

NOVICE TO ADVANCED PRACTICE TRAJECTORY FOR NURSES IN COMMUNITY SPECIALIST PALLIATIVE CARE

NOVICE

Attains foundational skills to fulfil role

Any Nurse entering a Palliative Care clinical setting with limited or no prior palliative care experience to guide practice. Attains foundational skills to fulfil role.

ADVANCED BEGINNER

Expanding skill acquisition

Nurse who has some limited experience in Palliative Care to help guide practice, but requires support to become proficient in this field.

COMPETENT

Ongoing skill acquisition & extended scope of practice

1-2 years Palliative Care nursing experience. Engages in reflective practice; drives clinical outcomes; implements individualised quality care provision; mentors less experienced nurses

ADVANCED

Advanced scope of practice

Palliative Care Nurse who has specialist qualifications, experienced, engaged in critical clinical decision making to manage complexity with innovative solutions and able to teach other clinicians

ORGANISATIONAL

PROFESSIONAL

Systems, policies, quality improvement & research

- Completes probation period
- Introduction to IT Systems
- Introduction to documentation
- Effectively uses departmental & organisational systems, processes & equipment
- Introduction to Open Disclosure
- Introduction to risk screening (staff /client safety)
- Aware of best practice resources & organisational policies & procedures

Systems, policies, quality improvement & research

- Follows policies and procedures
- Escalates concerns
- Participates in quality initiatives and planning

Systems, policies, quality improvement & research

- Accesses policies, protocols & guidelines to help inform practice
- Involved in best practice development
- Participates in research activities
- Contributes or leads improvement in departmental systems, processes, and quality improvement initiatives.

Systems, policies, quality improvement & research

- Develops evidence based policies, protocols & guidelines to help inform practice
- Leads best practice development
- Designs & leads research activities and protocols
- Designs & leads quality improvement initiatives

Professional development

- Demonstrates introductory level knowledge of Palliative Care Standards
- Completes Skills Matrix Assessment (Gippsland PD Smart)
- Understands scope of practice
- Commences professional practice portfolio
- Identifies learning needs
- Actively engages in learning opportunities

Professional development

- Maintains education to ensure up to date with best practice
- Establishes professional goals
- Maintains professional portfolio
- Actively participates in performance review process

Professional development

- Sets individual learning goals to enhance clinical competence
- Has experience that guides practice
- Seeks guidance to achieve goals
- Situational awareness
- Works efficiently in an ever-changing environment
- Makes decisions based on clinical reasoning
- Responds quickly in complex situations
- Developing capability to provide clinical support and supervision to learners
- Knowledge of PCNA Competencies

Professional development

- Post Graduate Study
- Working with senior roles
- Working towards advanced practice pathways
- Extensive experience & understanding of the whole department /situation
- Provides expert opinion to formulate plans & improve care
- Undertakes a comprehensive patient assessment & implements a thorough plan of care, recognising subtle variations in the client's condition
- Demonstrates advanced skills in PCNA Competencies

Learning, supervision, teaching, mentoring, teamwork

- Is supported by frequent supervision and support
- Works with interdisciplinary teams & developing an understanding of professional roles and referral processes
- Seeks support & frequently asks questions.
- Understands importance of self-care and reflective practice.

Learning, supervision, teaching, mentoring, teamwork

- Demonstrates a positive learning mindset through the use of questions and engaging in feedback
- Is supported by regular supervision & support
- Understands and appreciates the roles, responsibilities, & professional boundaries of interdisciplinary team members and generalist service providers
- Engages in reflective practice and demonstrates self care

Learning, supervision, teaching, mentoring, teamwork

- Provides clinical support & supervision to learners
- Seeks supervision & support to guide decision making in complex situations
- Buddying, mentoring & role modelling leadership in professional development
- Supports other staff through clinical expertise and provision of informal education
- Promotes and models the value of reflective practice, self care, supervision and peer learning

