

MEDICAL EXPERT

Palliative Medicine Specialists possess medical knowledge, clinical skills and professional attitudes needed to provide exemplary care of patients “who are living with or dying from advanced illness or are bereaved”. They understand and appreciate the effect of chronic disease and life-threatening illness on the individual and family. They promote the development of supportive, respectful, caring relationships.

Key and enabling competencies:

Palliative Medicine Specialists are able to:

1. Function effectively as consultants, integrating all of the CanMEDS roles to provide optimal, ethical and patient-centered medical care:
 - Effectively perform a complete palliative medicine consultation including a history using validated assessment tools, relevant and appropriate physical examination, and ordering/interpreting appropriate investigations with consideration of the physical, social, psychological, spiritual and functional domains, concomitant to patient-centered goals of care.
 - i. Identify and appropriately respond to relevant ethical issues arising in patient care.
 - Recognize symptoms/issues/situations when managing patients with advanced disease, life-threatening illness and/or at end-of-life that require emergent/urgent care.
 - Demonstrate medical expertise if requested to provide expert legal testimony or advise governments on issues related to the care of patients with advanced disease, life-threatening illness and/or at end-of-life e.g. withdrawal of therapy, assisted suicide.
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice:
 - Describe the elements comprising a good death across settings of care.
 - Demonstrate skill in providing optimal care to patients, specific to their location of care (community, institution, etc.).
3. Demonstrate knowledge of the pathophysiology, symptom management, psychosocial and spiritual issues related to the care of patients with advanced disease, life threatening illness and/or at end-of-life in the adult and pediatric population:

Oncology

- Demonstrate understanding of principles of cancer epidemiology, natural history, complications, and basic principles of management of breast, lung, colon, prostate, pancreatic and haematological cancer.
- Demonstrate basic knowledge of radiation and chemotherapy provided with curative intent and palliative intent in the management of cancer patients.
- Demonstrate advanced knowledge of the side-effects of radiotherapy and chemotherapy in cancer patients and their management.
- Recognize, and describe the pathophysiology and management of emergencies/urgencies associated with oncology patients (e.g. airway obstruction; catastrophic bleeding; spinal cord compression; seizures; superior vena cava syndrome; biliary, urinary, and bowel obstruction; hypercalcemia) including potential surgical, radiological and oncological therapy as appropriate.

Non-Oncological End-Stage Diseases: Demonstrate knowledge of the natural history, assessment and management of patients with advanced cancer and non-malignant diseases including: End Stage Lung Disease; End Stage Heart Disease; End Stage Liver Failure; End Stage Renal Disease; Clinical Neurological System Failure e.g. Dementia, Amyotrophic Lateral Sclerosis (ALS); other advanced stages of neuromuscular diseases.

- Demonstrate understanding of principles of progressive lung, cardiac, liver, renal, neurological and neuromuscular disease/failure including epidemiology, natural history, and complications, and management.
- Demonstrate advanced knowledge of the role of collaborative goals of care and decision-making and optimal medical management in patients with end-stage disease.
- Recognize and describe the pathophysiology and management of emergencies/urgencies associated with end-stage disease including potential procedural and medical therapy as appropriate.

Paediatrics

- Demonstrate an approach to the assessment and management of non-cancer conditions leading to death in children and adolescents.

- Demonstrate understanding of the differences in providing care for dying patients and their families, as compared to adults.

4. Establish and maintain clinical knowledge, skills and attitudes for the assessment and appropriate management of physical symptoms in the oncology and non-cancer patients, including those secondary to treatment (surgery, chemo and radiotherapy):

Symptoms – General

- Define the patterns of symptoms found in patients with life threatening illness and/or at end-of-life.
- Demonstrate advanced knowledge, skills and attitudes in the assessment and management of symptoms experienced by patients with life-threatening illness and/or at end-of-life across settings of care and through out the disease trajectory, including the last hours of life.
- Demonstrate advanced knowledge of regulations governing the prescribing of controlled drugs e.g. opioids and other medication used in the management of pain and symptoms.

