

PD SMaRT

Professional Development and Skills Matrix Resource Toolkit

Palliative Care Nurses



ACKNOWLEDGEMENT OF PRIOR WORK

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HOW TO CITE THIS RESOURCE

If you would like to use this resource, we ask you use the following citation:

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INTRODUCTION

Overview

The Professional Development and Skills Matrix Framework for palliative care nurses, thereafter referred to as the 'skills matrix', aims to:

- (1) Identify, measure and address the individual learning needs and appropriate professional development strategies for palliative care nurses working in community palliative care settings.
- (2) Use the data collected as an evidence base tool for workforce planning in palliative care which provides regional direction for coordinated development of relevant and required educational opportunities for staff, a framework for position descriptions for recruitment of staff and succession planning, and greater uniformity across the region in consistency of skills to reduce unwanted variations in provision of care.

The skills matrix uses a survey method whereby individuals complete a 64-item questionnaire in Survey Monkey (an electronic data collection platform).

The questionnaire asks nurses to rate their knowledge and skills against each question with the following criteria:

- (1) No knowledge
- (2) Basic knowledge
- (3) Can do with supervision
- (4) Can perform independently
- (5) Can teach others

Responses in the following categories are interpreted as:

- **'No knowledge'** and **'Basic Knowledge'** = practice **GAPS**.
Should be the main focus for professional development.
- **'Can do with supervision'** = **CONSOLIDATION** needed.
Should also be a focus for professional development
- **'Can perform independently'** and **'Can teach others'** = practice **STRENGTHS**.
No immediate action was required although advanced learning opportunity may be beneficial.

Analysis of the results will provide feedback on relevant professional development opportunities for the individual, department/organisation and the region, based on identified gaps, areas for consolidation and practice strengths.

The skills matrix will also assist clinical staff, unit managers and health services respond to the following national quality standards for accreditation:

National Palliative Care Standards 5th Edition -2018¹

- **Standard 9: Staff Qualification and training:**
"All services are expected to support their staff, both with respect to their ongoing professional development and to coping with the daily demand of working with people their family and carers" (p.21).
 - **Std.9.1** *'The service employs a multidisciplinary team of health professional with recognised qualifications'*
 - **Std. 9.3** *A formal assessment of palliative care education and training is undertaken for all members of the health service to identify professional development requirements.*

National Safety and Quality Healthcare Standards (NSQHS)²

- **Standard 1 Clinical Governance.**
 - Criteria: Clinical Performance and Effectiveness. Item: Safety and quality Training.
 - *"The workforce is appropriately trained to meet the need of the organisation to provide safe and high-quality care."*

National Consensus Statement: Essential elements for safe high-quality end of life care³

- **Guiding principle:** *"Safe and high-quality end of life care requires the availability and appropriately qualified skilled and experienced interdisciplinary teams"* (p.4).

Theoretical framework: Benner's stages of clinical competence

The skills matrix is based on 'Benner's Stages of Clinical Competence'⁴ where a clinician passes through five levels of skill development and proficiency:

- (1) Novice
- (2) Advanced beginner
- (3) Competent
- (4) Proficient
- (5) Expert

Figure 1 describes the attributes associated with each stage.

Figure 1: Description of Benner's levels of clinical competency



Interpreting the skills matrix criteria

Benner's stages of clinical competence were matched with the skills matrix self-assessment criteria against each question. To help identify action needed to be taken, a traffic light system of red (gaps), orange (consolidation) and green (strengths) was used to interpret the data (Table 1).

Table 1: Skills matrix interpretation

Benner	Skills matrix self-assessment criteria	Practice interpretation
(1) Novice	No knowledge	GAP
(2) Advanced Beginner	Basic knowledge	
(3) Competent	Can do with supervision	CONSOLIDATION
(4) Proficient	Can perform independently	STRENGTH
(5) Expert	Can teach others	

Development of the skills matrix

The skills matrix questionnaire and methodologies have been designed in close consultation with an expert reference group from across Gippsland, which included nurse unit managers from community district nursing services, palliative care practitioners from inpatient and community palliative care services, the Gippsland Regional Palliative Care Consultancy Service and Monash University Rural Health.

The Gippsland Palliative Care Community of Practice group brainstormed initial questions regarding skills and knowledge; questions were collated and devised; questions were tested with small group testing, refined and reviewed to ensure they are easy to understand and complete, and that the questions are interpreted as intended.

The format of the questionnaires draws on the findings and learnings from the successful work completed by the Gippsland Regional Maternity Skills Matrix Project and the Bass Coast Skills Matrix Project and are also guided by the GRPCC Gippsland Model of Community Palliative document 2014.

The Palliative Care Professional Development and Skills Matrix Framework aligns with the Palliative Care National Standards 2018, and the Essential Elements of Palliative for Safe high-quality end of life care. GRPCC commissioned, and has worked with Monash University Department of Rural Health, to translate these learnings into a survey tool appropriate for use in the palliative care setting.

Benefits and outcomes

The information gathered through the questionnaire will help the nurses providing palliative and end of life care to understand what they do well and to identify professional development opportunity areas for improvement. This will assist departments and health services to provide more targeted professional development opportunities relevant to the skill mix of nurses. This workforce development aims to improve services to your clients, families and carers.

