019.0696
5. World Health Organisation. (2016). *Planning and implementing palliative care services: a guide for programme managers.* Retrieved March 18, 2022, from https://apps.who.int/iris/bitstream/handle/10665/250584/9789241565417-eng.pdf

Competency Domain	Competency Element	Definition of Competency Element		
D3 Professional Development and Leadership	**E12** Develop and Lead Others	Drive change and foster a collaborative culture; cultivate dynamic and competent care teams and networks to shape the palliative care landscape		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Support a learning, collaborative and inclusive culture and maintain positive working relationships	Coach peers and junior care team members to promote professional development and embrace a dynamic, collaborative and inclusive team culture	Lead department and / or teams to achieve established objectives efficiently and provide clinical leadership	Lead the organisation by developing long-term strategy and goals, and implementing strategies to improve key performance areas
Knowledge	• Techniques for teamwork and collaboration with internal and external stakeholders • Goal-setting process in basic palliative nursing care • Effective communication techniques • Perceptions, attitudes and barriers toward palliative care • Understanding of the transdisciplinary approach and expectations of the palliative care team • Concept of empowerment in palliative care • Change management techniques • Basic concept of conflict management	• Techniques for teamwork and collaboration with internal and external stakeholders • Goal-setting process and its implementation in palliative nursing care • Culture-building techniques • Awareness of team performance indicators • Effective communication techniques • Training design concepts • Clinical supervision process • Performance appraisal requirements • Professional code of conduct, practice and standards in palliative care • Identification of perceptions, attitudes and barriers toward palliative care amongst team • Collaboration with transdisciplinary team members for a holistic approach to palliative care • Support and guide the team in the concept of empowerment • Change management • Basic concept of conflict management	• Leadership principles • Staff engagement and motivation techniques • Strategies to build culture • Diversity and inclusion practices • Develop performance indicators for team and department • Training design methodology • Budget management • Clinical supervision guidelines • Performance appraisal process • Succession planning framework • Manage collaboration with other service providers in palliative care • Identification and management of perceptions, attitudes and barriers toward palliative care • Continuous education programme for up-to-date knowledge in palliative nursing • Management of the strengths and weaknesses of staff according to team dynamics • Guidance and leading of the team in the concept of empowerment • Change management • Conflict resolution methods	• Leadership principles and approaches • Best practices in cultivating organisational culture • Staff engagement and motivation techniques • Strategic and systems thinking • Organisational mission and vision • Evaluation tools and measures for organisational performance • Risk factors to business continuity • Latest trends in technology and skills for nursing • Training design methodology • Advanced resource allocation methods and tools • Succession planning framework • Performance appraisal framework • Concepts and theories of succession planning • Sustain professional or industry code of conduct, practice and standards • Involvement in collaboration with other service providers in palliative care • Overview of transdisciplinary approach in palliative care • Evaluation of effective coping strategies • Encourage the concept of empowerment to build a competent care team • Change management • Approaches to conflict management

Title: "Love" (2020)

Description: "To my darling, to my sweetheart
I wish you both happiness
My greatest wish for you two
Is to live a good life"

Artist: Wan Petom Bte Haris, 54 Years old

Media: Acrylic on canvas, 40cm x 50cm

Competency Domain	Competency Element	Definition of Competency Element		
D3 Professional Development and Leadership	**E12** Develop and Lead Others	Drive change and foster a collaborative culture; cultivate dynamic and competent care teams and networks to shape the palliative care landscape		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Show and guide junior care team members on care practices and initiate co-learning with peers for the development of the care team • Plan and support a learning, collaborative and inclusive culture and maintain positive working relationships • Organise and communicate expectations to junior care team members and seek clarity on own goals • Relate realistic goals based on care team's discussion of the individual's and family's care needs • Contribute to a collaborative and dynamic team culture • Provide input on new areas of education and training programmes • Guide junior care team members in the handling of difficult situations where appropriate • Explain to the care team how to access confidential employee assistance programmes, e.g. counselling • Apply open communication and feedback amongst care team • Show and enrich the care team with a good understanding of the concept of palliative care • Identify and monitor performance of junior care team members and provide feedback • Support change within organisation	• Demonstrate to and coach peers and junior care team members on the promotion of professional development • Demonstrate a positive and enthusiastic attitude to change • Discuss expectations and monitor team's progress to recommend measures for optimising performance • Guide the care team to align with the organisational change • Assist in the development of education and training programmes • Develop clinical supervision to enhance capabilities of the care team • Facilitate mediation between team members in conflict situations and act in a fair and decisive manner to resolve conflicts • Develop and precept nursing students on their learning using various training techniques • Apply and communicate organisational expectations on safety and professionalism • Plan and assist in performance appraisals by providing feedback on junior nurses • Develop and set realistic goals based on care team's discussion of the individual's and family's care needs and assist in the nursing care plan • Develop, educate and guide care team in accordance with the national guidelines on palliative care	• Mentor junior nurses to aid their professional development and build resilience • Promote a collaborative and dynamic work culture • Set realistic departmental goals based on discussion with team members • Establish team members' performance indicators and measures for productivity and good service outcomes • Recommend appropriate strategies to improve individual and departmental performance • Encourage others to develop points of view and accept change • Analyse, review and design education and training programmes as well as clinical supervision guidelines based on current best practices, skills and technology • Develop clinical leadership, including establishing parameters of services and clinical standards • Review and evaluate professional practices and competencies • Reinforce guidelines on safety and professionalism • Relate guidance and leadership in multi-disciplinary and / or cross-department teams to create effective working relationships • Participate in performance appraisal and assist in identifying candidates for further development	• Foster a collaborative culture and develop dynamic and competent care teams • Develop long-term objectives and strategies based on the organisational vision • Translate organisational goals into tangible targets for the organisation • Review organisational performance and implement strategies to improve key performance areas • Guide others on complex change management and coping strategies • Examine and mitigate risks to the organisation's reputation and business continuity • Develop and oversee the management of business model and operations, along with the levers that can be adjusted to impact various organisational metrics • Influence and maintain the professional role of the nurse by upholding core values of the profession • Identify and manage disagreements and conflicts within and outside the organisation in a logical and composed manner and propose resolutions for a win-win situation • Develop organisational guidelines on safety and professionalism

