



## Higher National Unit Specification

### General information

**Unit title:** Palliative and End of Life Care (SCQF level 8)

**Unit code:** J1KP 35

**Superclass:** PA

**Publication date:** February 2019

**Source:** Scottish Qualifications Authority

**Version:** 02

### Unit purpose

This unit is designed to enable learners to develop their knowledge and understanding of palliative and end of life care. The unit aims to equip learners with the theoretical knowledge and understanding relating to an holistic, multidisciplinary, evidenced based approach to caring for the individual receiving palliative care and/or the dying person and to respond to the bereavement needs of the individual's family or significant others.

### Outcomes

On successful completion of the unit the learner will be able to:

- 1 Analyse the principles that underpin palliative and end of life care.
- 2 Evaluate holistic assessment and management of common symptoms and care needs in patients with advanced progressive disease.
- 3 Critically evaluate evidence based approaches to end of life care.
- 4 Analyse the needs of the family/significant others during the grief and bereavement process.

### Credit points and level

2 Higher National Unit credits at SCQF level 8: (16 SCQF credit points at SCQF level 8)

## Higher National Unit Specification: General information (cont)

**Unit title:** Palliative and End of Life Care (SCQF level 8)

### Recommended entry to the unit

Learners should have good communication skills, both written and oral, preferably through achievement of Higher English or the Core Skill of *Communication* at SCQF level 6. Ideally the learner should have achieved a relevant qualification equivalent to SCQF level 7 to ensure they have the underpinning knowledge to work at SCQF level 8. Exemplary learners may still be considered through the completion of a pre-course interview part of which could take the form of a written assignment. The skills to undertake this unit could also be demonstrated through an employer's reference or the process of application and interview in the absence of certificated learning.

### Core Skills

Achievement of this Unit gives automatic certification of the following Core Skills component:

Core Skill component                      Critical Thinking at SCQF level 6

There are also opportunities to develop aspects of Core Skills which are highlighted in the Support Notes of this Unit specification.

### Context for delivery

If this unit is delivered as part of a group award, it is recommended that it should be taught and assessed within the subject area of the group award to which it contributes. This unit is included in the framework of the HND Care and Administrative Practice. It also can be delivered as a stand-alone unit

### Equality and inclusion

This unit specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website [www.sqa.org.uk/assessmentarrangements](http://www.sqa.org.uk/assessmentarrangements).

## Higher National Unit Specification: Statement of standards

**Unit title:** Palliative and End of Life Care (SCQF level 8)

Acceptable performance in this unit will be the satisfactory achievement of the standards set out in this part of the unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

Where evidence for outcomes is assessed on a sample basis, the whole of the content listed in the knowledge and/or skills section must be taught and available for assessment. Learners should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

### Outcome 1

Analyse the principles that underpin palliative and end of life care.

#### Knowledge and/or skills

- ◆ Definitions of palliative and end of life care
- ◆ Aims of palliative and end of life care
- ◆ Ethics in palliative care
- ◆ Frameworks and national strategies relating to palliative and end of life care
- ◆ Multi-professional and inter-agency working

### Outcome 2

Evaluate the holistic assessment and management of common symptoms and care needs in patients with advanced progressive disease.

#### Knowledge and/or skills

- ◆ Holistic assessment and approaches to palliative care
- ◆ The assessment and management of common symptoms in patient receiving palliative care
- ◆ Symptom management and impact on quality of life
- ◆ Spiritual, psychological, cultural and social needs

### Outcome 3

Critically evaluate evidence based approaches to end of life care.

#### Knowledge and/or skills

- ◆ Interpersonal skills and the therapeutic relationship
- ◆ The aims of care management and interventions during the last few days of life
- ◆ The assessment and management of symptoms of the dying individual
- ◆ Cultural and religious beliefs at end of life
- ◆ Last offices

## Higher National Unit Specification: Statement of standards (cont)

**Unit title:** Palliative and End of Life Care (SCQF level 8)

### Outcome 4

Analyse the needs of the family/significant others during the grief and bereavement process.