Individuals

- For all nursing staff to work confidently, competently and with consistent evidence-based practice across the end of life continuum, caring for the person, their families and carers in the stable, unstable, deteriorating and terminal palliative care periods.
- Provides a structure for ongoing professional development for the nurse.
- Provides a pathway to advanced practice.

Teams

- Builds capacity for the palliative care team by upskilling staff.
- Identifies skills required within the unit for development and implementation of models of care.
- Identifies trends in learning gaps evident within the team.
- Allows for coordinated planning of professional development for the team utilising a variety of appropriate modalities; in- house, on line, local, state and national relevant educational opportunities.

Managers/Units/Organisations/Health services

- Provides a structure for managers/organisations to ensure the required, relevant and appropriate professional development opportunities are available for staff.
- Allows for managers to conduct performance appraisals against the professional development framework.
- Allows for managers to advocate for necessary funding to provide professional development to ensure required clinical competence within teams.

Eligibility

Who can complete the questionnaire?

Nurses working in district, community nursing and community palliative care. The questionnaires will be extended to the inpatient palliative care setting in future.

Is completing the questionnaires compulsory?

No, completing the questionnaire is voluntary, however, it is strongly encouraged as a quality improvement project for the individual nurse, your department, your organisation and the region as a whole. The opportunity to participate in the questionnaires should be provided to all nurses.

Confidentiality and privacy

Will the answers to the questionnaires be confidential?

Yes, the questionnaires do not record any identifying details, such as a name, date of birth or any other personal information that may identify participants.

The nurse unit manager will be the only person who can identify the participant through the allocated identified number and will know their responses to the questions. This is important as the data will be used to help inform professional appraisal and development discussions.

Finding out the results

How and when will individuals and/or organisations receive information on the results of the survey?

The results of the survey are provided in three report types:

- Individual participant results
- Organisations/Health service results
- Regional results (if multiple services participate in the survey)

The individual reports of self-assessed capabilities will assist to identify the skill capability of each individual and how this capability fits into their professional development and learning goals.

At the organisational/health service level, a report will be provided demonstrating commonalities of workforce capability. It will assist managers to ensure appropriate education and learning opportunities are directed to maximise the skill and knowledge development of the staff. It will provide an instrument to work towards your model of care by having a snapshot of where the skill capability lies within your department. This instrument can be used as a recruitment tool to frame position descriptions with certain skills required.

If multiple organisations are participating in the survey, a regional report of the trends can be compiled. This can provide a framework for coordination of relevant education in palliative care across the region; e.g. working with Educators Networks to ensure the consistent, coordinated delivery of relevant education across the region.

The regional data can also be used to inform peak bodies about the learning needs relevant to the workforce in the region, e.g. Centre for Palliative Care, to inform the metropolitan education calendar about what is relevant to the needs of your region.

STEPS IN THE SURVEY PROCESS

This chapter details the processes for planning and conducting the survey. These are outlined in Figures 2 and 3.

Please note, you will need a subscription/licence to Survey Monkey to use the platform. Check with your organisation if they have a licence.

You will also need some basic knowledge on how to set up and use Survey Monkey.

