



Australian Government

CHCPAL001 Deliver care services using a palliative approach

Release: 2

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Modification History

Release	Comments
Release 2	<p>This version was released in <i>CHC Community Services Training Package release 3.0</i> and meets the requirements of the 2012 Standards for Training Packages.</p> <p>“advanced care directives” corrected to “advance care directives”</p> <p>Equivalent outcome</p>
Release 1	<p>This version was released in <i>CHC Community Services Training Package release 2.0</i> and meets the requirements of the 2012 Standards for Training Packages.</p> <p>Significant change to the elements and performance criteria. New evidence requirements for assessment including volume and frequency requirements. Significant changes to knowledge evidence.</p>

Application

This unit describes the skills and knowledge required to care for people with life-threatening or life-limiting illness and/or normal ageing process within a palliative approach.

This unit applies to workers in a residential or community context. Work performed requires some discretion and judgement and is carried out under regular direct or indirect supervision.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

Elements and Performance Criteria

ELEMENT

PERFORMANCE CRITERIA

Elements define the essential outcomes

Performance criteria describe the performance needed to demonstrate achievement of the element.

1. Apply principals and aims of a palliative approach when supporting individuals

1.1 Recognise the holistic needs of the person extending over time, not just end-of-life

1.2 Support the person, carers and family to express needs and preferences and report information to

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supervisor

1.3 Communicate with the person, carers and family in relation to the person's quality of life, pain and comfort and report information to supervisor

1.4 Respect the family and carers as an integral part of the care team and ensure that they have the information and support needed

2. Respect the person's preferences for quality of life choices

2.1 Create a supportive environment that encourages the person, carers, family members and/or significant others to share information regarding changing needs and preferences

2.2 Use a non-judgemental approach to ensure the person's lifestyle, social, spiritual and cultural choices and needs are supported and documented in care plan

2.3 Encourage the person, carer, family and /or significant others to freely discuss spiritual and cultural issues in an open and safe environment within scope of role

2.4 Identify needs and issues outside the scope of your role and refer to supervising colleague

2.5 Communicate with individuals, families, carers and /or significant others in a manner that shows empathy and provides emotional support

3. Follow the person's advance care directives in the care plan

3.1 Interpret and follow advance care directives in the care plan in line with own work role and organisation, legal and ethical requirements

3.2 Comply with end-of-life decisions as documented in the care plan and in keeping with legal requirements

3.3 Report the person's changing needs and issues, in relation to end-of-life, to the appropriate team member for documentation in the care plan

3.4 Monitor the impact of the person's end-of-life needs, issues and decisions on families, carers and /or significant others and refer to appropriate member of the care team in line with organisation protocols to ensure they are

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supported

3.5 Deliver services in a manner that supports the right of individuals to choose the location of their end of life care

4. Respond to signs of pain and other symptoms

4.1 Observe and document the person's pain and other symptoms in line with care plan directives and promptly report to appropriate member of the care team

4.2 Implement strategies to manage pain and promote comfort in line with care plan and role

4.3 Regularly evaluate and document effectiveness of implemented strategies

4.4 Refer to appropriate member of staff any misconceptions in the workplace surrounding the use of pain relieving medication

5. Follow end-of-life care strategies

5.1 Regularly check for any changes on care plan that indicate decisions made by the person have been reviewed

5.2 Provide a supportive environment to the individual, families, carers and /or significant others involved in their care at end-of-life

5.3 Respect and support the person's preferences and culture when providing end-of-life care according to care plan and role

5.4 Maintain dignity of the person when providing planned end-of-life care and care immediately following death

5.5 Recognise any signs of the person's imminent death or deterioration and report to appropriate member of care team in line with organisation requirements

5.6 Provide emotional support to other individuals, carers, families and /or significant others when a death has occurred in line with role

6. Manage own emotional

6.1 Follow organisation policies and procedures in relation to managing own emotional responses and

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responses and ethical issues

ethical issues

6.2 Identify and reflect upon own emotional responses to death and dying and raise and discuss any issues or reactions with supervisor or other appropriate person

6.3 Raise any ethical issues or concerns with supervisor or other appropriate person

6.4 Identify and action self care strategies to address the potential impact of personal responses on self

6.5 Access bereavement care and support of other team members as needed

Foundation Skills

The Foundation Skills describe those required skills (such as language, literacy, numeracy and employment skills) that are essential to performance.

Foundation skills essential to performance are explicit in the performance criteria of this unit of competency.

Unit Mapping Information

No equivalent unit.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=5e0c25cc-3d9d-4b43-80d3-bd22cc4f1e53>