Competency Domain	Competency Element	Definition of Competency Element		
D3 Professional Development and Leadership	**E12** Develop and Lead Others	Drive change and foster a collaborative culture; cultivate dynamic and competent care teams and networks to shape the palliative care landscape		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities (Cont'd)		• Identify the need for members of the care team to access confidential employee assistance programmes to support mental health, e.g. counselling • Plan and prepare team to work confidently and competently in palliative care settings in order to manage clients and their families • Lead change at the team level	• Assess performance of junior nurses and develop individual training and development roadmaps in a collaborative manner • Develop, educate, guide and update care team in accordance with national guidelines on palliative care • Build and empower team to manage care with confidence and competence by providing relevant skill knowledge in palliative care to manage clients and families • Advocate or facilitate change at the departmental level	• Develop groups, partners and / or communities identifying with a vision, values and principles for community health initiatives • Influence decision-making in performance appraisals to identify candidates for further development • Develop succession planning philosophy in consultation with other stakeholders and facilitate the development of identified candidates • Plan the continuity of leadership in the organisation by nurturing potential leaders • Evaluate the care team in accordance with the national guidelines on palliative care • Develop policies with the team at a national level • Apply constructive feedback on the team's progress and competency level • Drive change at the organisational level

Sources of Information

1. Canadian Partnership Against Cancer Corporation. (n. d.). *Palliative care competency framework: a curriculum guide for educators and reference manual for people providing palliative care.* https://www.partnershipagainstcancer.ca/topics/palliative-care-competency-framework/
2. Gómez-Urquiza, J. L., Albendín-García, L., Velando-Soriano, A., Ortega-Campos, E., Ramírez-Baena, L., Membrive-Jiménez, M. J., & Suleiman-Martos, N. (2020). Burnout in palliative care nurses, prevalence and risk factors: a systematic review with meta-analysis. *International Journal of Environmental Research and Public Health, 17*(20), 7672. doi: 10.3390/ijerph17207672
3. Hagan, T. L., Xu, J., Lopez, R. P., & Bressler, T. (2018). Nursing's role in leading palliative care: A call to action. *Nurse Education Today, 61*, 216–219. doi: 10.1016/j.nedt.2017.11.037
4. Kang, J., Kim, Y., Yoo, Y. S., Choi, J. Y., Koh, S. J., Jho, H. J., Choi, Y. S., Park, J., Moon, D. H., Kim, D. Y., Jung, Y., Kim, W. C., Lim, S. H., Hwang, S. J., Choe, S. O., & Jones, D. (2013). Developing competencies for multidisciplinary hospice and palliative care professionals in Korea. *Supportive Care in Cancer, 21*(10), 2707-2717. doi: 10.1007/s00520-013-1850-3
5. Lin, H. Y., Chen, C. I., Lu, C. Y., Lin, S. C., & Huang, C. Y. (2021). Nurses' knowledge, attitude, and competence regarding palliative and end-of-life care: a path analysis. *PeerJ, 9*, e11864. doi: 10.7717/peerj.11864
6. Singapore Hospice Council. (2015). *National guidelines for palliative care and interpretation guide.* https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf
7. Suikkala, A., Tohmola, A., Rahko, E. K., & Hökkä, M. (2021). Future palliative competence needs - a qualitative study of physicians' and registered nurses' views. *BMC Medical Education, 21*(1), 585. doi: 10.1186/s12909-021-02949-5
8. Taleghani, F., Shahriari, M., & Alimohammadi, N. (2018). Empowering nurses in providing palliative care to cancer patients: action research study. *Indian Journal of Palliative Care, 24*(1), 98–103. doi: 10.4103/IJPC.IJPC_64_17