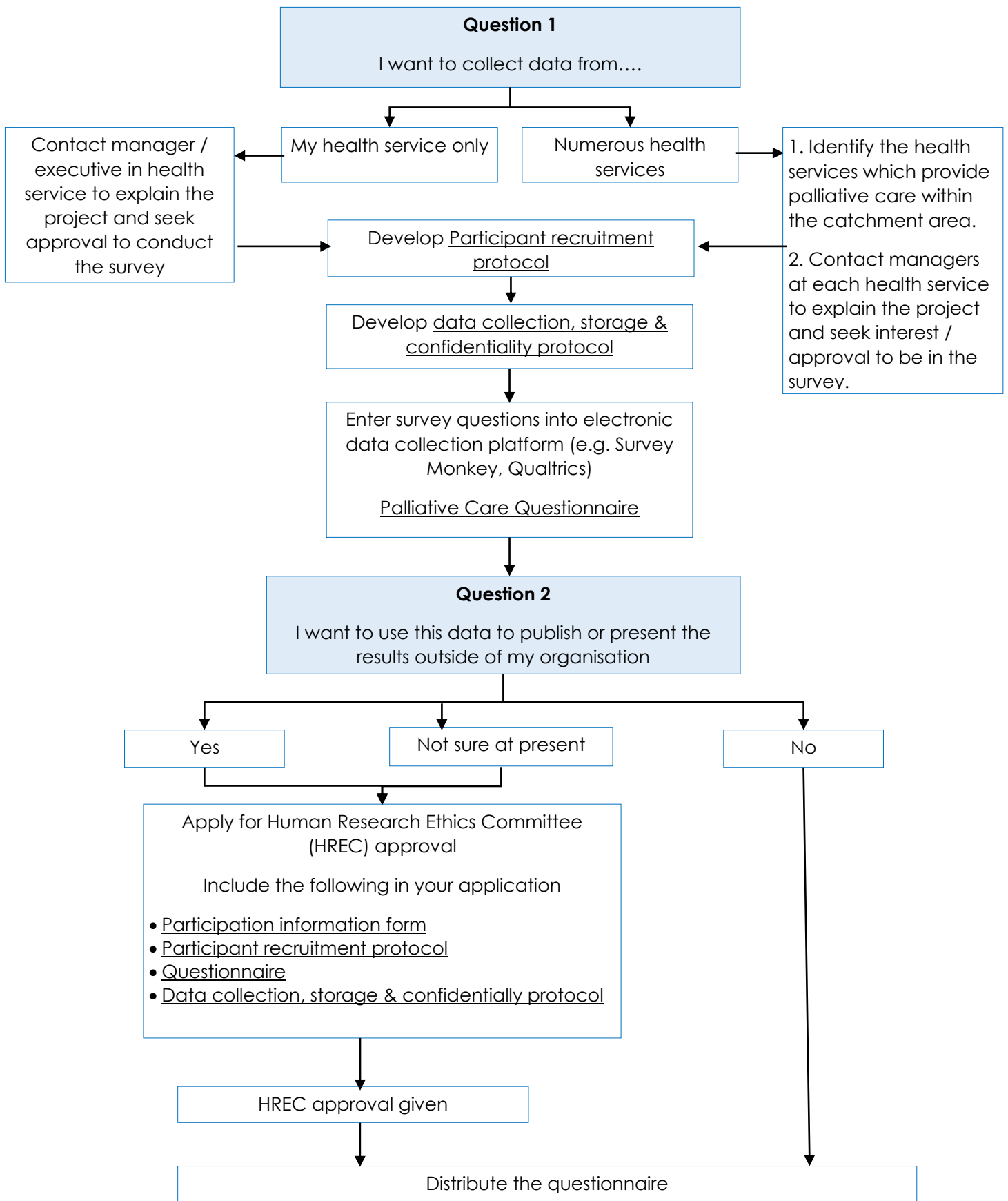
Survey Monkey Help

Go to the Survey Monkey YouTube channel to find videos relevant to your learning needs:
<https://www.youtube.com/surveymonkey>

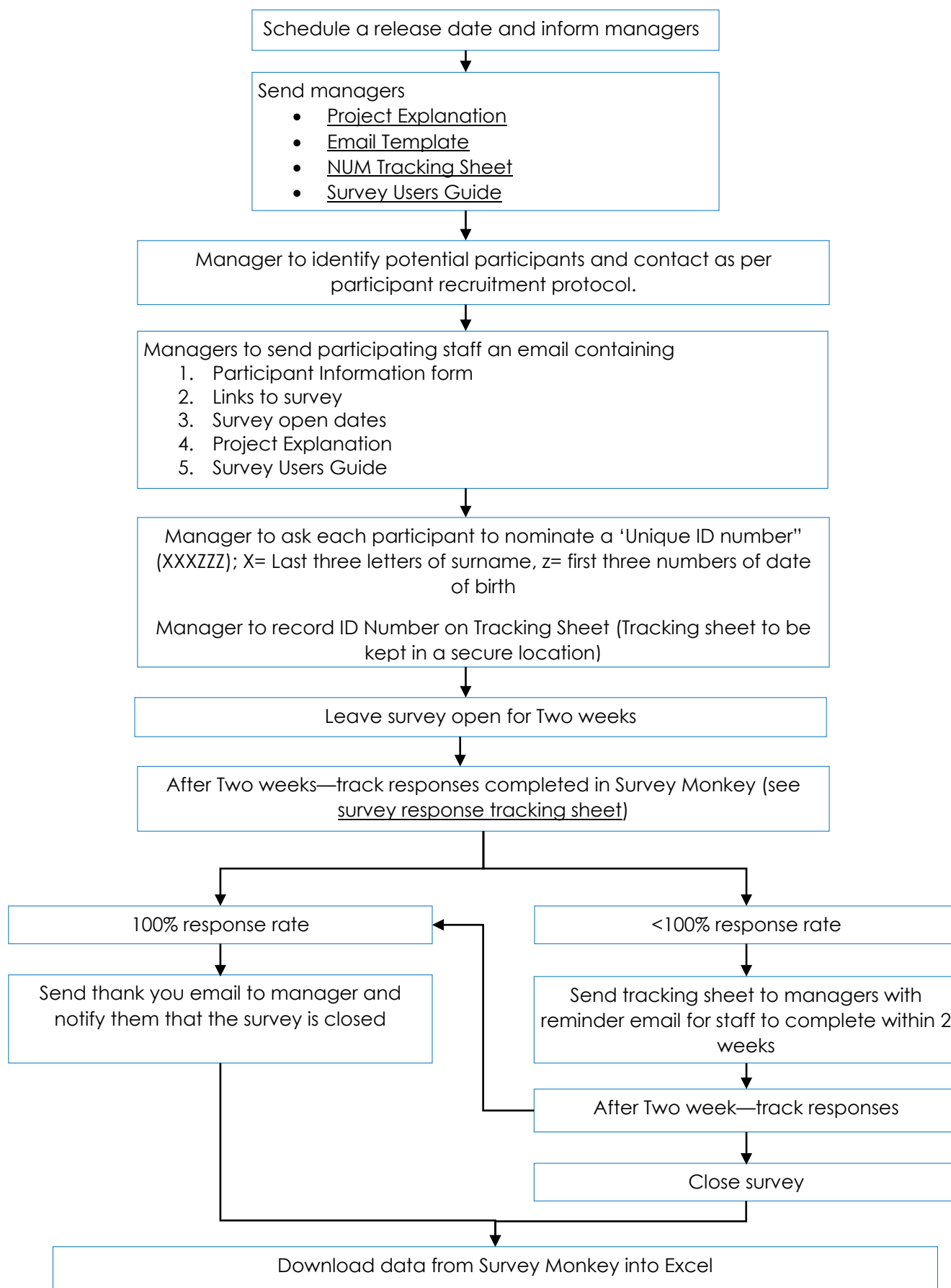
The following information describes the process for:

1. Planning the survey
2. Conducting the survey

Planning the survey



Conducting the survey



COLLATING, ANALYSING AND DISSEMINATING THE DATA

This chapter outlines the process of collating and analysing the data, and disseminating the results of the survey.

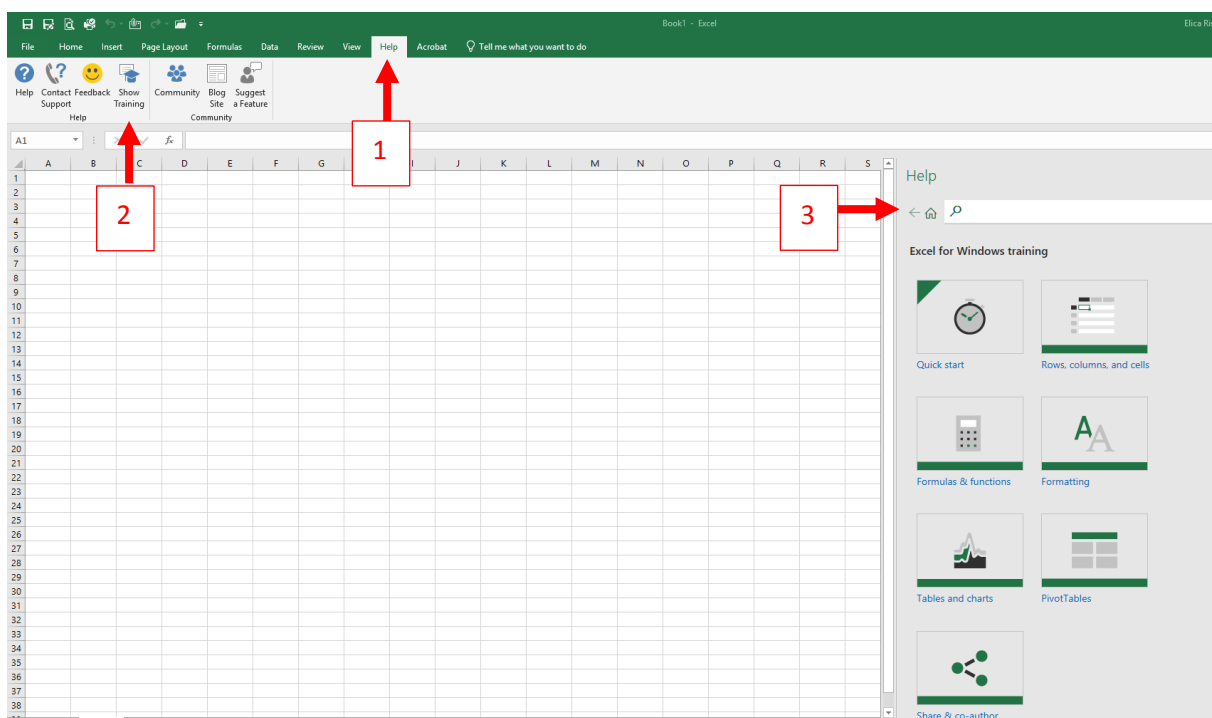
We have provided some basic steps to help you create the individual reports and also some suggested analysis for the organisational and regional reports.

Excel Help

Please note, some basic knowledge of using Excel is required to collate and analyse the data.

Training videos can be found within Excel:

- Open a new blank Excel workbook
- Go to the 'Help' tab (1)
- Click 'Show training' (2)
- Search for your topic of interest or scroll through some of the suggested topic areas (3)



Individual Reports

Compiling the individual reports

Individual reports will need to be produced for all survey participants. A step by step guide detailing the process of collating and displaying the data for the individual reports is available in the Resources and Tools chapter of this toolkit.

Interpreting the individual reports

The individual reports benchmark the individual's response for each question against other peoples' responses in the organisation *who have completed the questionnaire*.

In the example below, person x has rated themselves as 5 (Can teach others) for the question on 'Providing care for the dying person' (see green bar), a self-assessed rating above the organisational median of 4 (see dot).

The median is the middle value of all the responses to a particular question. The individual can gauge if their rating is above or below the middle ratings.