Learning, supervision, teaching, mentoring, teamwork

- Provides advice to novice staff, mentors & teaches clinical skills
- Crucial conversations, staff development, leads with confidence & provides supervision and support
- Identifies key issues from complex, ambiguous and rapidly changing situations
- Provides expert opinion as part of interdisciplinary team decision making to improve care
- Promotes and models the value of reflective practice, self care, supervision and peer learning

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CLINICAL

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| <p>Introduction to Palliative Care Demonstrates introductory level knowledge of what palliative care is including:</p> <ul style="list-style-type: none"> Options for end-of-life care & place of death Knowledge of inpatient palliative care unit Knowledge of services available to support carers |
| <p>Symptom Management Demonstrates introductory level knowledge of symptom management including nausea, vomiting, constipation, pain, agitation, delirium, itch</p> |
| <p>Risk screening, assessments & care planning Demonstrates introductory level knowledge of:</p> <ul style="list-style-type: none"> Head to toe assessment (developing skill) Completes PCOC Fundamentals Palliative care triage tool (RUNPC) Advance Care Planning and Advance Care Directives Voluntary Assisted Dying (overview of legislation, P&P) |
| <p>Person and family centered care Demonstrates introductory level knowledge of:</p> <ul style="list-style-type: none"> Person & family centered care, focusing on physical, psychological, cultural & social needs Spirituality & bereavement |
| <p>Communication and multidisciplinary care: Demonstrates introductory level knowledge of:</p> <ul style="list-style-type: none"> Working within interdisciplinary teams Communication in the palliative care setting Cultural awareness, including working with interpreters Having difficult conversations |
| <p>Medication management: Demonstrates introductory level knowledge of:</p> <ul style="list-style-type: none"> Medications used in Palliative Care Drug conversions and syringe drivers Anticipatory medications, types & rationale |

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| <p>Symptom Management Demonstrates intermediate level symptom management knowledge including Comprehensive Pain Assessment</p> |
| <p>Risk screening, assessments & care planning Demonstrates:</p> <ul style="list-style-type: none"> Physical assessment & auscultation Ability to complete PCOC assessment independently Ability to complete care plan of the dying person Recognition of clinical deterioration & a client entering the terminal phase Knowledge of how to support clients in advance care planning & advance care directives Ability to set up a care plan to ensure preferred site of death is identified Reviews interventions for outcomes |
| <p>Person and family centered care Demonstrates:</p> <ul style="list-style-type: none"> Respect for uniqueness and autonomy of client in identifying their wishes Ability to articulate & include holistic care considerations in planning and delivering care Demonstrates ability to discuss the processes of what happens after death |
| <p>Communication and multidisciplinary care:</p> <ul style="list-style-type: none"> Demonstrates ability to have difficult conversations Demonstrates ability to make independent referrals to other team members Escalates care to more senior staff for advice Demonstrates awareness of how to complete a referral to palliative care inpatient unit Demonstrates ability to make recommendations to senior clinicians, GP or external service providers re medications for symptom management at end of life |
| <p>Medication Management:</p> <ul style="list-style-type: none"> Demonstrates ability to educate carers on how to give SOS medications Demonstrates ability to make opioid conversions Demonstrates ability to implement syringe drivers |