#### Knowledge and/or skills

- ◆ Effective communication with families/significant others
- ◆ Loss, grief and bereavement
- ◆ Support for relatives/significant others during palliative and end of life care

#### Evidence requirements for this unit

Learners will need to provide evidence to demonstrate their knowledge and/or skills across all outcomes by showing that they can:

- ◆ Analyse definitions of palliative and end of life care.
- ◆ Identify the aims of palliative and end of life care.
- ◆ Critically evaluate the contributions of one national framework or strategy to the development and provision of palliative and end of life care practice.
- ◆ Examine the concept, effectiveness and relevance of collaborative teamwork and multidisciplinary working within the context of palliative care.
- ◆ Research one ethical model or framework appropriate to guiding practice in end of life care.
- ◆ Evaluate holistic assessment in the delivery of quality palliative and end of life care.
- ◆ Examine the assessment of two common symptoms experienced by an individual with an advanced disease. Common symptoms could be:
  - pain
  - breathlessness
  - fatigue
  - anxiety and depression
  - nausea and vomiting
- ◆ Critically evaluate evidence based interventions to manage these two common symptoms experienced by an individual with an advanced progressive disease and discuss the impact that these interventions have on the individual's quality of life.
- ◆ Investigate the importance of meeting spiritual, psychological, cultural and social care needs of an individual receiving palliative and end of life care.
- ◆ Analyse interpersonal skills and the importance of the therapeutic relationship at the end of life.
- ◆ Evaluate the importance of cultural and religious beliefs in the context of end of life care.
- ◆ Investigate legal and health and safety requirements in relation to the procedure of last offices.
- ◆ Examine the importance of effective communication with families/significant others during end of life care.
- ◆ Analyse one theory of loss, grief or bereavement and its application to practice in palliative care.
- ◆ Evaluate support strategies for relatives/significant others and carers in the context of palliative care practice.

## **Higher National Unit Specification: Statement of standards (cont)**

### **Unit title:** Palliative and End of Life Care (SCQF level 8)

The learner could be assessed through the compilation of a case study based on an individual from their work practice. The case study should be approximately 2,500 words and should integrate Outcome 1 and 2. For learners who are not involved in the delivery of palliative care an essay could be used to generate evidence.

Evidence may be presented for Outcomes 3 and 4 in the form of a seen case study with the learner required to answer all the specific questions relating to the knowledge and skills. The case study should be used to generate evidence in the form of a report which should be referenced and submitted at an agreed time. The report should be approximately 2,500 words, academically written and referenced.



## Higher National Unit Support Notes

**Unit title:** Palliative and End of Life Care (SCQF level 8)

Unit support notes are offered as guidance and are not mandatory.

While the exact time allocated to this unit is at the discretion of the centre, the notional design length is 80 hours.

### Guidance on the content and context for this unit

**Outcome 1** examines the key principles and goals that underpin palliative care. The learner should examine current definitions of palliative care and examine the aims of palliative care and exploring the meaning of 'quality of life'. Tutorials could also include the differences in palliative and curative care aims, examining the palliative care model and curative model of healthcare. The learner must also examine palliative care delivery which should include examining when palliative and curative care may work alongside each other from an early stage in the disease process. The history of palliative care could be examined including the range of diseases and conditions to which the palliative care model is applied. It is vital that the learner should understand that palliative care does not only relate to cancer care and should examine current policy direction relating to palliative care being equitable for everyone with a life limiting condition irrespective of medical diagnosis. The learner must examine settings where palliative care is delivered and who delivers palliative care and the need for all healthcare workers to be able to provide the key elements of the palliative care approach in all care settings, eg, acute, community and care homes. Learners should examine the meaning of specialist palliative care services and generalised palliative care services. Learners could be encouraged to compile a contact list of all professionals, specialist palliative care teams, organisations and volunteers that are resources within their clinical and local area. The need for a multidisciplinary team approach in which the individual and significant others are at the centre of the process must be explored. Learners must understand that for seamless care to occur, effective communication and integrated teamwork are vital. Learners must also explore that leadership of the team may vary depending on the patient's condition and needs at any given time. The importance of advanced and anticipatory care planning and shared decision making within teams should also be explored as well as ensuring good communication collaboration and continuity of care across all sectors and all stages of the patient's journey.

Tutorials should examine ethical issues and reasoning surrounding palliative and end of life care. The learner should examine the ethical principles of autonomy, beneficence, non-maleficence and justice as well as exploring ethical frameworks designed to assist the health professional in making contextual ethical decisions. The doctrine of double effect could be discussed along with the ethical issues of advanced directives, the withdrawing and withholding of treatment, do not resuscitate orders and euthanasia. Relevant legislation and policies must also be examined in relation to ethical issues, including The NHS Scotland DNACPR (2010). Decision making frameworks that could be examined are Seedhouse's (1988) ethical grid and the DECIDE model. Current local and national policy, best practice statements and national guidelines should be examined relating to all topics within all four outcomes. Tutorials should include exploring the frameworks and strategies such as; Gold Standards Framework, End of Life and Palliative Care Framework, and Living and Dying Well; building on progress (2011).