Example:



The colours of the bars help to visually represent practice gaps (red), areas for consolidation (orange) and strengths (green).

In this example, the individual has self-rated this as a practice strength.

Reminder:

- **'(1) No knowledge'** and **'(2) Basic Knowledge'** = practice **GAPS**. Should be the main focus for professional development.
- **'(3) Can do with supervision'** = **CONSOLIDATION** needed. Should also be a focus for professional development
- **'(4) Can perform independently'** and **'(5) Can teach others'** = practice **STRENGTHS**. No immediate action was required although advanced learning opportunity may be beneficial.

Use this data as an evidence base to inform performance management/appraisal discussions with staff and help to identify appropriate professional development needs.

The individual report should be used in conjunction with the **Professional Development Booklet** and **Personal Learning Plan**.

Organisational/Health Service and Regional Reports

Presenting the data for the organisational/health service and regional reports follows the same data process for collation and analysis.

This section provides some examples of how you might present:

1. demographic data
2. practice gaps, areas for consolidation and practice strengths.

Presenting demographic data

Example 1: Demographic data

Parameter (number of response n=)	n	%
Age (years)		
18-25		
25-35		
35-45		
45-55		
>55		
Gender		
Female		
Male		
Role		
Registered nurse		
Enrolled nurse		
CNC		
CNS		
ANUM		
NUM		
Experience in palliative care (years)		
Less than 1 year		
1-5		
5-10		
>10		
Experience in current role (years)		
<1		
1-5		
5-10		
>10		
Self-care tools used		
Reflective practice		

Headspace		
Employee Assistance Program		
Nurse and/or Midwife support		
Formal palliative care training		
Yes		
No		
Confidence to access Employee Assistance Program		
Not good		
Good or Very Good		

Example 2: Practice issues data

Parameter (n= ---)	N	%
Knowledge of scope of practice in community palliative care		
Yes		
No		
Work outside of scope of practice		
Yes		
No		
Your participation in clinical supervision (n=---)		
Mentoring		
Professional appraisals		
De-briefing (formal)		
De-briefing (informal)		
Other		
Regular supervision is helpful for work		
Yes		
No		
What type of clinical supervision is helpful		
Mentoring		
Professional appraisals		
De-briefing (formal)		
De-briefing (informal)		
Other		
Where you will be in 5 years and beyond		
RN		
CNS		
CNC		
NPC		
NP		
Education		

Management		
Further study		
Retired		
Out of nursing		
Different department		

Example 3: Awareness and familiarity with resources (Yes responses)

Parameter (n=)	N	%
Model of Community Palliative Care Gippsland Part 2 Framework		
National Consensus Statement: Essential elements for safe high-quality end of life care		
Palliative Care Standards 5th Edition 2018		
End of Life and Palliative Care Framework 2016		
NSQHS standards		
Palliative Care Therapeutic Guidelines Vol 4 201		
Aged Care Standards		
Gippsland Region Palliative Care Consortium		
Awareness of standardised assessment tools of the Palliative Care Outcomes Collaborative (PCOC)		

Collating the practice gaps, consolidations, strengths

The following information provides the steps in determining which practices areas are classified as gaps, consolidations and strengths. There are three examples.

EXAMPLE 1

Step 1: For each question SUM the percentages in the following categories together:

- No knowledge + Basic Knowledge (1)
- Can perform independently (2)
- Can perform independently + Can teach others (3)

Question: Provide concise, integrated and systematically formatted progress notes using PCOC Scoring?

	1				2		3				Total	Weighted Average
	No knowledge	8	Basic knowledge	11	Can do skill with supervision	19	Can perform independently	69	Can teach others	14		
1	6.61%	8	9.09%	11	15.70%	19	57.02%	69	11.57%	14	121	3.58
											Answered	121
											Skipped	1
SUM	15.70%				15.70%		63.64%					

Step 2: Use the following coding to determine which areas of practice emerged as gaps, consolidations and strengths:

- If **>25%** of participants rated their capability as 'no knowledge' or 'basic knowledge', these capabilities will be classified as 'gaps identified'.
 - If yes, this is a practice gap. Stop here.
 - If no, go to the next criteria.
- If **>25%** of participants rated their capability as 'can do skill with supervision' and the question has not been identified as a 'gap', these will be identified as 'Consolidation needed'. These areas can be improved upon and should also be a focus for professional development.
 - If yes, this is a practice consolidation. Stop here.
 - If no, go to the next criteria.
- If **>50%** of participants rated their capability as 'can perform independently' or 'can teach others', and the question has not been identified as a 'gap' or 'consolidation', these will be identified as 'Strengths identified'. No immediate professional development is required although advanced learning opportunities may be beneficial.
 - If yes, this is practice strength.

Decision: In Example 1, this question emerges as a STRENGTH. Why?

- The no knowledge and basic knowledge is not >25% (15.70%). Go to next criteria.
- The can do with supervision is not >25% (15.70%). Go to the next criteria.
- The can perform independently and can teach others is >50% (63.64%). Practice strength.

