

End of Life Clinical Competencies for Registered Nurses

Name:	Role:
Base:	Date initial training

Competency Statement:

The participant demonstrates clinical knowledge and skill in end of life care without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 3 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Communication Skills				
1.1 Demonstrate a range of appropriate communications skills including picking up on cues, reflection, use of silence, open and close questions	Questioning / observation			
1.2 Listens to patients and carers about their concerns relating to end of life care and provides information and support	Questioning / observation			
1.3 Demonstrates a willingness to ask potentially 'difficult' questions appropriately to ascertain the needs and wishes of patients and carers	Questioning / observation			
1.4 Assesses patients' and carers, tailoring own communication strategies to changing needs and wishes	Questioning / observation			
1.5 Acknowledges, recognises and responds with sensitivity and compassion to the needs of patients and carers irrespective of religious, cultural, socioeconomic background etc	Questioning / observation			
1.6 Works with patients and carers in shared decision-making, within the principles of valid consent especially around advance care planning, including patients' preferred place of care etc	Questioning / observation			
1.7 Explores the extent to which carers wish to be involved, particularly with practical care at the end of life, and enables them so to do with the consent of the patient	Questioning / observation			
1.8 Recognises poor communication skills of colleagues and, if necessary, take immediate and appropriate action to limit risk to patients or carers	Questioning / observation			

1.9	Utilises resources appropriately to address barriers to communication, e.g. patients with hearing loss, aphasia, no (or insufficient) common language	Questioning / observation			
1.10	Recognises poor communication skills of colleagues and, if necessary, take immediate and appropriate action to limit risk to patients or carers	Questioning / observation			
1.11	Uses documentation, whether paper or electronic appropriately to access information and records end of life care planning and delivery succinctly and legibly (NMC, 2008)	Questioning / observation			
1.12	Liaises with other professionals appropriately, enabling partnership working	Questioning / observation			
1.13	Ensures effective channels of communication are in place with agencies and individuals delivering social care	Questioning / observation			
1.14	Demonstrates respect of skill and competencies of all in multidisciplinary team	Questioning / observation			
1.15	Approaches bereaved relatives following death regarding a patient's wished to donate tissue or organs when appropriate	Questioning / observation			
1.16	Recognises when personal experiences of death and dying, stress and bias may affect his/her own capacity to listen and know when to refer on/access support	Questioning / observation			
1.17	Identifies own limitations in communication skills at end of life and accesses necessary training	Questioning / observation			
2. Assessment and Care Planning					
2.1	Assesses holistically the dying patient with regard to pain and other symptoms	Questioning / observation			
2.2	Assesses psychological, cultural, spiritual, social/financial, legal and ethical issues affecting the patient and the carer	Questioning / observation			
2.3	Incorporate wishes of patient into the care plan	Questioning / observation			
2.4	Identifies hopes and goals of the patient and carer and when possible plans care which will support their achievement	Questioning / observation			
2.5	Identifies the spiritual and emotional needs of individuals and plans care in a culturally sensitive manner	Questioning / observation			
2.6	Ensures appropriate social support services are provided	Questioning / observation			

2.7 Evaluates outcomes of care and make alterations in the management plan reflecting the changing clinical situation	Questioning / observation			
2.8 Anticipates and recognises the changing clinical status of the dying patient and prepare the patient and family, exploring their awareness of the situation	Questioning / observation			
2.9 Participate in multidisciplinary team (MDT) discussions and management planning	Questioning / observation			
2.10 Identifies the impact of changing clinical status on functional ability, modifying moving and handling practice appropriately and adhering to revised documented advice	Questioning / observation			
2.11 Identifies signs that people are at risk, e.g. of falls, abuse or neglect, etc. and that there might be a need for protective measures	Questioning / observation			
2.12 Verifies an expected death in line with Organisational policies/procedures	Questioning / observation			
3. Symptom Management and Maintaining Comfort and Well being				
3.1 Applies clinical judgement, in consultation with others, to plan and provide nursing care that meets the complexity of the patient's illness	Questioning / observation			
3.2 Administers medication in line with the changing status of the patient and according to organisational policy	Questioning / observation			
3.3 Demonstrates effective and appropriate use of the individualised Care Plan as a tool to guide delivery of end of life care	Questioning / observation			
3.4 Undertakes, assists with or advises, with all or particular aspects of personal care as appropriate	Questioning / observation			
3.5 Effectively and sensitively teaches carers the skills of essential personal care as appropriate to the situation	Questioning / observation			
3.6 Accesses available equipment to aid patient independence and/or facilitate care in the place of patient's choice	Questioning / observation			
3.7 Facilitates the process of tissue donations after death as appropriate	Questioning / observation			

Source: End of Life Core Competency Framework St Christopher's Hospice 2012

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in end of life care

Assessor _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments

Levels of competency Rating Scale

	Level of achievement	Level
Novice	Cannot perform this activity satisfactorily to the level required in order to participate in the clinical environment	0
↓	Can perform this activity but not without constant supervision and assistance	1
	Can perform this activity with a basic understanding of theory and practice principles, but requires some supervision and assistance	2
Competent Practitioner	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision	3
↓	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice At this level competence will have been maintained for at least 6 months and/or is used frequently (2-3 times /week) The practitioner will demonstrate confidence and proficiency and show fluency and dexterity in practice This is the minimum level required to be able to assess practitioners as competent	4
	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice.	5
	At this level the practitioner will be able to adapt knowledge and skill to special/ novel situations where there maybe increased levels of complexity and/or risk	
Expert	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice. Demonstrate initiative and adaptability to special problem situations, and can lead others in performing this activity At this level the practitioner is able to co-ordinate, lead and assess others who are assessing competence. Ideally they will have a teaching and /or mentor qualification	6

Adapted from: Herman GD, Kenyon RJ (1987) Competency-Based Vocational Education. A Case Study, Shaftsbury, FEU, Blackmore Press, cited in Fearon, M. (1998) Assessment and measurement of competence in practice, *Nursing Standard* 12(22), pp43-47.