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## D2.2 GUIDELINES FOR THE DEVELOPMENT OF COURSES AND TRAINING PROGRAMMES

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WP2. FORMING THE FOUNDATION OF CAPACITY BUILDING AND  
COURSE DEVELOPMENT

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# 1 Introduction

This guideline presents a verified competence framework for palliative care nursing in China, developed by the partners of the PalcNet project.

The PalcNet project aims to enhance palliative care in China by developing the competencies of Chinese educators, healthcare professionals, and students, with a strong focus on digital transformation. The project's overall objective is to improve palliative care education and training to enhance the quality of life for citizens. By strengthening the skills of both current and future healthcare professionals, the project seeks to bridge the gap between theory and practice, ensuring a long-term impact on target groups and society.

The project consortium consists of European and Chinese partner organisations with JAMK as project leader. European partners are Jyväskylä University of Applied Sciences (JAMK) (Finland); Hanze University of applied sciences Groningen (HUAS) (Netherlands) and Ramon Llull University (URL) (Spain). The Chinese partners are Beihua University (BHU), Harbin Medical University (HMU), Guangzhou Health Science College (GHSC), Peking Union Medical College Hospital (PUMCH).

This verified competence framework is developed in two stages. The first stage involved a benchmark analysis and a gap analysis. In collaboration with European and Chinese partners and drawing on extensive evidence-based materials—including scientific research, grey literature, existing curricula, and international recommendations—a competence framework was defined (PalcNet, Gap analysis report). To ensure its accuracy, relevance, and applicability, this framework was then verified through a two-round Delphi procedure with experts from China and Europe.

This competence framework for palliative care nursing serves as a foundational tool for developing courses that align with the essential skills and knowledge required in the field of palliative care, specifically tailored to the Chinese context. It provides a clear outline of verified competencies that guide the creation of competence-based education and learning modules, ensuring that nursing professionals acquire the necessary expertise to deliver high-quality palliative care.

Additionally, this document includes guidelines for developing course content and learning activities, offering basic knowledge items and assessment criteria. The basic knowledge items for each competence define the fundamental knowledge that learners must acquire, supporting the development of course materials and instructional activities. Learning outcomes specify the expected skills and abilities to be achieved by the end of the course, while assessment criteria provide measurable benchmarks for evaluating learners' progress and informing the development of appropriate assessment methods.

The document is structured as follows: Chapter 1 outlines the competence framework, providing an overview of the key competencies. Chapter 2 summarizes the fundamental knowledge required to perform each competency effectively. Chapter 3 details the corresponding learning outcomes, and assessment criteria and results.



## 2 The competence framework for palliative care nursing China

### Palliative care definition and levels of care

Palliative care as defined as an approach that improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social, or spiritual. The quality of life of caregivers improves as well (World Health Organization, 2020).

In line with the European Palliative Care Competences report, based on research findings, we distinguish three levels of palliative care provision and, in each of these levels, nurses have a role (Krisman-Scott & McCorkle, 2002; De Vlieger et al., 2004; Sawatzky et al., 2016):

1) *The palliative care approach* involves adopting the foundational principles of palliative care, adapting palliative care knowledge and expertise to people with chronic life-limiting conditions, and embedding this knowledge and expertise into the delivery of care across different healthcare sectors and professions. For example, in primary care, nursing homes and hospital wards.

2) *General palliative care* is provided by professionals and specialists treating people with life-threatening and life-limiting conditions who are frequently involved in palliative care, but do not provide palliative care as the main focus of their work. These professionals have enhanced knowledge and skills in palliative care to provide general palliative care.

3) *Specialist palliative care* is provided by services and professionals whose main focus of practice is the provision of palliative care for people with life-threatening or life-limiting conditions experiencing complex or difficult needs which require highly specialised knowledge, skills, and resources. For example, specialist palliative care units, services, and hospices (Radbruch & Payne, 2009; Radbruch & Payne, 2010).

To deliver these diverse levels of palliative care, also different types of education and training for nurses are required (De Vlieger et al., 2004; Connor 2020). Indeed, providing high-quality palliative care at any of these levels requires nurses with the appropriate education, knowledge, and competence (Gamondi, Larkin, Payne, 2013a; Gamondi, Larkin, Payne, 2013b).

The focus of this project is on the first two levels of palliative care provision, which are appropriate for the Bachelor level of Nursing.

### The competence framework

The competences for palliative care nursing are interrelated and applicable in different care settings and for different patient groups and their families. This implies that all competences can be executed



in the different situations of care and health care environments including homecare, hospital care, acute care, long term care and end of life care.

The structure of the competence framework was designed to align with widely used nursing competence models, including the competency framework of the European Federation of Nurses and the CanMEDs model, which share many similarities (Wit et al, 2023). In a previous project, where several of the partners collaborated on developing a competence framework for gerontological nursing, these two models were successfully combined. Based on this experience, the partners agreed to adopt the same structure as used in the GeNedu project (Dijkman et al, 2021). It consists of six competencies and for each competence two or more learning outcomes are identified (Wagenaar et al 2014, Gómez del Pulgar, 2011). The competencies have been adapted to align specifically with palliative care nursing.

A nurse is able to integrate all six competences. Each competence contains a comprehensive set of tasks which together form the complete profile for palliative care nurse which is illustrated in figure 1. Providing palliative care can be seen as the core competence in which the nurse integrates all other competences as these are inseparable from each other.

### **Definition competences and learning outcomes**

Competences represent a combination of knowledge, skills, attitudes, and values, which can be transferred to different contexts in the field of palliative care nursing.

Learning outcomes are statements of what the student is expected to know, understand and be able to demonstrate in practice.

### **Competences and learning outcomes for palliative care nursing**

The framework comprehensively covers the core competencies that should be mastered by nurses working in palliative care and is tailored to the Chinese context. Below you will find the visual representation of the six competences for palliative care nursing:

1. Providing palliative care
2. Communication and collaboration
3. Organisation and management
4. Patient and family education
5. Evidence based nursing (EBN), lifelong learning (LLL) and training.
6. Professional behaviour





*Figure 1: Visual representation of the cohesion of the six competences*

The following table provides an overview of the set of 6 core competences for palliative care nursing in China with the corresponding learning outcomes.

