

SELF-ASSESSMENT OF CLINICAL COMPETENCY AND CONCERNS IN PALLIATIVE CARE ¹

1. Adapted from: Weissman DE, Norton A, et al. A survey of competencies and concerns in end-of-life care for physician trainees. J Pain Symptom Manage 1998; 15:82-90

I. Please rank your degree of competence with the following patient / family interactions and patient management topics, using the following scale:

4 = Competent to perform independently

3 = Competent to perform with minimal supervision

2 = Competent to perform with close supervision / coaching

1 = Need further basic instruction

1. ___ conducting a family conference to discuss important end-of-life decisions.
2. ___ giving bad news to a patient or family member.
3. ___ discussing DNR orders.
4. ___ discussing home hospice referral.
5. ___ discussing a shift in treatment approach from curative to comfort care.
6. ___ discussing treatment withdrawal (e.g. antibiotics, hydration)
7. ___ perform a basic pain assessment
8. ___ use of oral opioid analgesics
9. ___ use of parenteral opioid analgesics
10. ___ use of adjuvant analgesics (e.g. tricyclics, steroids, anti-convulsants)
11. ___ assessment and management of terminal delirium
12. ___ assessment and management of terminal dyspnea
13. ___ assessment and management of nausea / vomiting
14. ___ assessment and management of constipation
15. ___ assessing patient decision -making capacity
16. ___ discussing advance directives with patients

II. Physicians often have concerns that certain medical decisions may either be contrary to accepted legal, ethical or professional standards or that they may be contrary to their own personal beliefs. For each of the situations listed below, please indicate the type and amount of concern you have, using the following scale:

- 4 = very concerned**
- 3 = somewhat concerned**
- 2 = somewhat unconcerned**
- 1 = not concerned**

A. Decision: Providing maximal pain relief throughout a cancer patient's illness, even before the terminal phase. Concerns

1. ___ This violates state law
2. ___ This violates medical practice standards and represents malpractice
3. ___ This violates accepted ethical norms
4. ___ This violates my personal religious or ethical beliefs

B. Decision: Withdrawing non-oral feedings (G-tube or NG tube) from a decisional terminal cancer patient who asks for such feeding to be discontinued. Concerns:

1. ___ This violates state law
2. ___ This violates medical practice standards and represents malpractice
3. ___ This violates accepted ethical norms
4. ___ This violates my personal religious or ethical beliefs

C. Decision: Withdrawing IV hydration from a terminal cancer patient, who can no longer take oral fluids and who is clearly dying. Concerns:

1. ___ This violates state law
2. ___ This violates medical practice standards and represents malpractice
3. ___ This violates accepted ethical norms
4. ___ This violates my personal religious or ethical beliefs

D. Decision: Withdrawing parenteral antibiotics from a non-decisional dementia patient with urosepsis, at the request of their Power for Attorney for Health Care or legal guardian. Concerns:

1. ___ This violates state law
2. ___ This violates medical practice standards and represents malpractice
3. ___ This violates accepted ethical norms
4. ___ This violates my personal religious or ethical beliefs

E. Decision: Withdrawing ventilator support from a non-decisional dementia patient at the request of their Power for Attorney for Health Care or legal guardian. Concerns:

1. ___ This violates state law
2. ___ This violates medical practice standards and represents malpractice
3. ___ This violates accepted ethical norms
4. ___ This violates my personal religious or ethical beliefs

Please indicate which of the following topics you would like to have included in future education programs: (1 = Yes, 2 = No)

1. ___ pain assessment and management
2. ___ assessment and management of nausea and vomiting
3. ___ assessment and management of terminal delirium
4. ___ assessment and management of terminal dyspnea
5. ___ assessment and management of constipation
6. ___ end-of-life communication skills—giving bad news, running a family conference, discussing prognosis, discussing treatment withdrawal
7. ___ hospice care: the who, why, when and where
8. ___ end-of-life ethics: DNR orders, advance directives, decision-making capacity
9. ___ use of intravenous hydration and/of non-oral feedings in end-of life care
10. ___ spirituality in end-of-life care—role of the physician

THE END