

## LTC Palliative Approach Competencies for Clinicians – December 16, 2025

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\*Resident refers to the individual living in the long-term care home

*Adapted from the BC CPC Nursing Competencies Dec 2024,*

### 1. Goals of care conversations

1. Explores the resident\* and family's understanding of their health condition, expected course, expressed wishes, and goals of care using an ask-offer-ask approach.
2. Introduces (or supports) the resident and their family to the concept of a palliative approach in long-term care.
3. Identifies the SDM for residents who cannot speak for themselves
4. Reviews goals of care regularly and participates in ongoing discussions with the interprofessional team, resident and substitute decision maker (SDM), particularly with significant change in condition.
5. Identifies priorities or concerns for the resident and their family, taking account of the resident's coping strategies and how they relate to their health condition.
6. Balances safety with autonomy by supporting residents and families to make informed choices about living with increased risk when it aligns with their documented goals and wishes, recognizing that dignity, meaning, and quality of life may take precedence over minimizing all risk.

### 2. Care planning to anticipate and prepare for change

1. Assesses and discusses trajectory of life-limiting condition(s) within scope of practice (e.g. using language of uncertainty and declining functionality) with resident and family, sharing and explaining written resources.
2. Recognizes the need to review the focus of care and treatment goals at times during LTC stay (admission, significant change in condition, care conferences).
3. Applies knowledge of life-limiting conditions to anticipate and prepare for change in condition.
4. Prepares the resident and/or family to anticipated changes in their condition and how this may impact them.
5. Recognizes and responds to change in condition, including signs of imminent death, including engaging with the resident and family in care planning.
6. Provides information and assurance to the resident and family regarding comfort measures during the last days and hours of life and prepares for imminent death.
7. Access specialized palliative care resources, when needed.

### 3. Optimize comfort, symptom management and quality of life

1. Demonstrates basic knowledge and skill in assessment and management of pain and other symptoms, using evidence-based guidelines.
2. Uses a consistent approach to symptom management through assessment, determining possible causes, providing relevant interventions, and educating the resident and/or family.
3. Recognizes the importance and benefit of interprofessional approaches in optimizing comfort and enhancing quality of life.
4. Recognizes the overall impact of a life-limiting condition on the resident and family, including their mental health and coping mechanisms, and provides support to address these needs.
5. Supports wellbeing of the “whole person,” including physical comfort, emotional and psychological wellbeing, social needs, spiritual wellbeing, cultural values and beliefs, personal dignity, and preparedness for end-of-life to support quality of life and death.
6. Responds to inquiries regarding Medical Assistance in Dying (MAiD) in accordance with relevant guidelines, standards and policies.
7. Understand and recognize expected changes as a resident nears death.
8. Provide care for the resident during their active dying time and support their family members.
9. Demonstrates a basic knowledge of loss, grief and bereavement.
10. Recognises the impact of a life-limiting condition on the resident and family to help them cope with loss and grief.
11. Provides guidance, support and information to families and makes referrals to bereavement services, as required.
12. Explores personal attitudes and beliefs regarding death and dying and attends to personal responses.
13. Recognize the impacts of grief and loss on healthcare providers making efforts to support one’s own well-being and seek support when needed.