Competency Domain	Competency Element	Definition of Competency Element		
D4 Improvement, Innovation and Research	E13 Innovation and Quality Improvement	Develop and implement new and improved technologies, services, delivery methods and processes to drive value-based care for clients and families facing life-limiting illnesses		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Participate and provide feedback for the development and implementation of innovation and quality improvement projects	Recommend initiatives and implement innovation and quality improvement projects	Design innovation and quality improvement projects and facilitate implementation and integration into practice	Drive innovation and quality improvement strategies for value-based care
Knowledge	• Concepts of innovation and quality improvement • Presentation techniques • Approach to critical thinking • Concepts of change management • Basic knowledge and application of technologies and delivery methods • Roles and responsibilities related to implementation of new or improved services • Organisational standards and guidelines for technologies, services and tools	• Concepts of innovation and quality improvement • Tools and methods of quality improvement • Report writing framework • Concept of change management • Quality indicators for palliative nursing care sector • Success measures of innovation and quality improvement projects • Challenges and barriers to innovation and quality improvement initiatives • Knowledge and application of technologies and delivery methods • Approaches to enhance the adoption of new technologies	• Best practices of palliative nursing care, technologies, services, delivery methods and processes • Principles of innovation and quality improvement • Approach to analytical and critical thinking • Feasibility assessment for innovation and quality improvement projects • Change management strategies • Quality assurance framework • Organisational quality standards • Clinical audit processes • Strategies to enhance the adoption of new technologies • Roles and responsibilities of palliative nursing care services partners and other stakeholders related to implementation of new or improved services • National and organisational standards, guidelines and legislation on technologies and tools	• Trends impacting palliative nursing care, technologies, services, delivery methods and processes • Quality assurance framework • Organisational quality standards • Systems thinking • Change management strategies • National and international frameworks and platforms for innovation and quality improvement • Feasibility assessment for innovation and quality improvement projects • Clinical governance • Framework for value-based healthcare delivery in accordance with national and international quality standards

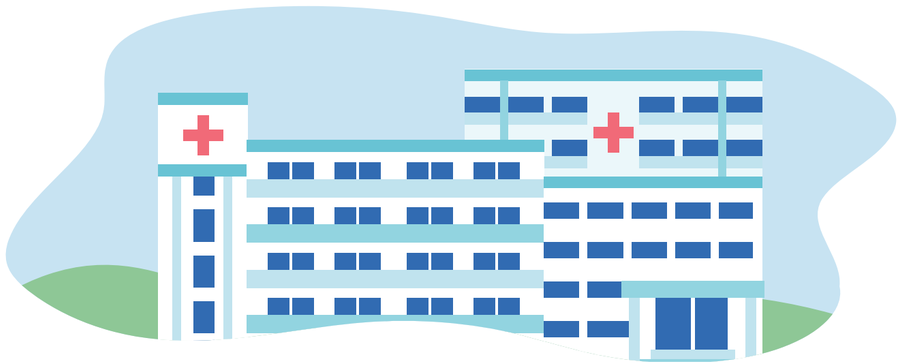
Competency Domain	Competency Element	Definition of Competency Element		
D4 Improvement, Innovation and Research	E13 Innovation and Quality Improvement	Develop and implement new and improved technologies, services, delivery methods and processes to drive value-based care for clients and families facing life-limiting illnesses		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Compile clients' feedback and provide input on potential areas for improvement • Participate in innovation and quality improvement activities • Participate in interventions to support the implementation of innovation and quality improvement projects • Plan and assist in pilot testing and prototyping to determine the effectiveness of new technology • Support clients, families and / or caregivers in adopting new technologies, services and delivery methods	• Identify and analyse potential areas for improvement to reduce unanticipated adverse events and safety risks • Survey feedback from clients, palliative care service partners and other stakeholders to support innovation and quality improvement activities • Demonstrate and implement innovation and quality improvement activities • Conduct pilot testing and prototyping for new technology • Assist in evaluation of innovation and quality improvement interventions • Identify clients, families and / or caregivers for the adoption of new technologies, services and delivery methods • Define and assist in spreading innovation and quality improvement interventions across the organisation / department • Support team members for appropriate application of new technologies, services and delivery methods • Support quality audits to maintain and improve standards of care	• Identify internal and external practices for improvement and innovation opportunities • Appraise, review and prioritise potential areas for improvement • Design innovation and quality improvement initiatives in collaboration with relevant stakeholders • Recommend and lead innovation and quality improvement projects • Analyse pilot testing and prototyping results • Evaluate the feasibility and effectiveness of innovation and quality improvement interventions • Assess the feasibility of new technologies, services and delivery methods to own setting / client population • Influence innovation and quality improvement interventions across the organisation / department • Apply, disseminate and incorporate quality improvement findings into practice • Develop active adoption of new technologies, services and delivery methods • Develop quality assurance framework for technology, services and delivery methods • Conduct and evaluate quality audits to maintain and improve standards of palliative care • Make use of feedback on feasibility and effectiveness of new technology to stakeholders	• Analyse trends to distil ideas and opportunities for improvement and innovation • Decide and set direction for innovation and quality improvement efforts in alignment with organisational objectives • Plan and synergise relevant stakeholders to drive value-based design for innovation and quality improvement initiatives • Formulate and allocate resources for innovation and quality improvement initiatives • Analyse feasibility of new technologies, services, delivery methods and processes • Propose evaluation reports on the quality of palliative care and the effectiveness of the palliative care team • Develop strategies to spread innovation and quality improvement interventions through various platforms • Propose adoption of new technologies, services and delivery methods across community partners • Take part in clinical governance and critically evaluate clinical practices (including APN credentialing) • Develop strategies for sustainability and accessibility of technologies, services and delivery methods • Support the development of quality assurance framework and provide inputs based on best practices in palliative care