EXAMPLE 2

Work with children requiring palliative care?												
	No knowledge		Basic knowledge		Can do skill with supervision		Can perform independently		Can teach others		Total	Weighted Average
1	14.75%	18	28.69%	35	24.59%	30	29.51%	36	2.46%	3	122	2.76
											0	
											Answered	122
	43.44%				24.59%		31.97				Skipped	0

Decision: In Example 2, this question emerges as a GAP. Why?

- The no knowledge and basic knowledge is >25% (43.44%). Stop here.

EXAMPLE 3:

Deal with the following management of opioids in the palliative care setting?												
	No knowledge		Basic knowledge		Can do skill with supervision		Can perform independently		Can teach others		Total	Weighted Average
Opioid equivalency and conversion	3.33%	4	19.17%	23	40.83%	49	30.00%	36	6.67%	8	120	3.18
											Answered	120
											Skipped	2
	22.5				40.83		36.67					

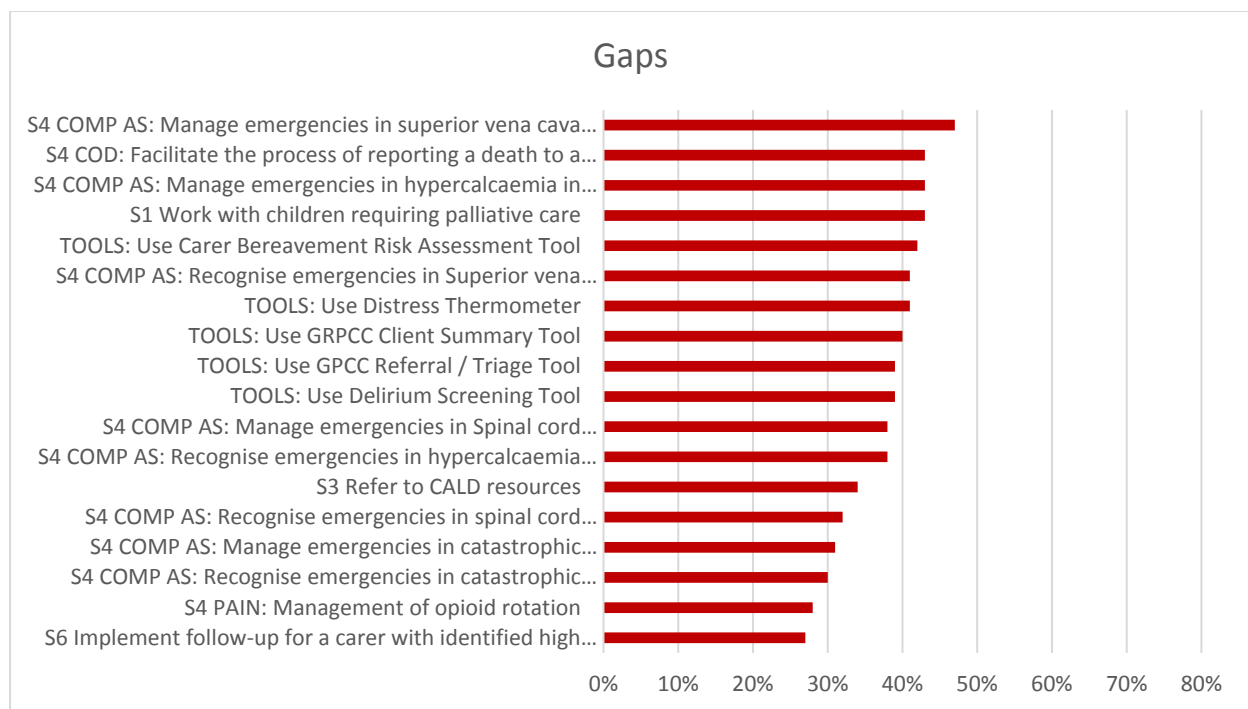
Decision: In Example 3, this question emerges as a CONSOLIDATION. Why?

- The no knowledge and basic knowledge is not >25% (22.50%). Go to the next criteria.
- The can do with supervision is >25% (40.83%). Stop here.

