



Australian Government

Department of Education, Employment and Workplace Relations

CHCPA402B Plan for and provide care services using a palliative approach

Release: 1

CHCPA402B Plan for and provide care services using a palliative approach

Modification History

Not Applicable

Unit Descriptor

Descriptor

This unit describes the knowledge and skills required of a worker in contributing to the development, implementation, evaluation and communication of a care plan for clients with life-limiting illness and/or normal ageing process in a team environment using a palliative approach

Application of the Unit

Application

This unit may apply in a range of community service contexts

Licensing/Regulatory Information

Not Applicable

Pre-Requisites

Not Applicable

Employability Skills Information

Employability Skills

This unit contains Employability Skills

Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

Elements and Performance Criteria

ELEMENT

1. Plan a palliative approach to *client* care

PERFORMANCE CRITERIA

- 1.1 Reflect an understanding of the difference between curative and palliative approaches in contributing to client care planning
- 1.2 Contribute to care plan to address in a holistic way client needs that may extend over time not just end-of-life
- 1.3 Apply the principles and *aims of a palliative approach* in contributing to development of care plan

ELEMENT**PERFORMANCE CRITERIA**

2. Support clients to identify their preferences for quality of life choices

- 2.1 Consult clients, family members, significant others and *carers* to identify and share information regarding changing needs and preferences
- 2.2 Respect client lifestyle, social context and spiritual needs in developing the care plan
- 2.3 Respect cultural choices in line with care plan
- 2.4 Support the freedom of the client, his/her family, carer and significant others to discuss spiritual and cultural issues in an open and non-judgemental way within scope of own responsibilities and skills
- 2.5 Demonstrate respect for the roles of the client and carer in planning and delivering care
- 2.6 Address any client issues in line with own responsibilities or refer them to the appropriate member of the care team in line with organisation requirements
- 2.7 Provide emotional support using effective communication skills

3. Support the incorporation of *advanced care directives* within the care plan

- 3.1 Demonstrate an understanding of the legal and ethical implications of advanced care directives and communicate them to all staff according to organisation policy
- 3.2 Support the process of *end-of-life ethical decisions* agreed by client and family, as documented in the care plan by an appropriate staff member in line with organisation policy
- 3.3 Report the client's needs/issues in relation to end-of-life to the appropriate team member for documentation in the care plan
- 3.4 Observe any *impact on carers* of client's end-of-life needs/issues and provide support

ELEMENT**PERFORMANCE CRITERIA**

4. Contribute to the development of and implementation of end-of-life care strategies
- 4.1 Respect client's preferences including cultural and spiritual wishes when contributing to an end-of-life care plan
 - 4.2 Respect the dignity of the client when planning end-of-life care and immediately following death
 - 4.3 Observe any signs of a client's imminent death/deterioration and report to an appropriate member of the care team in line with organisation requirements
 - 4.4 Provide a supportive environment for the client, families, carers and those involved in their care at end-of-life
 - 4.5 Inform other staff that decisions made by the client are reviewed regularly as indicated by changes on the care plan
 - 4.6 Recognise and support emotional needs of other clients and their families and/or carers affected when a death occurs
 - 4.7 Prepare client, family, other staff and self for any distressing end-of-life events within own responsibilities
5. Take action to alleviate pain and other end-of-life symptoms experienced by client/resident
- 5.1 Plan and document in care plan strategies to promote comfort in collaboration with supervisor and/or other health professional
 - 5.2 Assess resident/client need for pain and other symptom relief in line with care plan and report to supervisor and/or other health professional
 - 5.3 Provide pain relief in line with relevant legislation and organisation policy and care plan
 - 5.4 In consultation with supervisor and/or other health professional, provide appropriate information about the use of pain relieving medication and other treatments to staff, clients and their family
 - 5.5 Observe, report and document effectiveness of interventions for symptom relief
 - 5.6 Communicate ineffectiveness of interventions to supervisor and/or other health professional and document

ELEMENT**PERFORMANCE CRITERIA**

6. Identify and manage
*emotional responses in self
and others*

- 6.1 Identify and reflect upon own emotional responses to death and dying and raise and discuss any issues with supervisor and/or other appropriate person
- 6.2 Identify and reflect upon potential impact of personal responses on self and others and action appropriately
- 6.3 Inform others about support systems available such as bereavement care
- 6.4 Follow organisation policies and procedures in relation to emotional welfare of self, team members, clients and family
- 6.5 Assist colleagues to debrief and discuss bereavement care
- 6.6 Identify other strategies/resources available for debriefing
- 6.7 Evaluate effectiveness of emotional response strategies

Required Skills and Knowledge

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include knowledge of:

- Awareness of relevant policies, protocols and practices of the organisation in relation to the provision of both a palliative approach and palliative care
- Identifying and accessing relevant resources
- Understanding the palliative approach to care of clients and their family
- Awareness of diverse cultural aspects
- Understanding the complexity of carer's needs and potential issues
- Understanding of own role and responsibilities, and those of other team members involved in delivering a palliative approach and care
- Impact of loss and grief on clients, carers and workers
- State and Territory legislation on advanced care planning and advanced care directives
- Ethical and legal issues related to a palliative care approach
- Basic information about the use of pain relieving medication for staff, client and their family and within level of responsibility
- Awareness of hydration and nutrition requirements during a palliative approach and at end-of-life
- Awareness of the various signs of imminent death/deterioration

Essential skills:

The candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include the ability to:

- Communicate effectively with clients, their families, carers and other team members using effective listening, sensitive clarification and questioning, recognition of non-verbal cues, and provision of information within level of responsibility
- Share knowledge and information with other team members regarding the palliative

REQUIRED SKILLS AND KNOWLEDGE

approach

- Contribute to the provision of an environment that supports clients and their families and ensures other staff members are able to provide a palliative approach to palliative care
- Understand and adhere to own responsibilities and ensure other staff are aware of their roles and responsibilities
- Document clearly advanced care directive and end-of-life needs on care plan and report to appropriate person
- Intervene appropriately in accordance with care plan in the care of clients with pain relief and other symptom and comfort promotion
- Assess effectiveness of pain relief and comfort strategies
- Identify and reflect on own performance and attitudes regarding a palliative approach and end-of-life care
- Identify and document cultural and spiritual issues that may impact on a palliative approach
- Be supportive of team members to undertake informal and formal debriefing as necessary
- Contribute to and initiate problem solving processes to resolve issues as necessary
- Use literacy and numeracy skills as required to fulfil work role in a safe manner and as specified by the organisation

REQUIRED SKILLS AND KNOWLEDGE

Evidence Guide

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects for assessment and evidence required to demonstrate this unit of competency:

- The individual being assessed must provide evidence of specified essential knowledge as well as skills
- This unit of competency will be most appropriately assessed in a simulated workplace and/or in the workplace and under the normal range of workplace conditions
- Assessment will be conducted or evidence gathered over a period of time and cover the normal range of workplace situations and settings
- Consistency of performance should be demonstrated over the required range of situations relevant to the workrole
- Evidence of competence must be demonstrated through a minimum of three (3) different assessment methods, which may include:
 - observation in the workplace
 - written assignments/projects
 - case study and scenario as a basis for discussion of issues and strategies to contribute to best practice.
 - questioning
 - role play/simulation

EVIDENCE GUIDE

- Access and equity considerations:*
- All workers in community services should be aware of access, equity and human rights issues in relation to their own area of work
 - All workers should develop their ability to work in a culturally diverse environment
 - In recognition of particular issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and Torres Strait Islander people
 - Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities
- Context of and specific resources for assessment:*
- This unit can be assessed independently, however holistic assessment practice with other community services units of competency is encouraged
 - Resource requirements for assessment of this unit include access to:
 - an appropriate workplace where assessment can take place
 - equipment and resources normally used in the workplace
- Method of assessment:*
- In cases where the learner does not have the opportunity to cover all relevant aspects in the work environment, the remainder should be assessed through realistic simulations, projects, previous relevant experience or oral questioning on 'What if?' scenarios
 - Assessment of this unit of competence will usually include observation of processes and procedures, oral and/or written questioning on Essential knowledge and skills and consideration of required attitudes
 - Where performance is not directly observed and/or is required to be demonstrated over a 'period of time' and/or in a 'number of locations', any evidence should be authenticated by colleagues, supervisors, clients or other appropriate persons

Range Statement

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Aims of a palliative approach adapted from Guidelines for a Palliative Approach in Residential Aged Care (2004) is:

- An approach linked to palliative care that is used by primary care services and practitioners to improve the quality of life for individuals with a life limiting illness, their caregivers and family
- The palliative approach incorporates a concern for the holistic needs of patients and carers that is reflected in assessment and in the primary treatment of pain and physical, psychological, social and spiritual problems
- Application of the palliative approach to the care of an individual patient is not delayed until the end stages of their illness
Instead, it provides a focus on active comfort-focused care and a positive approach to reducing suffering and promoting understanding of loss and bereavement in the wider community
- Underlying the philosophy of a palliative approach is a positive and open attitude towards dying and death

RANGE STATEMENT

Using a palliative approach includes:

- Identifying the client, family and carer as the unit of care
- Participating in a team approach to address the needs of client, families and carers ensuring a palliative approach
- Seeking advice from appropriate person e.g. supervisor or team leader or palliative care team
- Maximising self care and self-determination for the client
- Assisting in the psychological and spiritual aspects of care for the client
- Providing support for clients, family and carer using a palliative approach
- Recognising symptoms of pain, discomfort and other symptoms
- Recognising the signs that death may be imminent
- Practice that reflects an understanding of the impact of a palliative approach in an organisation
- Maintaining the client's dignity
- Understanding the needs of clients approaching end-of-life

Issues of loss and grief may include:

- Experiences of the worker of their own loss and grief
- Ability of worker to address loss and grief when a client dies
- Frequency and number of deaths experienced
- Acknowledge the need to resolve some issues when a client dies
- Support of co-workers in their response to loss and grief

Emotional responses in self and others may include:

- A range of emotions that may be demonstrated or displayed as a response to the process of loss and grief, for example:
 - crying and feelings of sadness
 - poor concentration
 - fear, anger, silence which may appear singularly or together and prolong the worker's own grief

RANGE STATEMENT

Advanced care planning refers to:

- The process of preparing for likely scenarios near end of life and usually includes assessment of, and dialogue about a person's understanding of their medical history and condition, values, preferences and personal and family resources
- Advanced care planning elements are the written directive and an appointment of a substitute decision-maker
- As per state and territory legislation or guidelines on advanced care planning

RANGE STATEMENT

Advanced care directives are:

- Sometimes called a 'living will' and describe one's future preferences for medical treatment
- Contain instructions that consent to, or refuse, the future use of specified medical treatments
- Become effective in situations where the patient no longer has capacity to make legal decisions
- Are to be in alignment with state and territory legislation or guidelines on advanced care planning
- Are to be completed as one component of the broader advanced care planning process. Documenting advanced care directives is not compulsory as the person may choose to verbally communicate their wishes to the doctor or family, or appoint a substitute decision-maker to make decisions on their behalf.

Examples of advanced care directives are:

- medical treatment preference, including those influenced by religious or other values and beliefs
- particular conditions or states that the person would find unacceptable should these be the likely result of applying life-sustaining treatment, for example severe brain injury with no capacity to communicate or self care
- how far treatment should go when the patient's condition is 'terminal', 'incurable' or 'irreversible' (depending on terminology used in specific forms)
- the wishes of someone without relatives to act as their 'person responsible' in the event they became incompetent or where there is no one that person would want to make such decisions on their behalf
- a nominated substitute decision-maker that the treating clinician may seek out to discuss treatment decisions
- other non-medical aspects of care that are important to the person during their dying phase

Legal implications of advanced care directives:

- As per state and territory legislation or guidelines on advanced care directives

RANGE STATEMENT

- End-of-life ethical decisions may include:*
- Ongoing discussion with the client, family, doctor, *guardian* and organisation to ensure that the client's and/or family's wishes are up-to-date
- Client's lifestyle choices may include:*
- Personal supports and relationships
 - Social activities
 - Emotional supports
 - Cultural and spiritual supports
 - Sexuality and intimacy supports
- Life limiting illness describes:*
- Illnesses where it is expected that death will be a direct consequence of the specified illness
 - This definition is inclusive of both a malignant and non-malignant illness
 - Life limiting illnesses might be expected to shorten an individual's life expectancy (Standards for Providing Quality Palliative Care to all Australians, Palliative Care Australia, November 2005)
- Strategies to relieve pain may include:*
- Regular assessment and effectiveness of strategies are documented
 - Comfort measures using a range of therapies as requested by the client, carer and/or family
 - Environmental aspects such as room heating and cooling
 - Pain relieving medication to be administered by a Registered Nurse or endorsed Enrolled Nurse in line with state/territory legislation
 - Pain relieving therapies other than medication to be administered by appropriate staff member
 - Psychological, cultural and spiritual activities
 - Other measures to promote comfort and relieve pain - massage, relaxation, distraction, aromatherapy

RANGE STATEMENT

Carers include:

- Carers are usually family members who provide support to children or adults who have a disability, mental illness, chronic condition or who are frail aged
- Carers can be parents, partners, brothers, sisters, friends or children. Some carers are eligible for government benefits while others are employed or have a private income (Carers Australia, 2004)

Impact on carers may include:

- Changing nature of carer's role
- Grief due to multiple losses

Guardian refers to:

- A person appointed to make personal and lifestyle decisions for an adult with an impaired capacity. A guardian can make decisions about an adult's lifestyle and/or health care
- Role to be interpreted in line with individual state and territory legislation or guidelines on definition of guardian

Client:

- May also refer to resident or patient throughout this document

Ethical issues may include:

- Decisions regarding medical treatment
- Conflict that may occur in relation to personal values and decisions made by or for the client

Unit Sector(s)

Not Applicable