Pain

- Demonstrate advanced knowledge of assessment, including history-taking, physical examination, assessment tools, and appropriate investigations, classification, and neurophysiology of pain transmission (including ‘total pain’, common and less common pain syndromes).
- Demonstrate advanced knowledge of the pharmacology (pharmacokinetics and pharmacodynamics) of medications used in pain management: opioids, including methadone, and adjuvant drugs (NSAIDs, anti-depressants, anti-convulsants, steroids, ketamine, cannabinoids).
- Demonstrate advanced knowledge of dose selection, titration, and routes of administration and appropriate monitoring of pain medications.
- Identify, prevent and/or appropriately manage side-effects of medications used in pain management including opioid toxicity.
- Demonstrate advanced knowledge of tolerance, physical dependence, and addiction as it relates to opioids.

- Describe the indication for, management and complications of interventional anaesthetic techniques such as epidurals, intrathecal analgesia, and neurolytic blocks.
- Describe other nonpharmacological approaches to management of pain e.g. radiation, chemotherapy, relaxation training, massage therapy, physiotherapy.

Other – Physical

- Demonstrate advanced knowledge of assessment including validated assessment tools (ex. Edmonton Symptoms Assessment Scale ESAS), pathophysiology, etiology, prevention and/or management that is evidence-based and concomitant to patient-centered goals of care of: nausea and vomiting; dyspnea; cough; pruritis; insomnia; delirium; constipation; diarrhea; skin and mouth issues; terminal agitation; anorexia and cachexia; weakness and fatigue; edema; lymphedema; urinary obstruction; bleeding and thrombosis in patients with life-threatening illness and/or at end-of-life.
- Recognize the physiological changes associated with imminent death and implement the appropriate management interventions in this context.

Other- Psychological, Social, Spiritual/Existential

- Identify psychological, social and spiritual/existential issues associated with life-threatening illness and at end-of-life and strategies to address them.
- Understand the experience of disease from the perspective of the patient, and the meaning and consequences of illness to the patient and family.
- Demonstrate culturally responsible medicine with understanding of personal, historical, contextual, legal and social/societal influences.
- Elicit a relevant, concise and accurate history including review of psychosocial, and spiritual domains.
- Recognize and demonstrate accommodation for patient's diversity including; gender; age; culture; race; religion; socio-economic status; disabilities; sexual orientation; cognitive impairment.

- Plan for the psychosocial and spiritual changes associated with the last hours to address needs and expectations of the patient and family. Implement practical measures such as documentation, funeral arrangements, and bereavement counseling.
- Demonstrate understanding of coping styles in dealing with life-threatening illness and/or at end-of-life.
- Identify and effectively manage anger, fear and other strong affective responses, depression and anxiety in these patients.
- Support hope and address quality of life issues when transitioning from a curative/disease modifying approach to one aimed at maximizing symptom control.
- Demonstrate an approach to addressing requests for euthanasia or assisted suicide.
- Demonstrate an approach to grief, normal and complicated, including identification of risk factors, and strategies for supporting patients/families experiencing grief, and bereaved families in collaboration with other disciplines/professionals.
- Act as a role model by demonstrating skillful care of patients with life-threatening illness and /or at end-of-life and their families, and incorporation of current standards of clinical practice.

5. Demonstrate skills in managing patients in their homes:

- Describe the community resources available to support dying patients in their homes.
- Describe the physician's role, including that of the palliative care consultant, in the care of the dying patient at home.
- Describe an approach to the care of the dying patient at home- specifically addressing the anticipation of needs, the use of alternative routes of medication administration, and the role of the physician at the time of death.
- Demonstrate skill in providing home visits to patients.

6. Use preventive and therapeutic interventions effectively:

- Demonstrate an ability to work with the patient and family to establish common, patient-centered goals of care, ensuring responsiveness to patient's level of understanding and priorities, needs, values, beliefs and wishes, with the aim of maximizing quality of life, relieving suffering, and providing support.
- Demonstrate an understanding of family dynamics and those factors which cause distress in families of patients with life-threatening illness and/or at end-of-life.
- Demonstrate the ability to identify caregiver stress and strategies to provide support.
- Demonstrate a systematic approach to working with the families of patients with life-threatening illness and/or at end-of-life, including bereavement counseling.
- Develop a proactive approach to managing patient and family expectations and needs by anticipating symptoms/issues and addressing advance care planning with specific discussion of the indications, use, and discontinuation of therapeutic interventions (e.g. hydration, paracentesis, supplemental O₂, non invasive ventilation).
- Demonstrate understanding of the role for hydration and nutritional therapies in patients with advanced disease, life-threatening illness and/or at end-of-life.
- Monitor the efficacy of symptom management and make appropriate adjustments to the plan of care as required.

7. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic:

- Demonstrate knowledge of interventional techniques related to the care of patients with advanced cancer, specifically the indications for, complications of, and methods of obtaining consultation for: placement of parenteral lines (e.g. Hickman catheters, PICC lines, Port-a-Cath); procedures (e.g. g-tubes, nephrostomy tubes, esophageal and colorectal stents, biliary drain procedures, vertebroplasty).
- Demonstrate effective, appropriate, and timely performance of therapeutic paracentesis, thoracocentesis, and management of CADD pumps and venous access with Port-a-Cath and PICC lines.
- Demonstrate understanding of and ability to assess capacity to consent for treatment.
- Demonstrate understanding of the role of the substitute decision maker in medical care.
- Provide necessary information in an understandable form to the patient or substitute decision maker to enable an informed decision regarding a treatment or procedure.

- Appropriately document and disseminate information related to procedures and their outcomes.
- Demonstrate understanding of the role of family physicians and specialists in providing follow-up for procedures.

8. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise:

- Practice self-reflection as a tool to understanding personal limitations of expertise.
- Identify other health care professionals who should be utilized in effectively assessing and/or managing issues in patients with life-threatening illness and/or at end-of-life.
- Provide appropriate and efficient utilization and coordination of care by consultants, family physicians and other physicians, and members of the interprofessional team.

COMMUNICATOR

Palliative Medicine Specialists facilitate the patient-physician relationship and the dynamic exchanges that occur before, during and after the medical encounter. This includes the ability to obtain and share pertinent information with the patient/family and the healthcare team.

Key and enabling competencies:

Palliative Medicine Specialists are able to:

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families:

- Recognize that effective patient-physician communication is essential for the care of patients with life-threatening illness and/or at end-of-life and their families by enhancing patient satisfaction and adherence, and improve clinical outcomes in the provision of palliative care.
- Demonstrate skills in discussing palliative and end-of-life issues with patients and their families including: breaking bad news; treatment choices; resuscitation status; location of care; advance care planning; differences between euthanasia, physician assisted suicide, withholding/withdrawal of treatment, and palliative sedation.
- Demonstrate the ability to provide supportive counseling and resources to those coping with loss.
- Respect patient's need for information, confidentiality, privacy, and autonomy.

- Demonstrate skills in patient-physician communication, including active listening, reflection, awareness and response to non-verbal clues.
- Recognize that empathy and caring can be expressed through verbal and non-verbal communication.
- Organize and participate in clinical encounters/family meetings structured to achieve predetermined goals e.g. gather or discuss specific information, discuss goals of care, while recognizing the importance of respecting patient autonomy and maximizing the involvement of the patient and family.

2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals:

- Gather information about patient's disease and illness experience from all sources including the patient, the patient's family, caregivers, and other professionals where appropriate.
- Sensitively explore patient's and family's beliefs, concerns, expectations across physical, cultural, psychological, social and spiritual domains.
- Provide relevant information when requesting consultation.

3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals:

- Identify barriers/challenges to effective communication e.g. anger, confusion, denial, cultural/language differences, level of education, deafness, and modify their approach to minimize these.
- Demonstrate the ability to adapt their communication style to accommodate the patient and family.
- Provide information to patients and families in a compassionate understandable manner that encourages discussion and promotes active participation.
- Demonstrate communication skills that result in the effective exchange of information with other health care professionals, ensuring that consistent messages are delivered to the patient and family.

4. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care:

- Demonstrate an ability to communicate professionally and compassionately incorporating respect for diversity and difference, including but not limited to age, gender, religion and cultural beliefs, sexuality, and socio-economic background.

- Recognize the role diversity and difference may play in decision-making related to palliative and end-of-life care.
- Encourage full participation of patients, families and all members of the health care team in the development of a shared plan of care.
- Participate effectively as a member or leader of an interprofessional team.