*For the purpose of this document 'patient' refers to a care recipient or person who asks for care or a person who is in the need of care.*

## 1. PROVIDING PALLIATIVE CARE

**Competence: Providing palliative care**

The nurse provides person-centered, holistic palliative care to persons, and their families across various care setting and different populations and throughout different phases of palliative care, including the end-of-life care. The nurse can thoroughly assess palliative care needs, and profoundly analyse, plan, implement, and evaluate comprehensive care. This involves the ability to understand the significance of physical, psychological, social and spiritual needs of both the patient and their family members.

**a. Assess palliative care needs**

Conduct a systematic assessment to identify palliative care needs by evaluating the patient's and, when necessary, the family's or caregivers' input on physical and mental wellbeing, pain, symptoms, medical and personal history, and spiritual needs, and overall comfort, while determining the level of nursing palliative care required.

**b. Identifying nursing diagnosis**

Analyse the data collected from the palliative care assessment to form a nursing diagnosis by carefully considering and identifying problems and risk factors for the patient and their family. This is done by utilizing current theoretical and clinical knowledge in the nursing process to accurately diagnose the required nursing care throughout the palliative care continuum, including end-of-life care.

**c. Person-centred care plan**

Develop an appropriate plan for holistic person-centered nursing care with a focus on palliative care and end-of-life care, aimed at enhancing comfort and well-being for the patient and their family based on evidence and practice- based guidelines (including Chinese medicine practice) and professional standards of care and in the context of current scope of practice for the benefit of the patient and family members. This includes an identification of realistic goals and outcomes to develop advanced care planning through the employment of appropriate techniques for shared decision-making.

**d. Implementation of nursing interventions for palliative care**

Provide accurate implementation of the care plan and perform the nursing interventions, including Chinese medicine practice, in different care settings, such as homecare, hospital care, long term care and hospice care involving members of the interdisciplinary team.

**e. Complementary care (emotional support and spiritual care)**

Support patients and family- members to apply complementary interventions such as massage, yoga, and meditation to improve the quality of life concerning symptom management, emotional support, and spiritual care. This includes respecting habits, traditional or cultural customs.

**f. Evaluation**

Evaluate and adjust care plans for the patient on a continuing basis with the purpose of providing optimal nursing care for the person and his/her family. This includes to engage in discussions



about preferences for care with the person with a life-limiting condition and family members. This requires ethical and cultural sensitivity and applying appropriate communication skills.



## 2. COMMUNICATION AND COLLABORATION

### **Competence: Communication and collaboration**

The nurse demonstrates effective communication by utilizing effective verbal and non-verbal techniques, respecting cultural differences, practicing active listening, and engaging in empathic communication to provide person-centered care. This includes the collaboration with patients, family members, informal caregivers and other health and social care professionals. The nurse is able to address sensitive topics and to use ICT tools appropriately to enhance coordination, information sharing and decision-making.

#### **a. Person centred communication**

Form strong, positive professional relationships with patients and their family members based on empathy, trust, respect, and reciprocity. This means communicating clearly and effectively, considering the patient's individuality, cultural and social background, palliative phase, and care needs. This includes being able to address sensitive issues such as diagnostic disclosure, grief, bereavement and spiritual concerns, and the ability to be attentive to the person through careful listening to help the person and their families feel they have been heard.

#### **b. Collaborate with family members and informal caregivers**

Work together with patient's supportive family, informal caregivers and their social network to encourage appropriate informal care and support. Organise family meetings and apply shared decision-making regarding palliative care and end of life care.

#### **c. Collaborate with colleagues and the multidisciplinary team**

Work effectively together with other professionals for integrated palliative care and support meaning multi- and inter-professional cooperation to achieve optimal support and care for the patients and their families in multiple locations. This includes acting as an advocate for the person and their family to ensure appropriate and timely palliative care interventions.

## 3. ORGANISATION AND MANAGEMENT

### **Competence: Organisation and Management**

The nurse demonstrates the ability to plan, organize, and regulate resources and staff in multidisciplinary teams of palliative care integrating palliative care resources in the family-community-hospital-society, to meet the needs of patients and their families concerning the palliative care at various times and environments. This includes leadership and management, continuous quality evaluation and improvement to promote the palliative care service level.

#### **a. Planning and coordination of care and services**

Plan, arrange, and coordinate the nursing care and services provided by nurses and other formal and informal health and social care workers, across different organizations, to provide the best personalized care and support for the patient and their family aiming to ensure continuity of

	<p>care. This includes leading (interprofessional) teams to make efficient decisions based on the needs of patients and their families, to work together to solve practical problems.</p> <p><b>b. Quality management</b> Initiate, monitor and participate in quality management activities to provide high-quality and safe person-centred palliative nursing care. Establish assessment mechanisms and processes for continuous quality improvement which includes leading and promoting palliative care quality improvement projects.</p> <p><b>c. Innovation and technology</b> Use innovative ideas, theories, and methods to improve palliative care nursing practice including the use of technological applications. This includes using digital skills and technology such as telenursing to improve the intended care.</p>
<b>4. PATIENT AND FAMILY EDUCATION</b>	
	<p><b>Competence: Patient and family education to promote palliative care</b> The nurse provides education for patients, their family and the wider public concerning palliative care for optimising well-being and quality of life for the person with a life-limiting condition and her/his family and to the wider public.</p> <p><b>a. Assess educational needs for palliative care</b> Recognise and assess the needs for information about palliative care for patients, families and the wider public.</p> <p><b>b. Palliative care education</b> Provide information for patients and their families and the wider public about palliative care including expected and current health problems related to the natural course and trajectories, common treatments, and complications of the illnesses to support the feeling of self-management and own control over the disease process. This includes to recognise and manage the bereavement, grief and loss process which individuals and families experience before, during and after death.</p>
<b>5. EVIDENCE-BASED NURSING, LIFELONG LEARNING AND TRAINING</b>	
	<p><b>Competence: Evidence based nursing, lifelong learning, and training</b> The nurse expands professional expertise by using evidence-based practice and to improve the practice of palliative care for people and their families. This implies a lifelong learning attitude to participate in training activities about palliative care nursing for staff and students.</p> <p><b>a. Evidence based practice</b> Uses and supports the implementation of the theoretical and methodological principles of evidence-based nursing in palliative care by learning the latest guidelines on palliative care,</p>

consulting relevant literature on palliative care, and apply scientific evidence to clinical nursing practice.