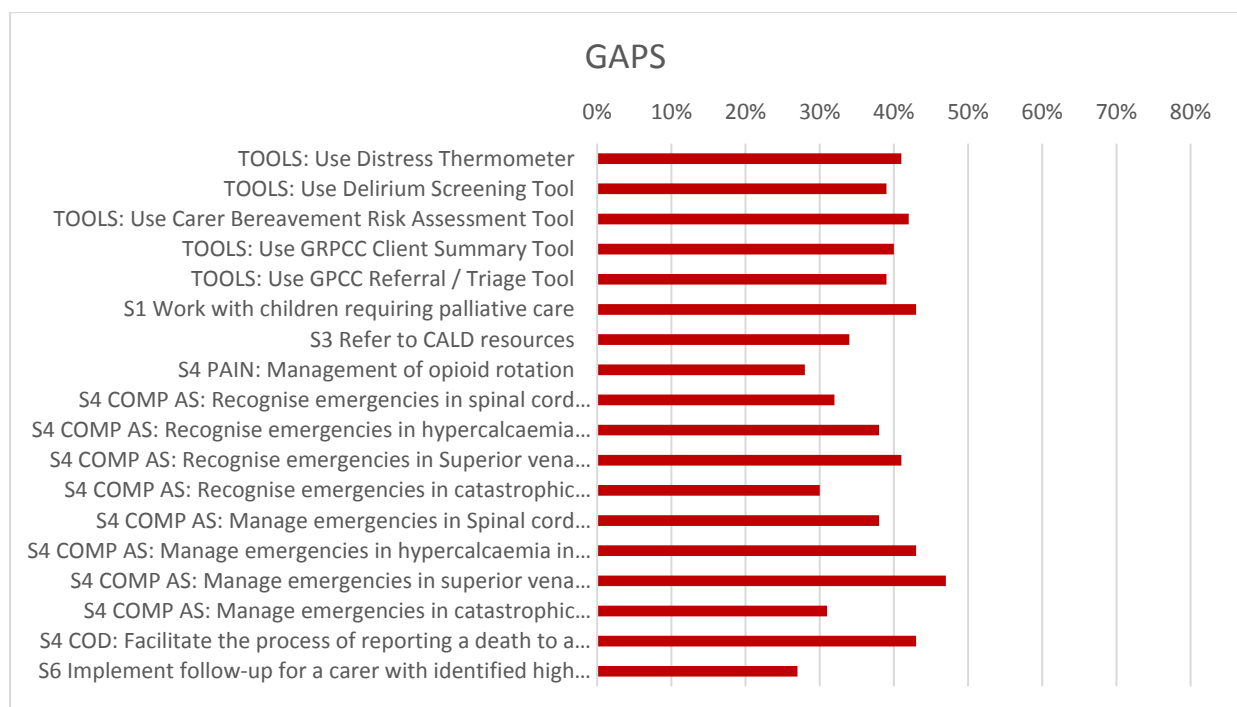
Displaying the practice gaps, consolidations, strengths

Option 1: Present this data as three separate bar charts; one for gaps, one for consolidations, one for strengths. These bar charts can be presented with the values ordered from highest-lowest (or vice versa) (see example 1), or the values grouped by standards (see example 2). All the regional data is combined within one chart.

Example 1: Values presented from highest to lowest

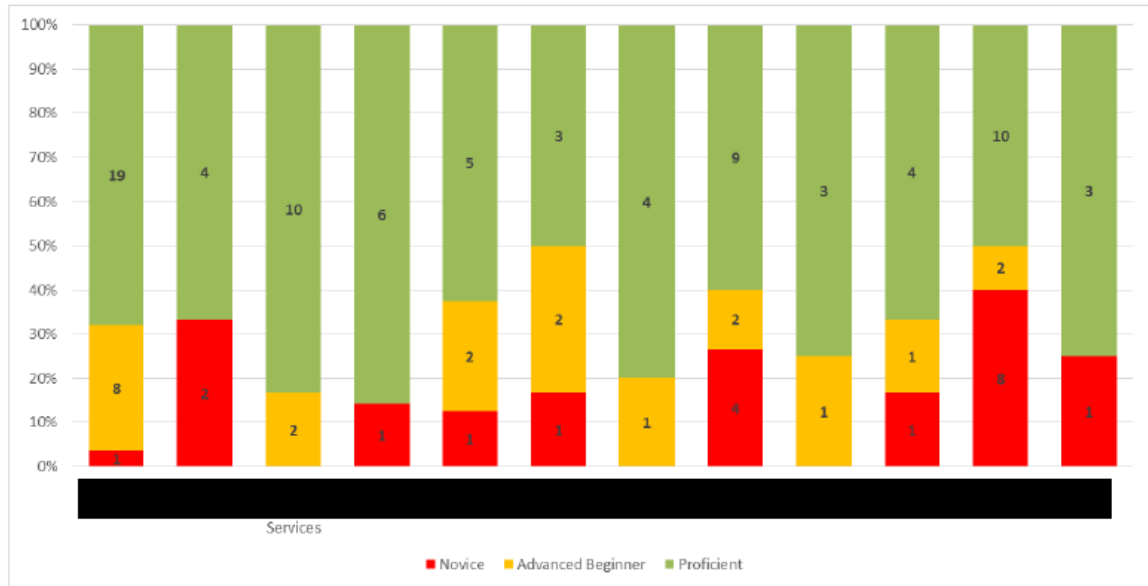


Example 2: Values grouped by standards



Option 2: Present the combined gaps, consolidations and strengths for each question in one chart for each service participating in the study.

Discuss Advance Care Directives for a person receiving palliative care with the Client, Carer and Colleague?



IDENTIFYING AND DOCUMENTING PROFESSIONAL DEVELOPMENT

Following the completion of the questionnaires, participants receive their individual feedback report and can work with their manager to identify appropriate professional development opportunities via the Professional Development Resource Booklet. Individuals can document this information in the Person Learning Plan.

Professional Development Resource Booklet

The professional development document, focusing specifically on palliative care, outlines a list of online resources and education available to assist in developing the community palliative care nursing skill set from novice through to expert. The booklet directly correlates to each question and identified capability.