## Higher National Unit Support Notes (cont)

**Unit title:** Palliative and End of Life Care (SCQF level 8)

**Outcome 2** should examine the assessment and management of symptoms and care needs associated with advanced disease. The learner should explore how to undertake a holistic assessment identifying the needs of patients and their relatives/significant others. Learners should explore the concepts and principles of assessment, examine frameworks used in undertaking a holistic needs assessment and explore attitudes, knowledge and skills used in the assessment process. The learner should explore physical, emotional, social, spiritual and cultural aspects of care and care delivery. The approach and delivery of person centred care should be examined.

The assessment impact on Quality of Life (QOL) and management of pain should include identifying appropriate pain assessment tools used for the initial and ongoing assessment of pain. Tools could include the abbey pain scale, Wong-Baker FACES Pain Rating Scale and the Brief Pain Inventory. Learners should also be encouraged to examine pain assessment tools currently used within their clinical area. Tutorials should examine total pain, types of pain and factors that affect pain. The SIGN 106 control of pain in adults with cancer could also be explored.

Learners should be aware of the WHO (1996) basic principles of cancer pain management through the Cancer Pain Ladder. Learners should also examine pharmacological management examining opioid, non-opioid drugs used to treat pain and the non-stimulation therapies and psychological techniques of pain management.

The management of fatigue should also be examined. Definitions of fatigue should be explored and the impact on the life of the individual receiving palliative or end of life care. Learners should look at factors which exacerbate or cause fatigue and examine current assessment tools. The management of fatigue, examining treating underlying causes and the pharmacological/non pharmacological interventions must be explored.

The management of breathlessness should be explored. Tutorials should include models for understanding breathlessness, the impact on QOL, causes of breathlessness, assessment and assessment tools. The management of breathlessness will be examined. Tutorials should include pharmacological management, treatment to reverse underlying causes of breathlessness and non- pharmacological management including O<sub>2</sub>, positioning of patient, relaxation therapy and activity pacing.

It is essential that the assessment and management of nausea and vomiting be explored. The causes of vomiting including intestinal obstruction and biochemical disturbances should be examined. Evidenced based interventions including the pharmacological management of nausea and vomiting and pain must be examined.

The learner should also be aware of the incidence of anxiety and depression and the causes and management of these should be examined. Tutorials could include the physical, psychological, social, spiritual and cultural causes of anxiety. Tools used in the assessment process, ie, the Hospital Anxiety and Depression Scale could be discussed. The management of anxiety in palliative care patients should be researched, this should include researching behavioural, cognitive and complementary therapies and pharmacological management using benzodiazepines, tricyclic antidepressants and beta blockers. The symptoms of depression and assessment tools to be examined could include the Beck Depression Inventory. Pharmacological and non-pharmacological management of depression, including psychotherapy, should be explored.

## Higher National Unit Support Notes (cont)

### Unit title: Palliative and End of Life Care (SCQF level 8)

It is important that tutorials should recognise the importance of covering the meaning of, policy, initiatives and best practice relating to spiritual care. This should also be expanded to include case studies to discuss the planning, co-ordinating and delivery of care to meet psychological, social and cultural and spiritual needs of an individual.

**Outcome 3** Recognising when an individual is deteriorating and entering the dying phase should be discussed. Learners must be aware that it is a time to reassess and redefine the goals and acknowledge the importance of establishing effective communication opportunities with the individual and significant others at this time. Symptom control is a continuum of what is already being done and tutorials could include:

- ◆ Pain control, focussing on carrying on treatments, minimizing disturbance and adjusting methods of delivery, eg, syringe drivers and suppositories. Terminal dyspnoea can be distressing for patients and their significant others and should be discussed. The causes and management of terminal agitation and restlessness should be examined.
- ◆ Comfort measure at end of life should be examined including positioning and oral care.

The importance of interpersonal skills and the therapeutic relationship must be acknowledged and discussed. The person-centred focused approach to palliative care will facilitate natural effective communication as a means of building trust and confidence. The importance of this must be emphasised to learners with tutorials including the psychological needs of the patient, listening and attending skills, responding to difficult questions and the appropriate use of touch and silence. Learners should also explore their own beliefs about death and dying and how these may impact their ability to care for the individual and their family. Quality holistic, individualised care should be delivered to all dying patients and learners should explore the aims of integrated care pathways and their role to promote best practice in end of life care. Cultural, spiritual and religious requirements at end of life care and needs at the time of death are important both for the individual and their significant others and must be examined. Learners should simulate the procedure of last offices within a classroom setting and health and safety requirements at the time of death and the legal requirements, for example autopsy requirements, relating to this must be studied.