**b. Lifelong learning and professional development**

Expand professional expertise for the own practice in relation to palliative care by applying reflective learning by as an element of continuous learning and professional development.

**c. Train professionals**

Train other nurses and professionals about palliative care. This includes participating in clinical teaching sessions focused on palliative care nursing, which are aimed at supporting and coaching students, junior nurses, and other staff within a multidisciplinary team. Spread relevant new evidence-based research among fellow professionals and other professionals in health and social care services.

Train specific aspects that involve cultural differences, ethics and holistic care. For these topics there is an emphasis on communication and collaboration skills.

## 6. PROFESSIONAL BEHAVIOUR

**Competence: Professional behaviour**

The nurse demonstrates a professional attitude, adheres to professional guidelines, and is committed to providing appropriate person-centered care for older people and their families, while being knowledgeable about the legal and ethical aspects of end-of-life care and dying. The nurse maintains personal awareness and professionalism in dealing with sensitive issues such as emotions, grief, bereavement, and loss; and showing understanding for individual and cultural values and beliefs.

**a. Professional ethics**

Provide palliative nursing in accordance with the professional and personal ethics, legal guidelines, and cultural sensitivities.

**b. Professional commitment and personal awareness**

Demonstrate commitment and respect to provide appropriate palliative care nursing care for patients and their families. Be aware of personal values and assumptions influencing professional practice and can act within professional frameworks and legislation.

**c. Professional reflection**

Demonstrate the understanding of dealing with loss, grief and bereavement as normal and appropriate response to loss which has physical, psychological, spiritual, emotional, and social aspects that affect how it is experienced. This includes reflecting on the own professional experiences in recognising and dealing with own emotions arising in palliative care.

### 3 Competences and basic knowledge

For each competence an overview is given of the basic knowledge that is related to the competence. These topic lists can be used as an example and need further specification when used for curriculum development. The topics are derived from the literature search, competence analysis and input from experts from China and Europe, performed during the gap analysis activity.

1. PROVIDING PALLIATIVE CARE	
	<p><b>Competence: Providing palliative care</b></p> <p>The nurse provides person-centered, holistic palliative care to patients, and their families across various care setting and different populations and throughout different phases of palliative care, including the end-of-life care. The nurse can thoroughly assess palliative care needs, and profoundly analyse, plan, implement, and evaluate comprehensive care. This involves the ability to understand the significance of physical, psychological, social and spiritual needs of both the patient and their family members.</p>
	<p><b>Basic knowledge</b></p> <p>The foundation of knowledge in palliative care nursing is built on an understanding of palliative care and the complex interactions between disease progression, physical symptoms, psychological well-being, and social and spiritual needs. This includes understanding palliative care, pain and symptom management, knowledge about clinical and pharmacological interventions, holistic and complementary care and end of life care. Expertise in person-centered care, ethical considerations, and the nursing process is essential. Palliative care nurses integrate this knowledge to provide holistic, compassionate care that prioritizes comfort, dignity, and quality of life for patients and their families.</p> <p><b>Understanding palliative care</b></p> <ul style="list-style-type: none"><li>● The philosophy of palliative care &amp; holistic nature of palliative care</li><li>● The purpose of palliative care</li><li>● Epidemiology in palliative care</li><li>● Phases of palliative care</li><li>● Quality of life in palliative care</li><li>● Death and dying as a topic in palliative care</li><li>● Palliative care for different patient groups</li></ul> <p><b>Clinical and pharmacological Interventions</b></p> <ul style="list-style-type: none"><li>● Physiology and pathophysiology, evidence practice principles and management in relation to palliative care pain and symptom control</li><li>● Palliative basic care related to needs (e.g. wound care, pressure wound care, bowel care, constipation, oral care and hygiene, tracheostomy care, stoma care, fluid therapy and administration, or oxygen therapy) and symptom relief (e.g. anxiety, fatigue, loss of appetite, nausea, discomfort, shortness of breath, stress, or sleep disorders)</li></ul>

- General palliative care pharmacological interventions and their side effects

#### **Pain management in palliative care**

- The multidimensional aspects of pain in palliative care/Total pain
- Cultural and gender differences in patient pain expression
- Pain assessment in palliative care context
- Pain management in palliative care
- Non-pharmacological symptom management
- Basics of palliative sedation

#### **Holistic support in palliative care and complementary care**

- Principles of person-centred support when caring for palliative patients and those important to them
- Culturally sensitive aspects of supporting in palliative care
- Beliefs, habits, traditions and customs before, during and after death
- Psychosocial needs in palliative care
- Maintenance of hope in palliative care
- Grief and supporting in bereavement during the different phases of the palliative care process
- Meaning of spirituality in the context of palliative care and its importance to patients and family members
- Assessment of the spiritual needs of the patients and family members in palliative care
- Support patients and family members with mental and spiritual needs in the context of palliative care
- Non-pharmacological support, therapy (aromatherapy, Chinese traditional Medicine, music therapy etc.

#### **End-of-life care**

- Protocol in changing care goals from active to palliative care, palliative to end of life care
- Recognizing, identifying and anticipating the stages of dying
- Cultural sensitivity and understanding individual patients' needs in end of life
- Peaceful death
- End of life symptom management
- Legal requirements and processes in reporting death, registering death and institutional guidelines
- Care after death, practicalities and process of preparing the deceased (institutional, cultural and religious considerations)

#### **Challenges in China:**

- Constrained use of opioids
- Professional inability to communicate recommendations for discontinuing unnecessary procedures, treatments, medications and monitoring

## **2. COMMUNICATION AND COLLABORATION**

#### **Competence: Communication and collaboration**

The nurse demonstrates effective communication by utilizing effective verbal and non-verbal techniques, respecting cultural differences, practicing active listening, and engaging in empathic communication to



provide person-centered care. This includes the collaboration with patients, family members, informal caregivers and other health and social care professionals. The nurse is able to address sensitive topics and to use ICT tools appropriately to enhance coordination, information sharing and decision-making.

### Basic knowledge

This requires understanding of effective communication, verbal and non-verbal techniques, active listening, empathy, and cultural awareness to ensure person-centered care, particularly in sensitive situations related to dying, grief, and palliative care. Additionally, nurses know how to collaborate with patients, families, caregivers, and healthcare professionals while utilizing ICT tools to enhance coordination, information sharing, and decision-making, with a strong focus on cultural sensitivity in end-of-life care.

