



Australian Government

Department of Education, Employment and Workplace Relations

CHCPA301B Deliver care services using a palliative approach

Release: 1

CHCPA301B Deliver care services using a palliative approach

Modification History

Not Applicable

Unit Descriptor

Descriptor

This unit describes the awareness, knowledge, skills and values required of a worker in contributing to the care of clients with life-limiting illness and/or normal ageing process within 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. Apply a palliative approach

PERFORMANCE CRITERIA

1.1 Differentiate between practices applicable in curative and palliative approaches

1.2 Apply the principles and *aims of a palliative approach* in caring for clients

1.3 Use an approach that reflects an understanding of the client's needs as holistic and extending over time, not just end-of-life

ELEMENT**PERFORMANCE CRITERIA**

2. Respect client preferences for quality of life choices
- 2.1 Encourage client, *carers*, family members and/or significant others to share information regarding changing needs and preferences through a supportive environment
 - 2.2 Respect *client's lifestyle*, social context and spiritual needs and document observations in line with care plan
 - 2.3 Respect cultural choices in line with care plan
 - 2.4 Support the freedom of the client, carer, his/her family and /or significant others to discuss spiritual and cultural issues in an open and non-judgemental way within scope of own responsibilities and skills
 - 2.5 Refer further needs and issues to appropriate member of the care team in line with organisation protocols
 - 2.6 Provide emotional support using effective communication skills
 - 2.7 Demonstrate respect for the relationship between the client and carer
3. Follow the client's *advanced care directives* in the care plan
- 3.1 Work in a manner reflecting understanding and acceptance of the legal and ethical implications of the need to follow advanced care directives
 - 3.2 Consistently follow advanced care directives in the care plan in line with own work role
 - 3.3 Comply with end-of-life decisions as documented in the care plan and in keeping with legal requirements
 - 3.4 Report the client's needs/issues in relation to end-of-life to the appropriate team member for documentation in the care plan
 - 3.5 Recognise impact of client's end-of-life needs/ issues on carers and refer to appropriate member of the care team in line with organisation protocols
 - 3.6 Deliver services in a manner that supports the right of clients to choose the location of their end of life care

ELEMENT**PERFORMANCE CRITERIA**

4. Follow end-of-life care strategies

4.1 Regularly check for any changes on care plan that indicate decisions made by client have been reviewed

4.2 Provide supportive environment to client, families, carers and those involved in their care at end-of-life

4.3 Consider client's preferences and culture when providing end-of-life care according to care plan

4.4 Maintain dignity of the client in undertaking planned end-of-life care and immediately following death

4.5 Recognise any signs of client's imminent death/deterioration and report to appropriate member of care team in line with organisation requirements

4.6 Recognise emotional needs of other clients, carers and their families affected and provide support when a death has occurred

5. Respond to signs of pain and other symptoms/ discomfort

5.1 Observe client closely and identify pain and other symptoms in line with care plan directives

5.2 Document observations of pain and other symptoms and promptly report to appropriate member of care team

5.3 Implement *strategies to promote comfort* in line with care plan

5.4 Regularly evaluate and document effectiveness of implemented strategies

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

ELEMENT**6. Manage own *emotional responses* and *ethical issues*****PERFORMANCE CRITERIA**

- 6.1 Identify and reflect upon own emotional responses to death and dying and raise and discuss any issues with supervisor or other appropriate person
- 6.2 Acknowledge potential impact of personal responses on self and others and action appropriately
- 6.3 Accept need for bereavement care and support of other team members
- 6.4 Reflect upon ethical issues and discuss with appropriate person if necessary
- 6.5 Follow organisation policies and procedures in relation to managing emotional responses and ethical issues

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:

- Relevant policies, protocols and practices of the organisation in relation to providing a palliative approach in own work role
- Understanding the palliative approach to care of clients and family
- Understanding complexity of carers' roles, needs and issues
- Awareness of hydration and nutrition requirements during a palliative approach and at end-of-life
- Misconceptions associated with approaches to pain relief and comfort
- Role and function of team members
- Scope of own responsibilities
- Impact of loss and grief on clients, carers and workers
- Understand advanced care directives and providing care in accordance with the care plan
- Understand the goals of pain relief and comfort promotion
- Awareness of diverse cultural aspects
- Identify and access relevant resources
- Awareness of the various signs of imminent death/deterioration
- Principles and philosophy of a palliative approach

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 and other team members using effective listening, sensitive clarification and questioning, recognition of non-verbal

REQUIRED SKILLS AND KNOWLEDGE

- cues, and provision of information within level of responsibility
- Use effective communication to ensure a palliative approach is undertaken
- Understand and adhere to own work role/scope and responsibilities
- Use observation skills re: the client's hydration and nutrition and respond in line with care plan
- Identify own attitudes to a palliative approach and end-of-life care
- Identify own beliefs on ageing, spirituality, relationships, sexuality, culture and intimacy
- Identify cultural issues that may impact on a palliative approach
- Work effectively with other team members to achieve principles of palliative approach
- Follow appropriate protocols following death
- Follow organisation policies, protocols and procedures
- Liaise with and report appropriately to supervisor or other members of the team
- Reflect on own performance and attitudes regarding a palliative approach
- Develop and apply a non-judgemental approach
- Informally and formally debrief with other team members and supervisors as necessary
- Report and document observations of clients and their family using the appropriate forms
- Provide care that reduces client's discomfort
- Contribute to a supportive environment that enables clients and their families and other staff members to provide a palliative approach to palliative care
- Use literacy and numeracy skills as required to fulfil work role in a safe manner and as specified by the organisation/service
- Seek clarification and feedback from supervisors, clients and colleagues if unsure of work role
- Use basic problem solving skills to resolve problems of limited difficulty within organisation protocols

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 • The individual being assessed must provide evidence

EVIDENCE GUIDE

and evidence required to demonstrate this unit of competency:

- 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
- 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

EVIDENCE GUIDE

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.

RANGE STATEMENT

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

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

RANGE STATEMENT

Sources of loss and grief may include:

- Worker may have experienced a loss of their own and be grieving
- Frequency and number of deaths experienced
- Need to resolve some issues when a client dies
- Different responses to loss and grief of co-workers

Own emotional responses 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

Misconceptions relating to use of pain relieving medication may include:

- All members of staff should feel confident to ask questions and seek clarification about analgesia, addition and drowsiness as well as when hearing any of the following statements:
 - 'pain relief should only be given for pain that is currently present'
 - 'doctors and nurses are the best judge of a client's pain'
 - 'clients should not receive pain relief until cause is determined'
 - 'clients may become addicted'
 - 'strong analgesics may shorten life'
 - 'pain management alone is not palliative care'
 - 'client may become too drowsy to communicate with family'

Advanced care directives are:

- Sometimes called a 'living will' and describes one's future preferences for medical treatment
- Contains instructions that consent to, or refuse, the future use of specified medical treatments
- Becomes effective in situations where the patient no longer has capacity to make legal decisions

RANGE STATEMENT

Advanced care directives may include:

- 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
- Relevant state and territory legislation or guidelines on advanced care directives

Legal implications of advanced care directives:

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

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

RANGE STATEMENT

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 promote comfort may include:

- Regular observation, reporting and documentation of client's comfort
- Provision of pain relieving measures by appropriate member of staff (see state/territory legislation regarding pain-relieving medications and organisation protocols)
- Other measures to promote comfort and relieve pain - massage, relaxation, distraction, aromatherapy

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

RANGE STATEMENT*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