**Outcome 4** — learners should explore the needs of relatives at this time, examining good communication and appropriate support to relatives prior and post bereavement. Class discussions should include how the practitioner can support the family from the time of diagnosis of a terminal condition, during treatment, in the lead up to and at the time of death. This should also include how best to inform relatives and significant others that the patient has entered the dying phase. Local and national guidelines should be examined for example *Shaping Bereavement Care: Consultation on A Framework for Action for Bereavement Care in NHS Scotland* (2010) (<http://www.gov.scot/Topics/Health/Support-Social-Care/Bereavement-Care>). Learners should have a clear understanding of the range of agencies which may offer support to individuals and significant others. This support may be in the form of financial, practical, emotional or religious support. Agencies examined may be statutory or voluntary and include Social Work, DSS, MacMillan Nurses, Cruse, Marie Curie, the Samaritans, religious groups and specialist support groups who deal with specific issues such as the experience of the loss of a child. NHS Education Scotland — grief and bereavement hub could be used as a resource tool; <http://www.sad.scot.nhs.uk/about-us/>. Learners should also examine support networks available to staff and explore the provision of support available in their area of practice for staff who are delivering end of life care.

A range of theories of grief should be examined and should include Hayes, Bowlby, Raphael Worden, Kubler-Ross and Murray Parkes.



## Higher National Unit Support Notes (cont)

**Unit title:** Palliative and End of Life Care (SCQF level 8)

### Guidance on approaches to delivery of this unit

This unit is one of the optional units in the group award — HNC/HND Care and Administrative Practice. It can also be delivered as a stand-alone unit.

### Guidance on approaches to assessment of this unit

Evidence can be generated using different types of assessment. The following are suggestions only. There may be other methods that would be more suitable to learners.

Centres are reminded that prior verification of centre-devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

Learners could be assessed through the integration of outcomes and using essays, case studies or practice experience reflective accounts. The method of assessment chosen by centres must be appropriate to the course delivery, practice placement or work experience of the individual learners. Individuals should not be disadvantaged because they have no supporting individuals who are receiving palliative or end of life care. In this instance case studies or videos could be used.

### Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the evidence requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at [www.sqa.org.uk/e-assessment](http://www.sqa.org.uk/e-assessment).

### Opportunities for developing Core and other essential skills

*Communication:* (SCQF level 6) will be evidenced via the learners work with individuals and groups as well as with written assignments. Communication will also be evidenced through supervision in the learner's workplace.

*Working with Others:* (SCQF level 6) will be evidenced in the learner's workplace via their ability to interact, communicate and negotiate with those with whom they come into contact with.

*Problem Solving:* (SCQF level 6) could be evidenced through case discussion with clinical mentor about the most appropriate courses of action for care delivery.

*Information and Communication Technology (ICT):* (SCQF level 5) could be evidenced through the input, storage, organisation and retrieval of data essential for care delivery in a records management system.

## Higher National Unit Support Notes (cont)

**Unit title:** Palliative and End of Life Care (SCQF level 8)

The Critical Thinking component of Problem Solving at SCQF level 6 is embedded in this unit. When a learner achieves the unit, their Core Skills profile will also be updated to include this component.

## Higher National Unit Support Notes (cont)

**Unit title:** Palliative and End of Life Care (SCQF level 8)

### Useful websites and resources

Living and dying well [https://www.palliativecarescotland.org.uk/content/living\\_dying\\_well/](https://www.palliativecarescotland.org.uk/content/living_dying_well/)

Spiritual Care Matters <http://www.nes.scot.nhs.uk/media/3723/spiritualcaremattersfinal.pdf>

Better cancer care; an action plan (2008) <http://www.gov.scot/Publications/2016/03/9784>

Care of dying adults in the last days of life <https://www.nice.org.uk/guidance/ng31>

Strategic Framework for action on Palliative and End of Life Care  
<http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/peolc/SFA>

Living and Dying Well — A National Action Plan for Palliative and End of Life Care  
<http://www.gov.scot/resource/doc/239823/0066155.pdf>

Shaping bereavement care: consultation of a framework for action for bereavement (2010)  
<http://www.gov.scot/Publications/2010/10/21155042/3>

SIGN 106 control of pain in adults with cancer (Quick Reference Guide — A national clinical guideline) <http://www.sign.ac.uk/sign-106-control-of-pain-in-adults-with-cancer.html>