### Patient and family communication

- Principles of effective and open communication with patients and family members of life-threatening disease counselling and care
- Understanding cultural differences in communicating about sensitive issues around dying.
- Principles of shared decision making
- Conflict resolution skills
- Bereavement support

### Collaboration

- Models of collaboration and effective communication in interdisciplinary teamwork
- Methods of effective teamwork and collaboration skills in palliative care interventions
- Debriefing and feedback strategies while giving palliative care
- Knowledge about referring patients or family to relevant psychosocial and spiritual professionals
- Referring or consulting with other team members appropriately and effectively
- Consultation of other experts and professionals for integrated care

### Use of ICT

- Competence in digital communication and applied technology, ICT tools, for communication and collaboration

### Challenges in China:

- Lack of disclosure
- Professional boundaries in tasks and responsibilities to communicate recommendations for discontinuing unnecessary procedures, treatments, medications and monitoring

## 3. ORGANISATION AND MANAGEMENT

### Competence: Organisation and Management



	<p>The nurse demonstrates the ability to plan, organize, and regulate resources and staff in multidisciplinary teams of palliative care integrating palliative care resources in the family-community-hospital-society, to meet the needs of patients and their families concerning the palliative care at various times and environments. This includes leadership and management, continuous quality evaluation and improvement to promote the palliative care service level.</p>
	<p><b>Basic knowledge</b></p>
	<p>This requires a foundation of knowledge and understanding of healthcare organizations and palliative care service delivery at regional and national levels. It also involves knowledge of emerging best practices, technological innovations, and quality assurance processes that support compassionate, effective end-of-life care.</p> <ul style="list-style-type: none"> <li>• Organization of palliative care</li> <li>• Policy and legislation related to palliative nursing at national, regional, and local levels</li> <li>• Models of palliative care</li> <li>• Safe nursing practices in end-of-life care and principles of quality assurance</li> <li>• Innovations in palliative care, including the use of technology</li> <li>• Services provided by other members of care multidisciplinary team and processes of transfer or referral</li> </ul>
<p><b>4. PATIENT AND FAMILY EDUCATION</b></p>	
	<p><b>Competence: Patient and family education to promote palliative care</b></p> <p>The nurse provides education for patients, their family and the wider public concerning palliative care for optimising well-being and quality of life for the person with a life-limiting condition and her/his family and to the wider public.</p>
	<p><b>Basic knowledge</b></p>
	<p>A strong foundation in patient and family education to promote palliative care includes knowledge of health promotion, patient and caregiver education, and strategies to improve health literacy. Understanding communication techniques and educational approaches ensures that patients and families receive the information they need to navigate the complexities of palliative care with confidence and dignity.</p> <ul style="list-style-type: none"> <li>• Basic principles of patient and family education and health literacy</li> <li>• Educational approaches and learning strategies for teaching patients and their families about e.g. symptom management, treatment options, and end-of-life care.</li> <li>• Provision of education and information to patient and family on dying and death</li> <li>• Health Promotion strategies to enhance well-being and quality of life for patients with life-limiting illnesses.</li> </ul>



## 5. EVIDENCE-BASED NURSING, LIFELONG LEARNING AND TRAINING

### Competence: Evidence based nursing, lifelong learning, and training

The nurse expands professional expertise by using evidence-based practice and to improve the practice of palliative care for people and their families. This implies a lifelong learning attitude to participate in training activities about palliative care nursing for staff and students.

### Basic knowledge

A strong foundation of knowledge includes strategies for lifelong learning, principles of evidence-based practice, research implementation in clinical settings, and effective educational approaches to support knowledge sharing in palliative care nursing.

- Understanding and insight of existing and current guidelines and protocols on palliative care,
- Methods to find updated scientific evidence and apply this to clinical nursing practice
- Educational approaches of clinical training in palliative care nursing
- Awareness of organizational and personal responsibility to update healthcare staffs' education (role specific training, knowledge in palliative care)

## 6. PROFESSIONAL BEHAVIOUR

### Competence: Professional behaviour

The nurse demonstrates a professional attitude, adheres to professional guidelines, and is committed to providing appropriate person-centered care for older people and their families, while being knowledgeable about the legal and ethical aspects of end-of-life care and dying. The nurse maintains personal awareness and professionalism in dealing with sensitive issues such as emotions, grief, bereavement, and loss; and showing understanding for individual and cultural values and beliefs.

### Basic knowledge

The foundation for professional behaviour in palliative care nursing includes an understanding of national policies, legal frameworks, and professional standards governing palliative care in China. It also requires integrating cultural beliefs, values, and ethical considerations into practice to ensure care aligns with the needs and expectations of patients and families. Additionally, self-awareness of personal values and biases is essential to delivering sensitive, respectful, and culturally competent care.

### Ethical and legal practice

- Professional frameworks, guidelines and national legislation
- Ethical and legal aspects of DNR/ Do Not Attempt Resuscitation Orders



- Understanding of ethical action when acting as patients' advocate by defending patients' interests
- Understanding of informed consent prior to patient care interventions
- Ethical aspects of nursing care e.g. prolonging life, causing unnecessary suffering

#### **Professional competences**

- Understanding and reflect own resources and limitations
- Understanding of the importance of self-care strategies while giving palliative care
- Understanding self-limitations in giving support, knowledge on referral to appropriate assistance in spiritual, religious or existential issues

#### **Challenges in China:**

- Disclosure and transparency in medical details and prognosis

## **4 Learning outcomes and assessment criteria**

The learning outcomes (LO) describe what a student needs to know, understand and be able to apply after completing a module. Learning outcomes can be formulated and assessed on different educational levels and different levels of complexity.

Clearly described learning outcomes are important in the process of curriculum development as they guide the development process of the learner.

Each learning outcome consists of the following parts:

- Professional actions: which actions a student must perform (the defined LO description is used as the basis).
- Assessment criteria: the level and requirements for the professional actions and results.
- Result: the professional product or service in which the results of the professional actions are visible.

In this chapter you will find an overview of the expected results and assessment criteria for the defined learning outcomes for each competence. These are helpful when developing different types of assessments for students.

This overview can be used as an example and should be adapted to the level of the course and the required level for the students.