5. Convey effective oral and written information about a medical encounter:

- Maintain comprehensive, timely, clear, accurate, appropriate and legible medical records. Appropriately document holistic management plans.
- Demonstrate effective verbal and written communication among members of the interprofessional team and other health care professionals.
- Demonstrate effective communication skills in working with referring physicians by presenting well documented assessments of patients with clearly justified recommendations.
- Demonstrate effective communication skills to educate the public about palliative and end-of-life care.
- Demonstrate effective communication skills to present issues related to palliative and end-of-life care through the media.

COLLABORATOR

Palliative Medicine Specialists are part of a community of health care providers. They establish effective relationships with other physicians and health care professionals, and collaborate with the patient/family and interprofessional team for provision of optimal patient care, education and research.

Key and enabling competencies:

Palliative Medicine Specialists are able to:

1. Participate effectively and appropriately in an interprofessional health care team:

- Describe the role and responsibilities of family physicians, specialists, and palliative medicine consultants in the care of patients with life-threatening illness and/or at end-of-life and their families across health care settings (institutional, palliative care unit, hospice, out-patient clinics, community-based including patient's home).

- Describe the roles and responsibilities, and regulations governing other health care disciplines/professionals involved in the provision of palliative and end-of-life care.
- Recognize the unique roles, expertise and limitations of each member of the interprofessional team and how they overlap or are complementary.
- Respect the role of the attending physician, actively soliciting participation in the assessment and care of patients with life-threatening illness and/or at end-of-life and their families.
- Consult effectively with other disciplines/professionals.
- Demonstrate the ability to work collaboratively with members of other disciplines/professions across all health care settings to assess, plan, provide and integrate care for patients with life-threatening illness and /or at end-of-life and their families, as well as for a research problem, an educational task, or an administrative responsibility.
- Conduct, when indicated, and participate effectively in family conferences and team meetings.
- Describe common causes for team dysfunction, different types of team management frameworks, common causes of conflict, case management principles, division of labor, etc.
- Apply ethical principles to team function.
- Act as a role model for interprofessional collaborative care in palliative and end-of-life care.
- Provide leadership in the interprofessional team as appropriate.

2. Work with other health care professionals effectively to prevent, negotiate, and resolve interprofessional conflict:

- Participate in interdisciplinary (physicians) and interprofessional meetings, demonstrating the ability to accept, consider, and respect the opinions of others, while contributing specialty-specific expertise.
- Assist in the development and maintenance of a team environment that respects and appreciates the contributions of all members of the health care team.
- Demonstrate effective conflict resolution skills, including the ability to identify the nature and causes of the conflict, and strategies to resolve or mediate the conflict.

- Practice self-reflection as a tool to enhance team function and support the resolution of team conflict.
- Demonstrate a willingness to receive and act upon positive and negative feedback from colleagues, other health care providers, patients and families.

MANAGER

Palliative Medicine Specialists practice as clinicians, managers, educators, and researchers in a variety of health care settings. They interact in their practice environment as individuals and as members of formal and informal interprofessional teams. They promote accepted standards of palliative and end-of-life care by providing leadership locally, regionally and/or nationally and advocating for the effective utilization of resources throughout the health care system.

Key and enabling competencies:

Palliative Medicine Specialists are able to:

1. work collaboratively with health professionals across the health care system in a variety of care settings:

- Demonstrate the ability to work effectively with other members of the health care team to provide optimal palliative and end-of-life care in the location of practice, whether institutional or community-based.
- Demonstrate the ability to manage and/or co-ordinate care of patients across health care settings including the use of appropriate referrals.
- Demonstrate the ability to work collaboratively in a formal or informal interprofessional team within an academic setting (research, teaching, administration).
- Participate in quality assessment and quality improvement activities relevant to their practice setting.
- Assist institutional and community-based palliative care programs in developing and implementing standards of palliative and end-of-life care consistent with accepted standards.
- Describe how models of palliative and end-of-life care delivery fit within the broader health care system.
- Describe local, regional, provincial and national funding sources for palliative and end-of-life care provision generally, and specific to their organization and/or practice.

- Demonstrate an ability to develop, implement and monitor a budget relevant to their organization and/or practice.