Competency Domain	Competency Element	Definition of Competency Element		
D4 Improvement, Innovation and Research	E13 Innovation and Quality Improvement	Develop and implement new and improved technologies, services, delivery methods and processes to drive value-based care for clients and families facing life-limiting illnesses		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities (Cont'd)				• Plan, formulate and benchmark quality audit results to identify improvement requirements

Sources of Information

1. Canadian Partnership Against Cancer & Health Canada. (2021). *The Canadian interdisciplinary palliative care competency framework*. https://s22457.pcdn.co/wp-content/uploads/2021/07/palliative-care-competency-framework-EN.pdf
2. Health and Social Care (HSC). (2016). *Palliative and end of life care competency assessment tool*. https://aiihpc.org/wp-content/uploads/2015/02/Palliative-End-of-Life-Care-Competency-Assessment-Tool-Sept12.pdf
3. Singapore Hospice Council. (2015). *National guidelines for palliative care and interpretation guide*. https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf

Competency Domain	Competency Element	Definition of Competency Element		
D4 Improvement, Innovation and Research	E14 Evidence-based Practice and Research	Integrate best practices and research evidence in the delivery of palliative care to achieve optimal outcomes		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Description of Competency Element	Adhere to evidence-based practice guidelines to deliver care	Appraise available evidence and participate in research activities	Lead research projects and implement evidence-based practice in the organisation	Set research direction and drive evidence-based practice within organisation
Knowledge	• National or organisational evidence-based practice guidelines and protocols • Basic concepts of evidence-based practice • Basic research ethics	• National or organisational evidence-based practice guidelines and protocols • Concepts of evidence-based practice • Research ethics • Basic research methodology and process • Basic research guidelines and regulations • Basic statistics for research • Data visualisation	• National and international evidence-based practice guidelines and protocols • Concepts of evidence-based practice • Research methodology and process • Research guidelines and regulations • Statistics for Research • Data visualisation tools and technologies	• National or organisational evidence-based practice guidelines and protocols • Concepts of evidence-based practice • Research ethics • Advanced research methodology and process • Research guidelines and regulations • Advanced statistics for research • Advanced data visualisation strategies • Influencing strategies and tactics • Networking strategies



Competency Domain	Competency Element	Definition of Competency Element		
D4 Improvement, Innovation and Research	E14 Evidence-based Practice and Research	Integrate best practices and research evidence in the delivery of palliative care to achieve optimal outcomes		
Proficiency Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**
Abilities	• Adhere to evidence-based practice guidelines and protocols in the delivery of palliative care • Relate and encourage peers to follow evidence-based practice guidelines in the delivery of palliative care • Participate in research and evidence-based practice projects • Undertake relevant reading to support his / her implementation of evidence-based practice	• Identify gaps and research problems in delivery of palliative care based on issues escalated • Find, consolidate and appraise relevant evidence for validity and applicability • Initiate research activities to generate evidence • Plan and communicate findings of research and impact on delivery of palliative care • Support the integration and promotion of research evidence in delivery of palliative care • Collect feedback for evaluation of evidence-based practice and share results with relevant stakeholders • Build, assist and contribute to development of clinical protocols and guidelines based on the latest evidence • Plan updates to the transdisciplinary team on the latest evidence-based palliative care practices	• Identify opportunities for, and barriers to, discipline-specific and transdisciplinary research unique to palliative care • Introduce up-to-date and current evidence for provision of palliative approaches to care • Analyse and critique available literatures and provide recommendations to improve palliative care standards • Examine and update clinical protocols and guidelines based on latest evidence • Evaluate the relevance and feasibility of proposed research topic to own setting • Identify and introduce relevant sources of evidence and guide the appraisal • Recommend research activities in collaboration with transdisciplinary levels and relevant stakeholders • Propose and disseminate research findings and implications on delivery of palliative care to relevant stakeholders • Formulate and promote evidence-based practice in delivery of palliative care • Evaluate evidence-based practice outcome and recommend practice change	• Keep abreast of current and emerging research in palliative care delivery • Set research direction and identify priority areas for evidence-based practice • Influence relevant stakeholders to provide access to relevant sources of evidence • Influence and garner support of relevant stakeholders for research activities • Networks with other institutions and / or government agencies to corroborate research results • Develop a culture of evidence-based practice for delivery of care • Influence and drive practice change in collaboration with relevant stakeholders to obtain optimal outcomes

Sources of Information

1. Canadian Partnership Against Cancer & Health Canada. (2021). *The Canadian interdisciplinary palliative care competency framework*. https://s22457.pcdn.co/wp-content/uploads/2021/07/palliative-care-competency-framework-EN.pdf
2. Health and Social Care (HSC). (2016). *Palliative and end of life care competency assessment tool*. https://aiihpc.org/wp-content/uploads/2015/02/Palliative-End-of-Life-Care-Competency-Assessment-Tool-Sept12.pdf
3. Singapore Hospice Council. (2015). *National guidelines for palliative care and interpretation guide*. https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf

Title: "Beautiful Blooms" (2020)

Description: "I love flowers! This painting consists of bright colourful flowers – sunflowers, tulips and orchids - which are some of my favourite types of flowers. I hope the beautiful blooms in this painting attract you as the butterfly is attracted to them."