### **COMPETENCE 1: PROVIDING PALLIATIVE CARE**

The nurse provides person-centered, holistic palliative care to patients, and their families across various care setting and different populations and throughout different phases of palliative care,



including the end-of-life care. The nurse can thoroughly assess palliative care needs, and profoundly analyse, plan, implement, and evaluate comprehensive care. This involves the ability to understand the significance of physical, psychological, social and spiritual needs of both the patient and their family members.

## **1A: Assess palliative care needs**

### **Learning outcome**

Conduct a systematic assessment to identify palliative care needs by evaluating the patient's and, when necessary, the family's or caregivers' input on physical and mental wellbeing, pain, symptoms, medical and personal history, and spiritual needs, and overall comfort, while determining the level of nursing palliative care required.

### **Assessment criteria**

1. Define the purpose and components of an interdisciplinary, comprehensive palliative care assessment (including physical, psychological, social and spiritual needs)
2. Choose the appropriate (validated, personalized, standardized) assessment instruments for palliative care.
3. Inform the person (and when necessary, the family/carer) about the purpose and process of the assessment.
4. Collect data by observing and interviewing the patient and/or the family network and use medical records.
5. Perform physical examinations / tests and apply relevant screening instruments
6. Discuss the results of the assessment with the patient, the family/carer; manage the expectations and explain the further process.
7. Complete nursing documentation accurately and in timely fashion according to the organisation requirements (e.g. using electronic patient records).

### **Result**

The assessment is complete and contains all aspects of patients' palliative care needs (physical, psychological, social and spiritual needs). The assessment is well documented according to the regulations of the organization. The patient and their family members are well informed about the further process.

## **1B: Identifying nursing diagnosis**

### **Learning outcome**

Analyse the data collected from the palliative care assessment to form a nursing diagnosis by carefully considering and identifying problems and risk factors for the patient and their family. This is done by utilizing current theoretical and clinical knowledge in the nursing process to accurately diagnose the required nursing care throughout the palliative care continuum, including end-of-life care.

### **Assessment criteria**



1. Apply professional knowledge and clinical reasoning to analyse, understand and interpret the information.
2. Identify and understand the relationships between physical, mental, spiritual and social needs.
3. Recognize and identify the phase of palliative care.
4. Recognize and identify the dying phase.
5. Identify risk factors
6. Explore and discuss information with the patient to find out what is most important for the patient and the family. Set priorities.
7. Identify major problem(s) and form a clinical judgment about the patients and his/her family experiences/responses to actual or potential health problems.
8. Diagnose typical and atypical manifestations of chronic and acute illnesses and diseases of old age and complications and treatment problems.
9. Diagnose the required palliative care and end of life care.

### **Result**

Problems and risk factors are identified and clearly described, and nursing diagnosis are formulated so that it is clear which priorities there are in care.

## **1C: Person centered care plan**

### **Learning outcome**

Develop an appropriate plan for holistic person-centered nursing care with a focus on palliative care and end-of-life care, aimed at enhancing comfort and well-being for the patient and their family based on evidence and practice- based guidelines (including Chinese medicine practice) and professional standards of care and in the context of current scope of practice for the benefit of the patient and family members. This includes an identification of realistic goals and outcomes to develop advance care planning through the employment of appropriate techniques for shared decision-making.

### **Assessment criteria**

1. Develop a person-centered plan to meet the needs of the patients and their family members in the palliative phase. Develop advanced care plans based on evidence and focus on person-centred care.
2. Use consultation techniques for shared decision making and work together with the patient and his/her family to set objectives, define outcomes and provide interventions and support needed.
3. Formulate realistic goals for further care based on the results of the assessment, the diagnosis and the patient's and family member's needs and preferences.
4. Recognize the need for continuity of treatment and communication across the spectrum of services and during transitions between palliative care settings and collaborate with other health care professionals for formulating the treatment plan.
5. Select nursing interventions.
6. Plan symptomatic and humane palliative care and end-of-life care.



7. Apply the use of ICT and other technological interventions when appropriate.
8. Write the plan according to standards and regulations of the organization and the profession

### **Result**

A concrete, complete and realistic plan to provide optimal support and palliative care for the person and his or her family. The plan is written and shared with the patient according to standards and regulations of the organization.

## **1D Implementation of nursing interventions for palliative care**

### **Learning outcome**

Provide accurate implementation of the care plan and perform the nursing interventions, including Chinese medicine practice, in different care settings, such as homecare, hospital care, long term care and hospice care involving members of the interdisciplinary team.

### **Assessment criteria**

1. Deliver palliative care for the patient and his/her family with respect to ethnic, cultural and spiritual beliefs, and making health care resources available.
2. Provide palliative basic care: wound care, pressure wound care, bowel care, constipation, oral care and hygiene.
3. Assess and manage symptoms based on individual needs, including anticipatory prescribing for pain, distress, and other common palliative care symptoms, such as delirium, anxiety and distress, breathlessness, nausea and vomiting, noisy chest secretions, etc.
4. Carry out approved professional nursing procedures, demonstrating knowledge and skills in the use of aids and equipment available.
5. Use traditional Chinese medicine in nursing care when appropriate.
6. Implement and monitor strategies to prevent risk and promote quality and safety (e.g. falls, medication, mismanagement, pressure ulcers) in the nursing care of patients with physical and cognitive needs.
7. Provide accurate interventions to prevent or reduce functional decline, deconditioning, and common risk factors affecting mobility, nutrition, hydration, and overall quality of life.
8. Access and manage an emergency/critical event ensuring prompt, effective care and referral where appropriate. Perform first aid when necessary.
9. Encounters and implements nursing end of life care and supports family members.
10. Use ICT applications in the nursing process to enhance effective, holistic and safe nursing care for the patient and their family.

### **Result**

The patient and their family receive palliative nursing care, with interventions carried out according to professional standards. These interventions support the mental and physical health and well-being of both the patient and their family throughout the palliative phases and the dying process.



## **1E: Complementary care (emotional support and spiritual care)**

### **Learning outcome**

Support patients and family- members to apply complementary interventions such as massage, yoga, and meditation to improve the quality of life concerning symptom management, emotional support, and spiritual care. This includes respecting habits, traditional or cultural customs.