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| <p>Symptom Management</p> <ul style="list-style-type: none"> Able to recognise complex symptom management needs Able to independently develop a treatment plan in consultation with medical professionals as appropriate Works within their scope of practice to use resources & escalate symptoms for active management |
| <p>Risk screening, assessments & care planning</p> <ul style="list-style-type: none"> Undertakes a comprehensive patient assessment, interprets & reports findings, uses policies & procedures to help guide decision making process Able to interpret PCOC assessments Able to recognise the deteriorating client & transition to terminal phase, palliative emergencies and treatment options Evaluates care & interventions, moderates care planning & supports client & carer wellbeing Engages in & promotes EOL discussions to help identify and advocate for client wishes Competent in setting up care plan to ensure preference for site of death is met where possible Ability to verify a death |
| <p>Person and family centered care</p> <ul style="list-style-type: none"> Actively promotes client, their caregivers & family as partners in holistic assessment, planning & care delivery in line with their wishes Sensitively applies advanced knowledge of client, caregiver & family's social, cultural, spiritual & personal contexts to complex care needs Evaluates care across the continuum & prepares the client & family for the expected care changes, promoting active engagement in care planning Engages actively to communicate and evaluate outcomes Comprehensive knowledge of Voluntary Assisted Dying legislation. P&P. |
| <p>Communication and multidisciplinary care:</p> <ul style="list-style-type: none"> Consults & collaborates with other members of care team, to support & enhance a holistic approach to meeting complex needs of clients, caregivers and family De-escalates conflict & supports resolution via clear communication Aware how to complete a referral to a palliative care unit Demonstrated graded assertiveness Managing challenging situations / how to have difficult conversations (withdrawal of treatment, responding to emotion) |
| <p>Medication Management:</p> <ul style="list-style-type: none"> Able to educate carers on how to give SOS medications Independent with recommendations to GP or external service providers re medications for symptom management at end of life within scope Syringe Driver consideration and evaluation Undertakes and teaches opioid conversions |

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| <p>Risk screening, assessments & care planning</p> <ul style="list-style-type: none"> Advanced patient assessment skills Undertakes a comprehensive patient assessment & implements a thorough plan of care, recognising subtle variations in the client's condition Able to recognise palliative emergencies and treatment options. |
| <p>Person and family centered care</p> <ul style="list-style-type: none"> Works collaboratively with carers/families on identifying bereavement risk & actions plans via the interdisciplinary team Discusses options of care within scope of practice |
| <p>Communication and multidisciplinary care:</p> <ul style="list-style-type: none"> Advanced understanding of the roles and utilises strengths of interdisciplinary team to facilitate optimal outcomes for client, caregivers & family with complex care needs. Leads highly skilled & timely communication between client, caregivers, IDT and service providers to optimize care in complex situations with changing needs Leads complex end of life care conversations and interventions |
| <p>Medication Management:</p> <ul style="list-style-type: none"> Supports the interdisciplinary team on medication planning Evaluates the outcome of medication administration & considers alternatives |

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- Bendigo Health
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- Gippsland Palliative Care Consortium
- Goulburn Valley Hospice Care
- Hume Palliative Care Consortium
- Loddon Mallee Palliative Care Consortium
- Melbourne City Mission Palliative Care
- North and West Metropolitan Region Palliative Consortium
- Palliative Care South East

Appendix

- Gippsland Palliative Care Consortium Skills Matrix and PD Smart
<https://app.box.com/s/3kxbq2d2xyh7zc5p4jdruu8uh50m3icr>
- Gippsland Palliative Care Professional Development for Health Professionals
<https://app.box.com/s/1cpfoec5z66k2ftm5d36vi3m2z7tvzqq>
- PCNA Skills Competency
<https://www.pcna.org.au/our-work/competency-standards>
- PCOC fundamentals
<https://www.uow.edu.au/ahsri/pcoc/palliative-care/education/>

Disclaimer

This document contains information and links which have been collated by a body of clinicians working in Victorian specialist palliative care services, in order to promote evidence-based practice and reduce clinical practice variation in Victoria.

This Novice to Advanced Practice Trajectory for Nurses in Specialist Palliative Care was developed as a general informational tool to support qualified health professionals. The information is provided solely for information purposes of qualified health professionals in Victoria.

The Novice to Advanced Practice Trajectory may be used by service providers to develop similar guidance that can be customised according to the organising clinical context and requirements. Health organisations must also ensure that use of this Novice to Advanced Practice Trajectory complements their organisational governance structure including health professional palliative care delivery scope of practice.