Artist: Wan Petom Bte Haris, 54 years old

Media: 46cm x 46cm, Mixed media on canvas

Linking the Job Role Profiles and Professional Competencies

The Job Role Profiles (JRPs) and Professional Competencies (PCs) are linked as illustrated below. In the last section of each JRP document, a list of PCs is stated at the required proficiency levels. The proficiency level indicates the level of knowledge and abilities an incumbent needs to exhibit for a specific PC. Referring to the illustration below, the Nurse Clinician has Staff Support competency tagged at Level 3. This means that the Nurse Clinician is required to understand or possess knowledge of the items listed, including the capability to perform the abilities stated in Level 3 of the Competency.

Fig 1: Illustration of Linkage Between Job Role Profiles and Professional Competencies

Job Role Profile

JOB ROLE PROFILES

NURSE CLINICIAN / SENIOR NURSE CLINICIAN

Job Role Description	The Nurse Clinician / Senior Nurse Clinician is responsible for providing clinical supervision, evaluating care standards and integrating evidence-based practice into their palliative nursing practice. S/He demonstrates clinical expertise and manages clients with complex care needs through direct care or by coaching the care team members. S/He has an understanding of the palliative care populations needs to ensure service alignment.	The Nurse Clinician / Senior Nurse Clinician manages a team of palliative care nurses and is responsible for their professional development. S/He leads quality improvement and research projects within the organisation. S/He cultivates a collaborative team culture and effective learning environment for palliative nurses to achieve clinical excellence and deliver positive client experiences.

Key Responsibility Area	***Key Activities***
Responsibilities and Activities (Cont'd)	
Nursing Practice Management and Operational Excellence	Analyse health profiles and needs of clients and / or populations and implement services to meet these needs
	Be involved in developing palliative nursing guidelines and protocols to guide clinical and professional practices
	Monitor the palliative nursing team's practice on resource management and recommend strategies to reduce waste in service delivery, care and treatment
	Ensure the appropriateness and cost-effectiveness of practices, equipment and products used for the clients
	Lead quality audits, quality improvement and evidence-based projects e.g. death reviews
	Analyse data from death review and recommend initiatives as required to maintain standard of care practices
	Identify and report potential threats to the practice of ethical and legal principles in palliative nursing service delivery
	Conduct risk assessment to identify risks and safety hazards of palliative nursing practice and implement measures to mitigate risks identified
	Execute responsibilities as per emergency protocols in the event of public health threat or emergency
People and Personal Development	Conduct formal and informal palliative continuing education and training based on team's learning and professional development needs
	Articulate and communicate the teams purpose and individuals roles and responsibilities
	Identify and support the learning needs of individuals or the team in response to personal development or service needs
	Develop training roadmap for the palliative nurses in one's area of clinical practice
	Encourage the care team to adopt strategies for reflective learning
	Provide clinical supervision and coaching in one's area of clinical practice e.g. onboarding of new staff
	Implement strategies to promote welfare and wellbeing of palliative nurses

Competency Domain	***Competency Element (Proficiency Level)***
Professional Competencies	
01. Person-centred Care	E1. Client Assessment and Care Planning (Level 4)
	E2. Management of Individuals with Health Conditions (Level 4)
	E3. Medication Management (Level 4)
	E4. Client, Family and Caregiver Education and Empowerment (Level 4)
	E5. Care Transition Across Care Continuum (Level 4)
	E6. Communication, Collaboration and Teamwork (Level 3-4)
	E7. Client and Environment Safety and Risk Management (Level 3-4)
02. Wellbeing and Supportive Care	E8. Conduct Grief and Bereavement Support (Level 2-4)
	E9. Client, Family and Caregiver Mental Wellbeing (Level 3-4)
	E10. Staff Support (Level 3)
03. Professional Development and Leadership	E11. Develop and Lead Self (Level 3)
	E12. Develop and Lead Others (Level 3)
04. Improvement, Innovation and Research	E13. Innovation and Quality Improvement (Level 3)
	E14. Evidence-based Practice and Research (Level 3)

20

21

Professional Competencies

PROFESSIONAL COMPETENCIES

Competency Domain	***Competency Element***	***Definition of Competency Element***		
02 Wellbeing and Supportive Care	E10 Staff Support	Support staff by providing team members opportunities for self-reflection, effective self-care strategies, and organisational staff support structures.		
Proficiency Level	***Level 1***	***Level 2***	***Level 3***	***Level 4***
Description of Competency Element	Support team members and provide opportunities for self-reflection and self-care	Coach and support team members, provide opportunities for self and team reflection and self-care	Lead and support team members, provide opportunities for self and team reflection and self-care	Develop and lead the organisation by developing long-term staff support strategies and programmes
	• Concepts of compassion fatigue	• Compassion Fatigue and burnout	• Compassion Fatigue and burnout	• Compassion Fatigue and burnout