### **Assessment criteria**

1. Understand and apply active listening techniques and support group strategies to enhance emotional support for patients and families.
2. Support patients and their families in using (e.g. mediation, massage, aromatherapy, homeopathy and acupuncture) treatments to alleviate pain, reduce stress, and enhance relaxation while respecting cultural or personal preferences.
3. Identify and integrate complementary activities (e.g., massage, yoga) that support mental health and well-being.

### **Result**

Patients and families integrate complementary interventions that enhance symptom management, emotional well-being, and spiritual support while respecting cultural traditions.

## **1F: Evaluation**

### **Learning outcome**

Evaluate and adjust care plans for the patient on a continuing basis with the purpose of providing optimal nursing care for the person and his/her family. This includes to engage in discussions about preferences for care with the person with a life-limiting condition and family members. This requires ethical and cultural sensitivity and applying appropriate communication skills.

### **Assessment criteria**

1. Monitor the situation of the patient and his/her family on a regular basis and identify the phase of palliative care and end of life care.
2. Evaluate clinical situations where standard treatment recommendations, based on best evidence, should be modified with regard to patient's preferences and treatment/care goals, life expectancy, co-morbid conditions, and/or functional status.
3. Evaluate the continued appropriateness of the interventions, care plans and services based on the patient's and families'/caregivers' changes in age, status of health and wellbeing, and function.
4. Adjust and change plans and interventions when necessary or desirable.



## **Result**

By carefully evaluating the effectiveness of the palliative care plan and assessing the patient's response, the nurse strives to enhance patient and family comfort, improve quality of life, and ensure a peaceful death.

## **COMPETENCE 2: COMMUNICATION AND COLLABORATION**

The nurse demonstrates effective communication by utilizing effective verbal and non-verbal techniques, respecting cultural differences, practicing active listening, and engaging in empathic communication to provide person-centered care. This includes the collaboration with patients, family members, informal caregivers and other health and social care professionals. The nurse is able to address sensitive topics and to use ICT tools appropriately to enhance coordination, information sharing and decision-making.

### **2a: Patient centered communication and empowerment**

#### **Learning outcome**

Form strong, positive professional relationships with patients and their family members based on empathy, trust, respect, and reciprocity. This means communicating clearly and effectively, considering the patient's individuality, cultural and social background, palliative phase, and care needs. This includes being able to address sensitive issues such as diagnostic disclosure, grief, bereavement and spiritual concerns, and the ability to be attentive to the person through careful listening to help the person and their families feel they have been heard.

#### **Assessment criteria**

1. Recognize patients and families as experts in their own lives, honouring their values, culture, and preferences in care decisions, including end-of-life choices.
2. Encourage patients to express their concerns, preferences, and goals, fostering shared decision-making and trust.
3. Simplify medical language, use verbal and nonverbal strategies, and tailor communication to the patient's abilities and needs, including discussions on prognosis and treatment withdrawal.
4. Provide emotional, psychological, and practical grief support to families before, during, and after death while respecting religious and cultural beliefs.
5. Maintain a calm, reassuring presence at the end of life, ensuring a peaceful environment for the patient and their loved ones.
6. Address physical, emotional, social, and spiritual aspects of care to enhance quality of life and dignity in dying.
7. Demonstrate the ability to discuss and handle treatment withdrawal or withholding, including artificial hydration and feeding, with tact and compassion.



8. Utilize ICT tools (e.g., video calls) to provide remote support while considering limitations in palliative settings.
9. Provide guidance and reassurance to families, helping them cope with the emotional and practical aspects of caregiving and loss.
10. Support patients and families with grief, loss, and meaning while respecting their unique religious and cultural customs including personal preferences.

### **Result**

Positive and trusting relationships and effective communication between professional(s) and patients and family members positively influences palliative care.

## **2B: Collaborate with family members and informal caregivers**

### **Learning outcome**

Work together with patient's supportive family, informal caregivers and their social network to encourage appropriate informal care and support. Organise family meetings and apply shared decision-making regarding palliative care and end of life care.

### **Assessment criteria**

1. Be aware of the nature of relationships of the patient with his/her family/caregivers, and of the possible (positive/negative) effects in care and support in the palliative phase and around dying.
2. Involve family members and informal givers in shared decision making if the patient prefers or if it is needed to provide good palliative care.
3. Work effectively with the supportive family and informal caregivers on a basis of respect and equality.
4. Coach family members on instrumental and emotional care to palliative care patients.
5. Assist family members in managing grief, reducing stress, and maintaining their own mental and physical health during the palliative care process, including end of life.

### **Result**

Palliative care nurses work collaboratively with the supportive family, informal caregivers, and the patient's social network to provide comprehensive nursing care and emotional support for patients and their families.

## **2D: Collaborate with nursing colleagues and the multidisciplinary team**

### **Learning outcome**

Work effectively together with other professionals for integrated palliative care and support meaning multi- and inter-professional cooperation to achieve optimal support and care for the patients and their families in multiple locations. This includes acting as an advocate for the person and their family to ensure appropriate and timely palliative care interventions.

### **Assessment criteria**





1. Demonstrate a positive attitude and commitment to working collaboratively to maintain high standards of nursing care in palliative settings.
2. Apply knowledge of the roles and responsibilities of the interdisciplinary team and support staff involved in providing palliative care.
3. Communicate professionally and cooperates with other healthcare professionals to ensure comprehensive patient care.
4. Engage in effective and respectful shared decision-making with patients, families, and healthcare professionals, sharing knowledge, perspectives, and learning together.
5. Ensure safe and effective handovers, both verbal and written, during transitions of care or changes in responsibility.
6. Report, consult, and transfer information efficiently, keeping colleagues and relevant healthcare providers informed of the outcomes of multidisciplinary meetings.

### **Result**

As a result of effective multi- and interprofessional cooperation and communication, optimal nursing care and support are provided to patients and their families, promoting their well-being and comfort, particularly during the dying phase, and ensuring a peaceful death across various care settings.

## **COMPETENCE 3: ORGANISATION AND MANAGEMENT**

The nurse demonstrates the ability to plan, organize, and regulate resources and staff in multidisciplinary teams of palliative care integrating palliative care resources in the family-community-hospital-society, to meet the needs of patients and their families concerning the palliative care at various times and environments. This includes leadership and management, continuous quality evaluation and improvement to promote the palliative care service level.