NHS Scotland Do not attempt cardiopulmonary resuscitation (DNACPR) Policy (2010)  
[http://www.healthcareimprovementscotland.org/our\\_work/person-centred\\_care/dnacpr.aspx](http://www.healthcareimprovementscotland.org/our_work/person-centred_care/dnacpr.aspx)

Best practice statements: end of life care following acute stroke (2010) QIS  
[http://www.healthcareimprovementscotland.org/previous\\_resources/best\\_practice\\_statement/end\\_of\\_life\\_care\\_after\\_stroke.aspx](http://www.healthcareimprovementscotland.org/previous_resources/best_practice_statement/end_of_life_care_after_stroke.aspx)

Scottish Partnership for Palliative Care <http://www.palliativecarescotland.org.uk>

Palliative care Symptom Control  
<http://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control.aspx>

Palliative Care Knowledge  
[https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone?gclid=EAlaIQobChMIpcmBoYDL2QIVbbXtCh2CKwDUEAAYASAAEqJLPvD\\_BwE&gclid=src=aw.ds](https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone?gclid=EAlaIQobChMIpcmBoYDL2QIVbbXtCh2CKwDUEAAYASAAEqJLPvD_BwE&gclid=src=aw.ds)

Gold Standards Framework <http://www.goldstandardsframework.org.uk/>

Ambitions for Palliative and End of Life Care  
<http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf>

## Higher National Unit Support Notes (cont)

**Unit title:** Palliative and End of Life Care (SCQF level 8)

End of Life Care for Adults <https://www.nice.org.uk/guidance/qs13>

Bereavement Support <https://www.mygov.scot/bereavement-support/>

Palliative Care Guidelines <http://www.palliativecareguidelines.scot.nhs.uk/2017-updates.aspx>

Palliative and End of Life Care

<http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/peolc>

End of Life Care; guidance

[https://www.gmc-uk.org/guidance/ethical\\_guidance/end\\_of\\_life\\_guidance.asp](https://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_guidance.asp)

End of Life Care <http://www.skillsforcare.org.uk/Topics/End-of-Life-Care/End-of-life-care.aspx>

Palliative Care <http://www.nhsinform.co.uk/palliativecare/>

Fallon, M Hanks G, (2006) eds *ABC of Palliative Care* 2nd ed Oxford, Blackwell Publishing Limited

Hanks, Geoffrey W C, (2009) *Oxford textbook of palliative medicine*, Oxford, Oxford University Press

Kinghorn, S Gaines, S, (2007) eds *Palliative nursing improving end of life care*. 2nd ed, London Churchill Livingstone

Kuebler K Heidrich D Esper P, (2007) *Palliative and end of life care* St Louis, Aunders, Elsevier

Payne, Seymour, J Ingleton C, (2008) eds *Palliative care nursing principles and evidence for practice* 2nd ed, Berkshire Open University Press

## History of changes to unit

Version	Description of change	Date
02	Core Skills Component Critical Thinking at SCQF level 6 embedded.	12/2/19

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## General information for learners

### Unit title: Palliative and End of Life Care (SCQF level 8)

You will have the opportunity to explore how the palliative approach can improve quality of life for individuals with advanced disease and promote a dignified and peaceful death for patients in acute, primary care, care home and hospice settings. You will gain the necessary knowledge and understanding to enable you to participate in the multidisciplinary team to deliver holistic care to individuals and their families.

Outcome 1 will introduce you to the principles of palliative care. You will gain an understanding what palliative care is and the philosophy behind it.

Outcome 2 will focus on holistic care and the assessment and management of common symptoms and care needs.

Outcome 3 will help you gain the necessary knowledge and skills to support and care for Individuals during their last few days of life.

Outcome 4 will help you gain an insight into how to support relatives/significant others during grief, loss and bereavement.

To complete the unit successfully, you will have to achieve a satisfactory level of performance in two pieces of assessed work.

Outcome 1 and 2 could be assessed by a case study. You will require to integrate all of the learning for Outcomes 1 and 2 within this live study. You will require to adhere to the principle of confidentiality when undertaking this, for learners who are not involved in the delivery of palliative care an essay could be an appropriate alternative form of assessment.

Outcome 3 and 4 could be a case study with specific questions. The case study should be used to generate evidence in the form of a report which should be referenced and submitted at an agreed time.

The Critical Thinking component of Problem Solving at SCQF level 6 is embedded in this unit. When a learner achieves the unit, their Core Skills profile will also be updated to include this component.