2. Manage their practice and career effectively

- Demonstrate appropriate time management strategies to balance effective patient care, administrative duties, scholarly activities, non-professional activities relevant to their organization and/or practice and their personal life.
- Understand the economics of running a practice, program, organization, etc. Understand and demonstrate business and financial principles required for a successful medical practice and/or academic career.
- Implement processes to ensure personal practice improvement:
 - Incorporate accepted standards of palliative and end-of-life care and evidence based decision-making into their practice.
 - Utilize principles of self-reflection to monitor practice.
 - Utilize mentors to support learning and practice improvement.
 - Demonstrate an understanding of the context, meaning, and implementation of risk management strategies, audits, quality assurance and quality improvement activities.
 - Demonstrate awareness of management and/or academic skills required for different career paths.
 - Participate in quality assessment and improvement initiatives.
- Demonstrate competence in the use and management of health information.
- Utilize information technology to optimize patient care, life-long learning and other professional activities.

3. Allocate finite health care resources appropriately

- Recognize factors that influence the allocation of health care resources in general and specifically to patients with life-threatening illness and/or at end-of-life across health care settings.
- Describe the resources available to support patients with life-threatening illness and/or at end-of-life across health care settings.
- Demonstrate effective allocation/utilization of finite health care resources across the health care system in an efficient, cost-effective, ethical manner concomitant with patient-centered goals of care..
- Incorporate considerations of costs and risk-benefit analysis in patient care as appropriate.

- Apply evidence-based information in advocating for health care resources for patients with life-threatening illness and/or at end-of-life across health care setting.

4. Serve in administration and leadership roles

- Demonstrate the administrative and organizational skills required to chair or participate effectively in committees and meetings.
- Demonstrate administrative and leadership skills required to develop, implement, manage, and evaluate initiatives to improve care for patients with life-threatening illness and/or at end-of-life e.g. hospice, regional program, palliative care unit, such as quality assessment.

HEALTH ADVOCATE

Palliative Medicine Specialists practice in a variety of health care settings. They recognize the importance of advocacy in response to the challenges of societal and environmental factors relevant to the care of the dying. They responsibly use their expertise and influence to advance the quality of life for individual patients, and promote the principles of palliative care for populations with advanced disease, life threatening illness and/or end-of-life needs, and the broader community.

Key and enabling competencies:

Palliative Medicine Specialists are able to:

1. Respond to individual patient health needs and issues as part of patient care

- Describe the physical, psychological, cultural, social and spiritual issues of patients with life-threatening illness and/or at end-of-life and their families, including bereavement.
- Develop a proactive and preventive approach to managing patients and families' expectations and needs throughout the course of illness.

2. Respond to the health care needs of the communities that they serve

- Define palliative care, its principles, and standards of care and describe the current model of palliative care that integrates it across the disease trajectory.
- Identify patient populations with health care needs that would benefit from palliative and end-of-life care.

- Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve and respond appropriately.
- Assess current societal, cultural, spiritual beliefs, traditions, environmental factors and resource allocation factors relevant to the provision of palliative and end-of-life care in Canada.
- Recognize the implications for other populations of allocating resources to palliative and end-of-life care.

3. Identify the determinants of health for the populations that they serve

- Describe current barriers to access palliative care services including: availability of specialized resources such as palliative medicine specialists and interprofessional teams; geographic inequities (between provinces, rural vs urban, etc.); availability of local resources such as home care and pharmaceuticals.
- Reflect on the effect of providing palliative and end-of-life care on the current and future health of patient's family members.
- Identify patients at higher risk to receive inadequate palliative and end-of-life care, e.g. homeless, elderly, paediatric, patients with addictions, and discuss strategies to improve their care.

4. Promote the health of individual patients, communities, and populations

- Apply principles of quality improvement and quality assurance to identify issues requiring change.
- Appreciate how the research literature informs health care debates related to palliative and end-of-life care.
- Support interprofessional care for patients with life-threatening illness and/or at end-of-life and their families.
- Promote services that provide bereavement counseling.
- Promote advance care planning and the use of advance directives.
- Identify key issues currently under debate such as euthanasia, physician assisted suicide, palliative sedation.
- Identify public policy initiatives and existing legislation that pertain to patients with life-threatening illness and/or at the end-of-life and their families.