Competency Domain	***Competency Element***	***Definition of Competency Element***			
02 Wellbeing and Supportive Care	E10 Staff Support	Support staff by providing team members opportunities for self-reflection, effective self-care strategies, and organisational staff support structures.			
Proficiency Level	***Level 1***	***Level 2***	***Level 3***	***Level 4***	
Abilities	• Recognise signs of compassion fatigue and burnout in self and others • Recognise spiritual distress in self and peers • Recognise staff who require support and encourage to seek help • Participate and assist in support programmes that are designed to promote staff wellbeing • Build trust and rapport among transdisciplinary team members with open communication • Participate in team debrief • Apply self-care strategies, engage in activities that build resilience and seek help when needed • Contribute in creating a supportive working environment	• Assess for compassion fatigue and burnout in self and others • Identify spiritual distress in self and others • Identify and support staff who require support and seek for help when needs arise • Participate and contribute in support programmes that are designed to promote staff wellbeing • Build trust and rapport among transdisciplinary team members with open communication • Contribute in team debrief • Apply and promote self-care strategies, engage in activities that build resilience and seek help when needed • Promote a supportive working environment	• Develop plan to prevent compassion fatigue and burnout in self and others • Assess spiritual distress in self and others • Provide and evaluate staff support and counselling • Plan, develop and lead support programmes that are designed to promote staff wellbeing • Foster a team culture for open communication • Facilitate team debrief • Mentor and support team on self-care strategies • Build team resilience • Lead a supportive working environment	• Drive programmes to create awareness on compassion fatigue and burnout in the organisation • Evaluate strategies in preventing compassion fatigue and burnout • Drive and evaluate support programmes that are designed to promote staff wellbeing • Evaluate the team culture in the organisation • Lead team debrief • Mentor and coach team on self-care strategies • Collaborate with inter-departments to create policies on staff support programmes • Drive strategies to build team resilience • Create policies to promote a supportive working environment	

Sources of Information

1. Canadian Partnership Against Cancer & Health Canada. (2021). The Canadian interdisciplinary palliative care competency framework. https://s22457.pcdn.co/wp-content/uploads/2021/01/palliative-care-competency-framework-EN.pdf
2. Canning, D., Yates, P., & Rosenberg, J. P. (2005). Competency standards for specialist palliative care nursing practice. Brisbane: Queensland University of Technology. https://www.pcna.org.au/TCMH/media/docs/competencies_1.pdf

92

Title: "Life is like a painting"

Description: "Life is beautiful like the painting and the nature"

Artist: Tay Saik Lee, 75 years old

Media: 29.7 x 42 cm watercolor paper, watercolor

RESOURCES

Below are some courses available for nurses keen to upgrade and upskill in palliative nursing. Please note that the list is non-exhaustive and subject to change by the training provider.

Palliative Care Specialist Courses and Training

- Lien Centre for Palliative Care (LCPC) - Palliative Care Course for Nurses (RN)
- Ngee Ann Polytechnic (NP) - Specialist Diploma in Palliative Care Nursing (SDPCN)
- Nanyang Polytechnic (NYP) - Advanced Diploma in Nursing (Palliative Care)
- St Luke's Eldercare (SLEC) - Certificate in Palliative Care Nursing (Intermediate)
- Palliative Care Centre for Excellence in Research and Education - CLEAR Course on End of Life
- Palliative Care Centre for Excellence in Research and Education - Essentials of Thanatology: Death, Dying and Bereavement
- Palliative Care Centre for Excellence in Research and Education - Family Dignity Intervention (FDI): Psycho-Socio-Spiritual Care for Terminally-Ill Patients and their Families
- National University of Singapore (NUS): Master of Nursing

Palliative Online Resource

- SG Pall ebook [https://www.duke-nus.edu.sg/lcpc/resources/sg-pall-ebook-disclaimer/sg-pall-ebook/about-sg-pall-ebook]
- Lien Centre for Palliative Care (LCPC) Communication Toolkit [https://www.duke-nus.edu.sg/lcpc/resources/communication-toolkit/communication-toolkit]

Title: "Hope" (2020)

Description: "Do not give up! Even if things do not turn out as you expect them, or you need a longer time to complete something, just believe you are almost there, and you can accomplish it."

Artist: Sally Low, 51 years old

Media: 21cm x 30cm, Coloured pencils on paper

Glossary

As the Framework draws from international resources, this glossary was developed to contextualise the key terms to the Singapore setting. It also contains the sources from where the definitions are derived.

