



**Australian Government**

# **CHCPAL004 Contribute to planning and implementation of care services using a palliative approach**

**Release: 1**

## CHCPAL004 Contribute to planning and implementation of care services using a palliative approach

### Modification History

Not applicable.

### Application

This unit describes the performance outcomes, skills and knowledge required to contribute to the development and implementation of a care plan for people with life-limiting illness and those within the normal ageing process using a palliative approach, within a multidisciplinary team environment.

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

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

No occupational licensing, certification or specific legislative requirements apply to this unit at the time of publication.

### Pre-requisite Unit

CHCPAL003 Deliver care services using a palliative approach

### Unit Sector

Palliative Care

### Elements and Performance Criteria

#### ELEMENTS

#### PERFORMANCE CRITERIA

*Elements describe the essential outcomes*

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

1. Contribute to planning of a palliative approach to individual care.

- 1.1. Assist with care planning using a palliative, holistic approach to maximise the person's quality of life and comfort.
- 1.2. Determine immediate and future care requirements based on the condition or illness of the person.
- 1.3. Ensure planning includes involving and supporting the person, their family, carer and others involved in the person's care.
- 1.4. Assist with development of strategies that holistically address the person's needs that extend over time not only

- end-of-life.
2. Support people to identify their preferences for quality of life choices.
    - 2.1. Consult the person, their family, carer and others to establish and share information regarding current and changing needs and preferences.
    - 2.2. Respect the person's individuality, values and beliefs in implementing the care plan.
    - 2.3. Demonstrate respect for the roles of the person, their family, carer, or others identified by the person, in planning, delivering care and decision making.
    - 2.4. Address any issues that are outside scope of own job role by referring them to the appropriate member of the care team according to organisational policies and procedures.
    - 2.5. Communicate with the person, their family, carer and others in a professional manner that shows empathy.
  3. Assist with advance care planning.
    - 3.1. Enable effective advance care directive completion within scope of own job role through encouraging communication between the person, their family, carer, health professionals and others regarding what quality of life means to the person.
    - 3.2. Assist with documentation of advance care directives according to the person's preferences and organisational policies and procedures.
    - 3.3. Actively support end-of-life decisions agreed by the person and carer, in line with organisational policies and procedures and individualised plan directives.
    - 3.4. Acknowledge the person's ongoing decisions, preferences, needs and issues in relation to end-of-life care and report changes to supervisor or care team member to ensure that the person's wishes are respected.
  4. Contribute to planning of care considering pain and other end-of-life symptoms.
    - 4.1. Select and implement strategies within individualised plan to maximise comfort in collaboration with supervisor or health professional.
    - 4.2. Identify need for information about the use of pain-relieving medication and other treatments and refer to supervisor or health professional.
    - 4.3. Observe, report and document effectiveness of interventions for pain and symptom relief.
    - 4.4. Communicate ineffective interventions to supervisor or health professional and document according to organisational policies and procedures.
  5. Implement end-of-life care strategies.
    - 5.1. Identify the emotional needs of the person and their family, carer and others affected when a death occurs and provide the necessary referrals according to organisational policies and procedures, and legal and ethical considerations.

- 5.2. Provide support to the person, their family, carer, others identified by the person and colleagues during stages of end-of-life, within scope of own job role.
- 6. Recognise and manage emotional responses in self and others.
  - 6.1. Identify and reflect on own emotional responses to death and dying and raise and discuss any issues with supervisor or other appropriate person.
  - 6.2. Observe the impact of the person's end-of-life decisions, needs and issues on their family, carer or others identified by the person and provide referral to support as needed.
  - 6.3. Inform the family, carer, colleagues and others about support systems and bereavement care available.
  - 6.4. Follow organisational policies and procedures in relation to emotional welfare of self, colleagues, the person, their family and carer.
  - 6.5. Determine strategies and resources available for debriefing.

## Foundation Skills

*Foundation skills essential to performance are explicit in the Performance Criteria of this unit of competency.*

## Unit Mapping Information

Supersedes and is not equivalent to CHCPAL002 Plan for and provide care services using a palliative approach.

## Links

Companion Volume implementation guides are found in VETNet -

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