- Describe how changes in legislation e.g. legalization of physician assisted suicide or euthanasia would affect the practice of palliative and end-of-life care.
- Describe how changes in the funding and structure of the health care system affect the delivery of palliative and end-of-life care.
- Identify points of influence in the health care system and its structure:
 - Describe the role of the Canadian Hospice and Palliative Care Association, provincial palliative care associations, the Canadian Society of Palliative Care Physicians, and provincial palliative care sections, etc. as advocates on behalf of patients with life-threatening illness and/or at end-of-life and their families.
 - Identify the role of health care providers and families in advocating for patients with life-threatening illness and/or at end-of-life.
- Appreciate the role of local, regional, national and international advocacy to improve palliative and end-of-life care.
- Describe a general approach to facilitate identification of ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism.
- Demonstrate an ability to identify ethical issues of specific significance to patients with life-threatening illness and/or at end-of-life and their families, such as the principle of double effect, proxy decision-making.
- Act as an effective advocate for the rights of patients with life-threatening illness and/or at end-of-life and their families involving serious ethical considerations e.g. euthanasia, physician assisted suicide.
- Modify the approach to care to reflect the differing perspectives of patients and families. Appraise the ethical implications of different cultural perspectives and demonstrate cultural competency in delivery of care.
- Recognize the possibility of conflict in their role as health advocate for a patient or community with that of manager or gatekeeper for the health care system.
- Describe the role of the medical profession in advocating collectively for health and patient safety:
 - Assist institutional and community palliative care programs in developing standards of care consistent with accepted standards.
 - Participate as a member in the Canadian Society of Palliative Care Physicians and other organizations such as the Canadian Hospice Palliative Care

Association to advocate for equitable, accessible, high quality palliative and end-of-life care.

SCHOLAR

Palliative Medicine Specialists engage in life-long reflective learning to maintain clinical mastery. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge and practices, and facilitate the education of patients, students and other health care professionals.

Key and enabling competencies:

Palliative Medicine Specialists are able to:

1. Maintain and enhance professional activities through ongoing learning:

- Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- Design, implement, document and monitor a personal plan for continuing education.
- Develop a system to gather, store and retrieve relevant literature.
- Use information technology to optimize learning.
- Recognize and identify gaps in knowledge and expertise related to patient care.
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement. Evaluate the effect of applying new learning on patient care.

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

- Effectively access and critically appraise information from the scientific literature to address a specific clinical or research question related to palliative and/or end-of-life care.
- Incorporate evidence-based clinical decision-making in caring for patients with life-threatening illness and/or at end-of-life and their families.

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others

- Describe the principles of medical education, specifically with reference to adult learning theory, personal learning styles and reflective practice.
- Demonstrate a collaborative approach to identifying the learning needs and desired learning outcomes of others (colleagues, residents, medical students, other health care professionals).
- Demonstrate skills in providing educational counseling to patients with life-threatening illness and/or at end-of-life and their families including treatment choices e.g. location of care, advance care planning, hydration, resuscitation.

Demonstrate the ability to teach colleagues, residents, medical students and other health care professionals.

Act as a role model for skillful care of patients with life- threatening illness and/or at end-of-life.

- Demonstrate effective teaching in a variety of contexts (undergraduate, postgraduate, CME) and using a variety of methods including lectures, small groups, one-to-one, bedside teaching.
- Demonstrate a strategy to improve teaching through self-reflection and assimilation of feedback.
- Demonstrate the appropriate use of various methods to assess learning and the ability to provide effective feedback.
- Describe the relevance of ethics to teaching.

4. Contribute to the development, dissemination, and translation of new knowledge and practices

- Understand research methodology, including hypothesis generation and testing, and the principles of statistical analysis.
- Explain the principles and techniques of qualitative and quantitative methodologies and outcome evaluation, including the statistical bases and limitations of current methods to assess the validity of palliative and end-of-life care research.
- Understand the principles of clinical epidemiology.
- Demonstrate a basic understanding of biostatistics, research ethics, study design, protocol writing and manuscript preparation.
- Describe the principles of research ethics in the context of palliative and end-of-life care research.