### **3A: Planning and coordination of care and services**

#### **Learning outcome**

Plan, arrange, and coordinate the nursing care and services provided by nurses and other formal and informal health and social care workers, across different organizations, to provide the best personalized care and support for the patient and their family aiming to ensure continuity of care. This includes leading (interprofessional) teams to make efficient decisions based on the needs of patients and their families, to work together to solve practical problems.

#### **Assessment criteria**

1. Recognize and respect the diverse physical, emotional, social and spiritual needs of patients and their family members, acknowledging the increased complexity and healthcare resource utilization in providing care for patients in palliative care settings.
2. Plan, organize, and coordinate care provided by informal caregivers and various healthcare organizations and services, ensuring a patient- and family centered approach in palliative care.



3. Prioritize and collaborate with colleagues to execute tasks effectively, making systematic decisions when allocating limited healthcare resources to ensure optimal care and support for patients and their families.
4. Provide care management to connect patients and their families to resources and services, while supporting advance care planning.
5. Facilitate safe and effective transitions between care settings, including acute, community-based, and long-term care options such as home care, hospice, and nursing homes.

### **Result**

Care and services are planned and organized smoothly in the palliative phase and around dying, including the continuity of care during transitions.

## **3B: Quality management**

### **Learning outcome**

Initiate, monitor and participate in quality management activities to provide high-quality and safe person-centred palliative nursing care. Establish assessment mechanisms and processes for continuous quality improvement which includes leading and promoting palliative care quality improvement projects.

### **Assessment criteria**

1. Contribute to the continuous improvement of palliative and end-of-life care by applying available knowledge and best practices.
2. Utilize health informatics and other data to enhance the quality of palliative and end-of-life care for patients.
3. Propose and implement quality assurance strategies to improve patient and family centered - centered care in palliative and end-of-life settings.
4. Evaluate nursing care to ensure it aligns with patient- and family centered approaches, improving the quality of care for patients in palliative and end-of-life care.
5. Actively participate in quality improvement initiatives and accreditation processes to ensure high standards of palliative and end-of-life care.

### **Result**

Optimize the delivery of care by the nursing team and professionals, continually improve the quality of palliative and end-of-life care. Establish a safety and health management system to ensure a safe and supportive environment for patients during their care and dying process.

## **3C: Innovation and technology**

### **Learning outcome**



Use innovative ideas, theories, and methods to improve palliative care nursing practice including the use of technological applications. This includes using digital skills and technology such as telenursing to improve the intended care

#### **Assessment criteria**

1. Stay informed about relevant developments and professional literature to enhance care and services for patients in palliative care and their families.
2. When applicable, integrate research findings and recommendations into practice to improve care and support for patients in palliative and end-of-life care.
3. Analyse innovations in palliative care and incorporate appropriate actions into one's own practice.
4. Apply suitable technological innovations to contribute to the health, comfort, and well-being of patients and their families in palliative care.
5. Promote the use of appropriate ICT and technology in the care of older patients, explaining the benefits and outcomes of technology for improving function, independence, and safety in palliative settings.
6. Safely use technological equipment for measuring and monitoring health to support effective palliative care.

#### **Result**

Ensure high quality of care and services for patients and their families by implementing evidence-based, innovative practices. Contribute to the delivery of compassionate, qualitative nursing care for patients in palliative and end-of-life settings.

### **COMPETENCE 4: PATIENT AND FAMILY EDUCATION (TO PROMOTE PALLIATIVE CARE)**

The nurse provides education for patients, their family and the wider public concerning palliative care for optimising well-being and quality of life for the person with a life-limiting condition and her/his family and to the wider public.

#### **4A: Assess educational needs for palliative care**

##### **Learning outcome**

Recognise and assess the needs for information about palliative care for patients, families and the wider public.

##### **Assessment criteria**

1. Demonstrate knowledge of health policy and values in guiding palliative care.
2. Apply research data (medical records and statistical data) and other information from the field of palliative care.
3. Evaluate and identify gaps in information regarding palliative care needs for patients, families, and the wider public.



## **Result**

Comprehensive understanding of the information needs regarding palliative care for patients, families, and the wider public, enabling tailored communication and support.

## **4B: Palliative care education**

### **Learning outcome**

Provide information for patients and their families and the wider public about palliative care including expected and current health problems related to the natural course and trajectories, common treatments, and complications of the illnesses to support the feeling of self-management and own control over the disease process. This includes to recognise and manage the bereavement, grief and loss process which individuals and families experience before, during and after death.

### **Assessment criteria**

1. Provide clear, accurate, and compassionate information to patients, families, and the wider public about palliative care, including expected health issues, treatment options, and potential complications, while promoting self-management and control over the disease process.
2. Recognize and address the emotional needs of patients and families by offering support in managing grief, loss, and bereavement before, during, and after death.
3. Adapt information delivery to the unique needs of each patient and family, ensuring understanding and engagement, and empowering them to actively participate in decision-making and care planning.
4. Raise awareness of and influence public opinion regarding palliative care, fostering a better understanding of its benefits.
5. Use educational strategies and social media to provide patients and their families with information related to palliative care, end-of-life care, and a peaceful death.

## **Result**

Informed and empowered patient, family, and wider public who understand the palliative care process, treatment options, and the end-of life trajectory.

## **COMPETENCE 5: EVIDENCE-BASED NURSING, LIFELONG LEARNING AND TRAINING**

The nurse expands professional expertise by using evidence-based practice and to improve the practice of palliative care for people and their families. This implies a lifelong learning attitude to participate in training activities about palliative care nursing for staff and students.

## **5A: Evidence-based practice**

### **Learning outcome**



Uses and supports the implementation of the theoretical and methodological principles of evidence-based nursing in palliative care by learning the latest guidelines on palliative care, consulting relevant literature on palliative care, and apply scientific evidence to clinical nursing practice.

#### **Assessment criteria**

1. Use critical thinking in daily practice to innovate and improve palliative care for patients and families.
2. Utilize evidence-based knowledge and skills in professional decision-making to provide high-quality palliative care for patients.
3. Identify areas where information is needed and actively participate in or conduct research to enhance knowledge, improve interventions, and advance palliative and end-of-life care practices.
4. Demonstrate the ability to plan, implement, and evaluate evidence-based nursing interventions safely in palliative care settings.
5. Actively participate in developing and implementing evidence-based practices to improve the quality of palliative care.