Example:

Standard 2: Developing a care plan

Question	Resources and Useful Website	Education Session	Registration Link	Cost	Modality	Date	Capability			
							Novice	Advanced Beginner	Proficient	Expert
Q18: Developing a Care Plan		End of Life Essentials Module 6 - Responding to Concerns	www.caresearch.com.au/caresearch/tabid/4002/Default.aspx	Free	Online	Anytime	✓	✓		
		PCC4U - Module 1 - Principles of palliative care*	www.pcc4u.org/learning-modules/core-modules/module-1-principles/	Free	Online	Anytime	✓	✓		
		PCC4U - Module 4 - Optimising function in palliative care*	www.pcc4u.org/learning-modules/core-modules/module-4-optimisation/	Free	Online	Anytime	✓	✓		

Personal Learning Plan

The personal learning plan documents the professional development goals the individual and manager have discussed.

Example:

Personal Learning Plan

Remember to make a plan that is achievable. You can use the District Nursing and Palliative Care Skill Matrix questionnaires to discuss your knowledge, skills and confidence in district nursing and palliative care with your manager. Once you have created your learning plan and identified your learning needs and areas where further training is required, browse the Professional Development Opportunities booklet, this provides detailed education opportunities and resources that are recommended by the GRPCC, for your current capability.

Name:

Date:

Priority	Knowledge Need	How will this be met? (e-learning, short course, clinical experience, further education, ect)	Target Date	Date Completed	Evidence of Completion	How have you applied your knowledge in palliative care? Provide specific examples
Example	To better perform a palliative care assessment	e-learning PCC4U - Module 3 - Palliative assessment & Intervention	February 2019	January 2019	Certificate received	Completed 2 palliative care assessments with supervision and 1 without supervision
Priority 1						
Priority 2						

RESOURCES AND TOOLS

The following links to resources and tools have been referred to in this resource kit.

RECRUITMENT AND DATA TOOLS
Participant Information Form
An outline of what participants can expect when participating in the project. Can be used as a Participant Explanatory Form for HREC applications www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-Explanatory-Statement.pdf
Palliative Care Questionnaire
Contains all the survey questions www.grpcc.com.au/wp-content/uploads/2020/01/Skill-Matrix-Kit-Pall-Care-Survey.pdf
Participant recruitment protocol
Explains critical issues to consider when deciding who should be involved and how participants can be contacted. May also guide HREC applications. www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-Recruitment-protocol.pdf
Data collection, storage, confidentiality protocol
Explains critical issues in maintaining the security and confidentiality of the data. Essential information for HREC applications www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-Data-collection-and-confidentiality.pdf
MANAGERS TOOL KIT
Email template
To be used by managers to send to staff requesting them to participate in the survey www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-NUM-email-to-Nurses.pdf
NUM tracking sheet
Records staff allocation numbers www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-NUM-Tracking-Sheet.xlsx
Project Explanation
Provides a detailed explanation of the project www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-Project-Explanation.pdf

Survey Users Guide
Step by step instruction for staff to access and complete the survey monkey questionnaire www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-Survey-Users-Guide.pdf
Survey Response tracking sheet
Used by the project coordinator to track survey completion. www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Lit-Survey-Response-Tracking.xlsx
DATA ANALYSIS GUIDES
Example Individual reports
An individual report is developed for each participant of the survey. It graphs their responses, highlighting skill capability and includes a professional development plan template. www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-De-identified-individual-report.pdf
Instructions for compiling individual reports
This guides steps you through the process of collating and displaying the data for the individual reports. www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-Compiling-the-individual-reports.pdf
Example Health service reports
Provides tangible evidence of learning needs within an organisation or region by presenting a snapshot of where the skill capability lies. http://www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-Service-Report-De-Identified.pdf
Example Regional comparative report
Details responses from each health service in one report. Can do used when developing a region wide education plan. www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-Combined-Service-Report-De-identified.pdf
Professional Development Tools
Professional Development Resource Booklet
Outlines professional development opportunities against each practice area www.grpcc.com.au/wp-content/uploads/2020/01/Learning-Opportunities.pdf

Palliative Care Clinical Modules

These clinical practice modules have been designed to assist nursing staff in their clinical progression through skills required for district nursing and community palliative care. They provide a guide to self-directed and clinical supported learning relevant for nurses working across all areas of District Nursing Service and Community Palliative Care to build both knowledge and skills.

www.grpcc.com.au/wp-content/uploads/2020/01/GRPCC-Hurdles-1.7.19.pdf

Personal Learning Plan

Used to document the professional development goals for each person.

www.grpcc.com.au/wp-content/uploads/2020/01/Skills-Matrix-Kit-Personal-Learning-Plan.pdf

Word versions of all documents can be made available upon request to the GRPCC

REFERENCES

¹ Palliative Care Australia. (2018). National Palliative Care Standards 5th edn. Canberra: PCA.

² Australian Commission on Safety and Quality in Health Care. (2017). National safety and quality health service standards (second edition). Sydney: ACSQHC: <https://www.safetyandquality.gov.au/standards/nsqhs-standards>.

³ Australian Commission on Safety and Quality in Health Care. (2015). National Consensus Statement: essential elements for safe and high-quality end-of-life care. Sydney: ACSQHC.

⁴ Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley, pp. 13-34.