Terms	Definition
Active dying	Active dying phase refers to the last hours and days of life. It may also be termed as final hours, the period just before death occurs. *Singapore Hospice Council, (2015). National Guidelines for Palliative Care and interpretation guide. Retrieved from https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf* *Source: Singapore Hospice Council, (2019). Understanding the final hours. https://library.singaporehospice.org.sg/?docs=understanding-the-final-hours*
Advance Care Planning	Advance Care Planning (ACP) is a national programme that aims to empower Singaporeans to choose how they would like to be cared for. It promotes care that is consistent with one's values and preferences. ACP helps ensure that patients' wishes are respected in the event that they become incapable of participating in treatment decisions and allows for treatment at the end of life to be consistent with the patients' preferences. National Guideline for Palliative Care (2015) requests all patients at the end of life have access to Advance Care Planning (ACP). *Sources: Agency for Integrated Care (2022). Advance Care Planning. https://www.aic.sg/care-services/advance-care-planning* *Singapore Hospice Council, (2015). National Guidelines for Palliative Care and interpretation guide. https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf*
Biopsychosocial and Spiritual Assessment	The biopsychosocial and spiritual assessment includes four dimensions, encompassing all aspects of personhood—biological or physical, psychological, social and spiritual. Each step of assessing the multi-dimensionality of a symptom is a critical component of providing the best management possible to patients, especially at the end of life. *Source: Wachholtz, A. B., Fitch, C. E., Makowski, S., & Tjia, J. (2016). A comprehensive approach to the patient at end of life: Assessment of multidimensional suffering. Southern Medical Journal, 109(4), 200–206.* *https://doi.org/10.14423/SMJ.0000000000000439*
Caregivers Empowerment	Empowerment of adults' and elders' family caregivers may be defined as "positive control of one's mind and body, cultivating a positive attitude, proactively attempting to understand one's role as a caregiver to improve caregiving capabilities, focusing on others as well as oneself, supporting the independence of the care receiver, and creating constructive relationships with other people surrounding them". *Source: Sakanashi, S. and Fujita, K. (2017). Empowerment of family caregivers of adults and elderly persons: A concept analysis. International Journal of Nursing Practice, 23(5). doi: 10.1111/ijn.12573*
Clinical Privileging Framework	Clinical privileging framework is the authorization to determine and define the specific scope of practice and service that the staff is allowed to provide within the hospital based on his / her credentials, training, experience and performance. *Source: McMullen, P. C., & Howie, W. O. (2020). Credentialing and privileging: A primer for Nurse practitioners. The Journal for Nurse Practitioners, 16(2), 91-95.*

Terms	Definition
Complex Care Needs	Complex care needs may derive from the patient, carer or healthcare team, and the help required may be intermittent or continuous depending on the level of need and rate of disease progression. Examples of complex needs include: Physical symptoms – uncontrolled or complicated symptoms, specialised nursing requirements, complex mobility or functioning issues. Psychological – uncontrolled anxiety or depression, cognitive or behavioural issues. Social – complex situations involving children, family or carers, finance issues, communication difficulties and patients with special needs. Spiritual – unresolved issues around self-worth, loss of meaning and hope, requests for euthanasia, unresolved religious or cultural issues. Ethical – conflicting interests involving ethical principles that impinge on decision-making by patient, family or care team. *Source: Singapore Hospice Council. (2015). National Guidelines for Palliative Care. https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf*
Edmonton Symptom Assessment System (ESAS)	The ESAS is a one of the first quantitative symptom assessment tools that allows for simple and rapid documentation of multiple patient-report symptoms at the same time. *Source: Hui, D., & Bruera, E. (2017). The Edmonton Symptom Assessment System 25 years later: Past, present, and future Developments. Journal of pain and symptom management, 53(3), 630-643. https://doi.org/10.1016/j.jpainsymman.2016.10.370*
Formal and Informal Palliative Continuing Education	*Palliative care education includes formal education such as coursework in academic programmes, educational programs specific to palliative care, and continuing education in palliative care.* *Source: Informal education in palliative care includes self-directed learning, experiential learning, education provided by peers, preceptors, and mentors, and education provided by healthcare organisations in professional settings.* *MacLeod, R. D., & Block, L. V. (2019). Textbook of palliative care. Springer.*
Grief and Bereavement Support	For the timely identification of complications in grief experienced by families before and after the patient's death, the provision of direct bereavement support, or referral of families to bereavement services should be based on the assessed needs of the families. *Source: Singapore Hospice Council. (2015). National Guidelines for Palliative Care. https://singaporehospice.org.sg/site2019/wp-content/uploads/National-Guidelines-for-Palliative-Care-Revised-Ed.-Jan-2015.pdf*
Holistic Palliative Interventions	A holistic palliative approach or interventions incorporate the whole spectrum of care–medical, nursing, psychological, social, cultural, and spiritual–whatever the patient's illness, wherever the patient is under care, whatever his / her social status, creed, culture, or education. *Source: Doyle, D. (2021). Getting Started: Guidelines and Suggestions for those Starting a Hospice / Palliative Care Service (3rd Ed). Houston, IAHPC Press.*
Life-limiting Illness	Life-limiting illnesses are illnesses that can be reasonably expected to cause the death of the individual within the foreseeable future. This definition is inclusive of both malignant and non-malignant illnesses that are expected to shorten an individual's life. *Source: Ministry of Health, Canada. (2013). Provincial End-of-Life Care Action Plan for British Columbia. http://www.health.gov.bc.ca/library/publications/year/2013/end-of-life-care-action-plan.pdf*