#### **Result**

Through the use of the latest evidence-based knowledge and nursing interventions, palliative nursing care can be improved.

### **5B: Lifelong learning and professional development**

#### **Learning outcome**

Expand professional expertise for the own practice in relation to palliative care by applying reflective learning by as an element of continuous learning and professional development.

#### **Assessment criteria**

1. Be aware of personal and professional qualities and areas for improvement in providing palliative and end-of-life care.
2. Demonstrate the ability to assess and develop knowledge and skills in palliative and end-of-life care, actively seeking opportunities for personal and professional growth.
3. Provide feedback and accepts constructive criticism, using it to enhance knowledge and skills in palliative and end-of-life care.
4. Utilize various learning methods, including training, supervision, and consultation, to improve one's own professional performance in all aspects of palliative and end-of-life care.
5. Embrace the process of continuous self-improvement, cultivating personal growth and professional development in the context of palliative and end-of-life care.

#### **Result**

Demonstrated reflection of lifelong learning as the basis for continues improvement of nursing practice and individual professional development.



## 5C: Train professionals

### Learning outcome

Train other nurses and professionals about palliative care. This includes participating in clinical teaching sessions focused on palliative care nursing, which are aimed at supporting and coaching students, junior nurses, and other staff within a multidisciplinary team. Spread relevant new evidence-based research among fellow professionals and other professionals in health and social care services. Train specific aspects that involve cultural differences, ethics and holistic care. For these topics there is an emphasis on communication and collaboration skills.

### Assessment criteria

1. Implement innovative teaching strategies for engaging learners to develop knowledge, attitudes, and skills about palliative care.
2. Identify a need for, provide and evaluate research-based clinical teaching sessions for staff new to palliative care and nursing.
3. Provide education and assisting personal and professional development of other colleagues in the field of palliative care.
4. Facilitate interprofessional learning opportunities related to palliative care for patients.
5. Contribute to the dissemination and/or creation of knowledge and practices applicable for palliative care to meet the needs of patients and their family members.
6. Collaborate in the evaluation of learning about palliative care in academic and/or professional development programs
7. Organise pre job training and assessment, increase the rate of certificate holders, and ensure the quality of palliative care.
8. Regularly carry out on the job training to improve the professional quality of palliative care.

### Result

Strengthening of teaching abilities and the improvement of the quality of the palliative nurse professional.

## COMPETENCE 6: PROFESSIONAL BEHAVIOUR

The nurse demonstrates a professional attitude, adheres to professional guidelines, and is committed to providing appropriate person-centered care for older people and their families, while being knowledgeable about the legal and ethical aspects of end-of-life care and dying. The nurse maintains personal awareness and professionalism in dealing with sensitive issues such as emotions, grief, bereavement, and loss; and showing understanding for individual and cultural values and beliefs.

## 6A: Professional ethics

### Learning outcome



Provide palliative care for patients in accordance with the professional and personal ethics, legal guidelines, and cultural sensitivities.

### **Assessment criteria**

1. Practice within professional frameworks, national legislation, and ethical guidelines, respecting cultural sensitivities.
2. Provide palliative care in accordance with legal, ethical, and cultural principles, ensuring dignity and self-determination.
3. Understand and obtain informed consent before patient care interventions.
4. Provide honest, appropriate diagnostic disclosure, upholding transparency and integrity.
5. Respect and uphold advance care plans, including DNR/Do Not Attempt Resuscitation Orders.
6. Recognize and honor patient's choices and right to refuse treatment at any time.
7. Understand and support the provision of a peaceful death, respecting patients' wishes.
8. Advocate for patients by ensuring ethical action and defending their interests.
9. Apply ethical and legal principles to complex issues in palliative care and respect patients' rights, including privacy and confidentiality.
10. Consider cultural, spiritual, and ethnic values in decision-making, ensuring respect for diversity.
11. Respond to unprofessional or unethical behavior, maintaining high standards of practice.
12. Comply with regulations regarding ICT use, data protection, and information security in healthcare.

### **Result**

Appropriate professional behaviour and relationships with palliative patients and their families in all aspects of practice, reflecting honesty, integrity, commitment, compassion, respect, respect for diversity and maintenance of confidentiality.

## **6B: Professional commitment and personal awareness**

### **Learning outcome**

Demonstrate commitment to provide appropriate nursing care for palliative patients and their families. Be aware of personal values and assumptions influencing professional practice and can act within professional frameworks and legislation.

### **Assessment criteria**

1. Demonstrate a commitment to palliative care for patients and their families.
2. Incorporate professional attitudes, values, and expectations about physical and mental aspects in the provision of palliative care patients and their families.
3. Demonstrate an empathetic attitude and interest in the individual situation of the patient.
4. Identify and assess personal values and biases regarding palliative care.
5. Show awareness of diversity and cultural differences and ability to work with palliative patients from other cultures with tact and respect, and within the boundaries of their own profession.
6. Demonstrate self-awareness and effectively manage personal well-being, recognizing how self-care impacts both personal health and professional performance.



7. Demonstrate accountability to patients, society and the professional by recognizing and responding to societal expectations of the profession.
8. Carry out professional duties in the face of multiple competing demands.
9. Show compassion, provide warmth, support, comfort and reassurance to patients regarding each personal situation.
10. Show a professional positive attitude, spiritual maturity, emotional self- control.

### **Result**

Committed health and social care professionals with self-awareness and willingness to learn striving to contribute to the care of palliative patients and their families.

## **6C: Professional reflection**

### **Learning outcome**

Demonstrate the understanding of dealing with loss, grief and bereavement as normal and appropriate response to loss which has physical, psychological, spiritual, emotional, and social aspects that affect how it is experienced. This includes reflecting on the own professional experiences in recognising and dealing with own emotions arising in palliative care.

### **Assessment criteria**

1. Critically reflect on and evaluate personal professional practice to identify areas for improvement and development.
2. Reflect on personal values and emotions to understand their influence on professional behavior and decision-making.
3. Demonstrate openness to feedback, actively seek constructive criticism, and adapt behavior accordingly to enhance professional growth.

### **Result**

Professional understanding that loss, grief, and bereavement are normal responses with physical, psychological, spiritual, emotional, and social impacts, while reflecting on personal professional experiences and emotions in palliative care.

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