- Identify current themes and trends in palliative and end-of-life care research.
- Describe the unique challenges of palliative and end-of-life care research and strategies to overcome them.
- Contribute to the development of new knowledge through research.
- Pose a scholarly question related to care of patients with life-threatening illness and/or at end-of-life (clinical, basic science, population health, education, systems-based).
- Develop a proposal to effectively address the question including a review of the literature and appropriate methodological approach.
- Carry out research outlined in a proposal.
- Disseminate the findings of a research project in a variety of formats including oral presentations and peer-reviewed articles. Identify areas for further research.

PROFESSIONAL

Palliative Medicine Specialists have a unique societal role as professionals providing care to a particularly vulnerable patient population. As reflective practitioners, they are committed to the provision of clinical care based on ethical considerations, profession-led regulation, and high personal standards of behavior.

Key and enabling competencies:

Palliative Medicine Specialists are able to:

1. Demonstrate a commitment to their patients, profession, and society through ethical practice
 - Exhibit appropriate personal and inter-professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism.
 - Demonstrate an ongoing commitment to a patient and family from the time of palliative medicine consultation until a patient dies and to the family after the patient dies.
 - Demonstrate a commitment to delivering the highest quality care:
 - Use appropriate strategies to maintain and advance professional competence in palliative and end-of-life care.

- Incorporate current standards of palliative and end-of-life care in clinical practice.
 - Demonstrate sensitivity and responsiveness to a diverse patient population.
 - Demonstrate an ethical approach when discussing issues related to care of patients with life-threatening illness and/or at end-of-life and their families including truth-telling, consent and capacity, confidentiality, conflict of interest, resource allocation, withdrawal or withholding therapy, advance directives, palliative sedation, euthanasia and assisted suicide.
 - Appraise ethical implications of different cultural, ethnic, social perspectives.
 - Recognize sources of conflict in physician-patient relationships.
 - Demonstrate strategies to resolve conflicts of interest associated with palliative and end-of-life care e.g. resource allocation, autonomy, goals of care discussions.
 - Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law.
 - Respect the privacy and autonomy of the patient.
 - Recognize and manage boundary issues e.g. over involvement, personal identification that may arise when caring for patients with life-threatening illness and/or at end-of-life and their families.
2. Demonstrate a commitment to their patient, profession and society through participation in profession-led regulation
- Demonstrate knowledge and understanding of the professional, legal and ethical codes of practice especially as they relate to advance directives, withdrawal and withholding of treatment, palliative sedation, euthanasia and physician assisted suicide.
 - Understand and apply relevant legislature that relates to patient care e.g. Advance Directives, Power of Attorney, Withholding and Withdrawal of Treatment. Consider the different approaches in caring for capable and incapable patients, including the ethical and legal roles of substitute decision-makers.
 - Fulfill the regulatory and legal obligations required of current regulatory bodies
 - Recognize and respond to unprofessional behaviours in clinical practice or in the context of teaching or research.

- Participate in peer review: participate in the assessment of other physicians and health care professionals providing care for patients with life-threatening illness and/or at end-of-life and their families.

3. Demonstrate a commitment to physician health and sustainable practice

- Balance personal and professional roles and responsibilities to ensure personal health and a sustainable practice:
 - Demonstrate strategies for managing personal stress associated with caring for patients life-threatening illness and/or at end-of-life and their families.
 - Demonstrate strategies for resolving conflicts and role strain.
- Strive to heighten person and professional awareness and insight:
 - Recognize the importance of and incorporate self-reflection in all aspects of their practice.
 - Continually evaluate their abilities, knowledge and skills and demonstrate awareness of limitations of professional competence.
 - Demonstrate openness to seeking and receiving feedback and assistance from others related to either professional or personal issues.
 - Demonstrate self awareness and self-care in caring for patients with life-threatening illness and/or at end-of-life and their families.
 - Demonstrate an understanding of how prior experiences with death and dying may affect care of palliative patients and their families.
 - Demonstrate awareness of and strategies to explore and resolve interpersonal difficulties in professional relationships.
- Recognize other professionals in need and respond appropriately to support them and assist them to find appropriate resources.