

**Table 2:** Training and other considerations for providing doctors and administering nurse practitioners.

	<b>Training for providers of AD under the EoLC Act</b>
<b>Choosing to be a Provider</b>	<ul style="list-style-type: none"> <li>• What is required to become a provider</li> <li>• What is required of a provider</li> <li>• Finding advice/resources to determine whether AD is within scope of practice, including: <ul style="list-style-type: none"> <li>• Competency in communication and the elements of informed consent</li> <li>• Ability to convey information about options, symptom management, palliative care</li> <li>• Basic knowledge of medical ethics regarding end-of-life care</li> <li>• Cultural sensitivity</li> </ul> </li> <li>• How to access more training</li> <li>• What supports are available to providers</li> <li>• Reimbursement process</li> </ul>
<b>At initial informal request</b>	<ul style="list-style-type: none"> <li>• Advanced skills in the same areas from initial informal request in Table 1</li> <li>• Assessing eligibility criteria and ineligible conditions (age, mental illness, disability)</li> <li>• Expertise in differentiating a serious request for AD from request for more support, symptom management or discussing fears about the future</li> </ul>
<b>At initial formal patient request</b>	<ul style="list-style-type: none"> <li>• Awareness of the prohibition on a health practitioner raising AD</li> <li>• How to approach and address an initial request</li> <li>• How to access information (checklist) to provide to person</li> <li>• Referral requirements and methods</li> <li>• Knowledge of forms (and their purpose) completed at initial request and other stages</li> <li>• Differentiate provider response options for differing clinical scenarios (eg, between requests driven by long-standing values versus impulsive or momentary distress)</li> </ul>
<b>Assessment for eligibility</b>	<p><b>Prognostication</b></p> <ul style="list-style-type: none"> <li>• Familiarity with prognostication literature and resources</li> <li>• Familiarity with how to find and use New Zealand Hospice and Palliative Care Referral Criteria for Adults</li> <li>• Recognising when specialist assistance is required for determining life expectancy</li> <li>• <b>Coercion</b></li> <li>• How to evaluate and detect coercion, how to differentiate coercion, support and persuasion</li> <li>• Recommendations for gathering information from multiple sources</li> <li>• Privacy limitations of collecting information from other sources</li> <li>• How to address scenarios of unmet resource needs (symptom management, care-giving or financial needs) that may be a type of coercion</li> </ul> <p><b>Competency assessment</b></p> <ul style="list-style-type: none"> <li>• What standards and tools are recommended for routine use</li> <li>• Knowledge of strengths and weakness of different capacity assessment tools</li> <li>• Which capacity assessment tools are available for special circumstances such as the non-verbal, people with other difficulties with communication</li> </ul> <p><b>Informed consent</b></p> <ul style="list-style-type: none"> <li>• Skilled in meeting elements of informed consent</li> <li>• Documentation required, supporting documentation recommended</li> <li>• Consider witnesses or recording for challenges after the fact</li> <li>• Identifying and navigating difficulties with communication or learning differences</li> </ul>

**Table 2:** Training and other considerations for providing doctors and administering nurse practitioners (continued).

	<b>Training for providers of AD under the EoLC Act</b>
<b>Between qualification and provision</b>	<p><b>Clinical dilemmas (tricky situations)—identify and access available resources</b></p> <ul style="list-style-type: none"> <li>• Understand what the Registrar/SCENZ/Review Committee can provide</li> <li>• Understand when and how to get a legal opinion or clarification</li> <li>• Understand when and how to get expert clinical ethics consultation</li> </ul> <p><b>Counselling, support, choreography, managing distress</b></p> <ul style="list-style-type: none"> <li>• Counselling families, managing dynamics</li> <li>• Communication with healthcare team members</li> <li>• Awareness of resources and methods to access (personal, team) supports</li> <li>• Responding to requests to reschedule forward or backwards</li> <li>• Responding to common changes in circumstances</li> <li>• Determining limitations on appropriate locations for procedures</li> <li>• Safety in acquiring, transporting and handling medications</li> <li>• Anticipating IV access and problems with IV access</li> <li>• Anticipating privacy concerns</li> </ul>
<b>During provision</b>	<ul style="list-style-type: none"> <li>• Medication administration—how to use and side effects</li> <li>• Anticipating vomiting or problems with oral administration</li> <li>• Coordination of patient, family and staff on day of death</li> <li>• Guiding and counselling families (before, during and immediately after)</li> <li>• Managing boundaries and social media (recording devices, live streaming)</li> <li>• Familiarisation with provider personal safety</li> <li>• Role and strategies if other team members develop distress</li> <li>• How to proceed if patient the does not die within the expected time frame</li> </ul>
<b>After provision</b>	<ul style="list-style-type: none"> <li>• Technical aspects such as death certification, reporting death to Registrar, capturing demographics and statistics being collected, privacy, and other required documentation</li> <li>• When, where and how the provider can get (funded) personal support</li> <li>• Supporting families/whānau immediately after death: <ul style="list-style-type: none"> <li>• When families experience distress or ask questions in weeks or months after death</li> <li>• Differentiating grief from depression</li> <li>• Recognising when to refer whānau for further support, grief vs depression</li> <li>• Responding to, or de-escalating, angry family members</li> </ul> </li> <li>• Resources and procedures for responding to personal threats to providers</li> <li>• Self-care for providers after involvement in AD</li> <li>• Offences and protection for providers acting in accordance with the Act</li> </ul>