Terms	Definition
Palliative Care Approach	The palliative approach to care is a philosophy and set of principles that apply to all people living with and dying from a life-limiting illness in all settings. A palliative approach aims to improve the quality of life for individuals with a life-limiting illness and their families by reducing their suffering through early identification, assessment and treatment of pain, physical, cultural, psychological, social, and spiritual needs. *Source: Health Canada, (2018). Framework on Palliative Care in Canada* *Australian Medical Association, (2015). Palliative Approach in Residential Aged Care. https://www.ama.com.au/position-statement/palliative-approach-residential-aged-care-2015*
Palliative Care Outcomes Collaboration (PCOC)	The Palliative Care Outcomes Collaboration (PCOC) is a quality outcome assessment tool that measures outcomes for physical symptoms, psychological and spiritual needs, and family and carer outcomes. PCOC provides a framework and protocol for routine clinical assessment and response, comprising five clinical assessment tools: The Palliative Care Phase, Symptom Assessment Scale (SAS), Palliative Care Problem Severity Scale (PCPSS), Australia-modified Karnofsky Performance Status (AKPS) Scale, and Resource Utilisation Group – Activities of Daily Living (RUG-ADL). *Source: University of Wollongong (2022). Palliative Care Outcomes Collaboration. https://www.uow.edu.au/ahsri/pcoc/*
Person-centred Care (PCC)	PCC is a holistic (bio-psychosocial-spiritual) approach to delivering care that is respectful and individualised, allowing negotiation of care, and offering choice through a therapeutic relationship where persons are empowered to be involved in health decisions at whatever level is desired by that individual who is receiving the care. Being person-centred means: • Affording people dignity, respect and compassion • Offering coordinated care, support or treatment • Offering personalised care, support or treatment • Being enabling *Source: Morgan, S., & Yoder, L. H. (2012). A Concept Analysis of Person-Centered Care. Journal of Holistic Nursing American Holistic Nurses Association, 30(1), 1-10. doi:10.1177/0898010111412189* *The Health Foundation. (2016). What is person-centred care* *http://personcentredcare.health.org.uk/overview-of-person-centred-care/what-person-centred-care*
Quality of Life	An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. *Source: World Health Organisation. (2014). WHOQOL: Measuring Quality of Life.* *https://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/*
Transdisciplinary Care	Transdisciplinary care involves transcending disciplinary boundaries, sharing knowledge, skills and decision-making, a focus on real-world problems and the inclusion of multiple stakeholders including patients, their families and their communities in patient care. *Source: Van Bewer V. (2017). Transdisciplinarity in Healthcare: A Concept Analysis. Nursing Forum. 52(4):339-347. doi: 10.1111/nuf.12200*

Title: "Peace" (2020)

Description: "Be patient. Sustain internal peace and accept your limitation. Keep your spirit undefeated - you will be strong to fight a better battle."

Artist: Sally Low, 51 years old

Media: 21cm x 30cm, Coloured pencils on paper

Acknowledgements

PALLIATIVE NURSING COMPETENCY FRAMEWORK (PNCF) DEVELOPMENT WORKGROUP MEMBERS

Advisor:

Ms Paulin Koh
Chief Nursing Officer,
Ministry of Health

Ms Helen Goh
Assistant Chief Nursing Officer (Community Care),
Ministry of Health

Chairperson:

A/Prof Edward Poon
Senior Director, Nursing,
St Luke's ElderCare

Members:

Ms Melissa Fong
Assistant Nurse Clinician, Methodist Welfare Services

Ms Janigi Mohan
Director of Nursing, St Joseph's Home

Ms Sim Lai Kiow
Nurse Clinician, Khoo Teck Puat Hospital

Ms Pamela Koh
Nurse Manager, Dover Park Hospice

Dr Christine Sek
Senior Lecturer, Course Coordinator of Advanced Diploma in Nursing (Palliative Care), Nanyang Polytechnic

APN Zhu Xia
Senior Nurse Clinician, National Cancer Centre Singapore

Secretariats:

APN Mayganathan Kavidah
St Andrew's Community Hospital

APN Ng Wan Ru
Nurse Manager, HCA Hospice Ltd.

Ms Liu Fang
Senior Nurse Educator, Assisi Hospice

Ms Tan Poh Hoon
Senior Nurse Clinician, Alexandra Hospital

Project Lead:

Ms Jennifer Bao Zhenyuan
Senior Assistant Director (Education), Ministry of Health

Ms Carolyn Ho
Senior Manager (Education), Ministry of Health

Information of members is accurate as at the time of appointment of the PNCF Workgroup, 30 September 2021.

The Workgroup would like to thank the following people for their valuable comments and recommendations:

Dr Margaret O'Connor AM
Emeritus Professor of Nursing, Monash University, Nursing and Midwifery, Australia

Dr Norhisham Bin Main
Lead, Palliative Care Service Line, NUHS
Head, Division of Supportive Care & Palliative Medicine, NTFGH
Senior Consultant, Geriatric & Palliative Medicine, Department of Medicine, NTFGH

Clin Asst Prof Peh Tan Ying
Senior Consultant, Division of Supportive and Palliative Care, National Cancer Centre Singapore
Head, Medical, Assisi Hospice
Director, Education, SingHealth Duke-NUS Supportive and Palliative Care Centre

APN Sylvia Lee
Dover Park Hospice

Ms Goo Lay Kian
Assistant Director of Nursing, Dover Park Hospice

A/Prof Dora Howes
Programme Director (Nursing) University of Glasgow Singapore
Singapore Institute of Technology

The Workgroup would also like to thank stakeholders from public healthcare clusters, institutes of higher learning and community care organisations for their valuable inputs through the course of the development and validation of the Palliative Nursing Competency Framework.

Title: "Enjoying Solitude" (2022)

Description: "Enjoying my solo trip along the river "

Artist: Ang Moi Nam- Hong Meinan, 74 Years old

Media: 15cm by 21cm, Watercolor on paper


Trainer
MINISTRY OF HEALTH
SINGAPORE