



## Higher National Unit specification: general information

**Unit title:** Palliative and End of Life Care

**Unit code:** FN63 35

**Superclass:** PH

**Publication date:** July 2011

**Source:** Scottish Qualifications Authority

**Version:** 01

### Unit purpose

This Unit is designed to enable candidates to develop their knowledge and understanding of palliative and end of life care. The Unit will equip candidates with the theoretical knowledge and skill related to a holistic, multidisciplinary approach in order to comprehensively apply the knowledge and skills to care 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.

On completion of the Unit the candidate will be able to:

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

### Recommended prior knowledge and skills

Candidates should have good communication skills, both written and oral, preferably through achievement of Higher English or *Communication* Unit at SCQF level 6. Ideally the candidate 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 candidates 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.

## **General information (cont)**

### **Credit points and level**

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

*\*SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

### **Core Skills**

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes of this Unit Specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

### **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.

### **Assessment**

Assessment could take the form of an integrated case study generated from the candidate's work setting to cover Outcome 1 and 2. For candidates who are not involved in the delivery of palliative care an essay could be used to generate evidence. The written piece of work should be between approximately 2,500 words and referenced.

Outcomes 3 and 4 could be assessed in the form of a case study with the candidate 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 an oral or written report which should be referenced and submitted at an agreed time. The report should be approximately 2,500 words and referenced.

## Higher National Unit specification: statement of standards

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The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

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. Candidates 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 the concepts of 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
- ◆ Frameworks and national strategies relating to cancer and palliative care
- ◆ Multi-professional and inter agency working
- ◆ Ethics in palliative care

#### Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ discuss definitions of palliative and end of life care
- ◆ identify the aims of palliative and end of life care
- ◆ analyse the contributions of one national framework or strategy to the development and provision of palliative care practice
- ◆ explain the concept, utility and relevance of collaborative teamwork and multidisciplinary working within the context of palliative care
- ◆ discuss one ethical model or framework appropriate to guiding practice in end of life care.

#### Assessment Guidelines

See Outcome 2.

## Higher National Unit specification: statement of standards (cont)

**Unit title:** Palliative and End of Life Care

### 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 approach 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

#### Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ evaluate holistic assessment in the delivery of quality palliative care
- ◆ examine the assessment of two common symptoms experienced by an individual with an advanced disease. Common symptoms to be examined are:
  - pain
  - breathlessness
  - fatigue
  - anxiety and depression
  - Nausea and vomiting
- ◆ examine evidence based interventions to manage two common symptoms experienced by an individual with an advanced progressive disease
- ◆ discuss the impact that these interventions have on the individual's quality of life
- ◆ discuss the importance of meeting spiritual, psychological, cultural and social care needs of an individual receiving palliative care.

#### Assessment Guidelines

The candidate will be assessed by 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 of the Outcomes from this Unit as they apply to a particular individual's need of care. The case study will be anonymous to ensure confidentiality. It will show the involvement of the individual receiving care and other significant personnel involved in the delivery of palliative care. For candidates who are not involved in the delivery of palliative care as essay could be used to generate evidence.

## Higher National Unit specification: statement of standards (cont)

**Unit title:** Palliative and End of Life Care

### Outcome 3

Evaluate evidence based responses to end of life care.

#### Knowledge and/or Skills

- ◆ Effective communication with individuals
- ◆ The aims of care management and interventions during the last few days of life
- ◆ Liverpool care pathway/integrated care pathways
- ◆ The assessment and management of symptoms of the dying individual
- ◆ Essential comfort measures
- ◆ Cultural and religious beliefs at end of life
- ◆ Last offices

#### Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ explore interpersonal skills and the importance of the therapeutic relationship at the end of life
- ◆ discuss the goals of care at end of life
- ◆ evaluate an appropriate care pathway to manage end of life care
- ◆ investigate interventions to manage end of life symptoms
- ◆ discuss the importance of cultural and religious beliefs in the context of end of life care
- ◆ describe legal and health and safety requirements in relation to the procedure of last offices.

#### Assessment Guidelines

See Outcome 4.

### Outcome 4

Examine 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 end of life care

## **Higher National Unit specification: statement of standards (cont)**

**Unit title:** Palliative and End of Life Care

### **Evidence Requirements**

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ discuss the importance of effective communication with families/significant others during end of life care
- ◆ explain one theory of loss, grief or bereavement and its application to practice in palliative care
- ◆ examine support strategies for relatives/significant others and carers in the context of palliative care practice.

### **Assessment Guidelines**

Evidence may be presented for Outcomes 3 and 4 in the form of a seen case study with the candidate 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 and referenced.

## Higher National Unit specification: support notes

### Unit title: Palliative and End of Life Care

This part of the Unit specification is offered as guidance. The support notes 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 the concept of palliative care. The candidate should examine current definitions of what is palliative care and examine the aims of palliative care 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 candidate must also examine palliative care delivery which should include examining when palliative and curative care may work alongside each other where appropriate 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 candidate should understand that palliative care does not only relate to cancer care and examine current policy direction relating to palliative care being equitable for everyone with a life limiting condition irrespective of medical diagnosis. The candidate 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. Candidates should examine the meaning of specialist palliative care services and generalised palliative care services. Candidates 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 at the centre must be explored. Candidates must understand that for seamless care to occur, effective communication and teamwork are vital. Candidates must also explore that leadership of the team may vary depending on the patient's problems and needs at any given time. 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 patients journey. Candidates could also explore local areas health needs for example the GG&C Palliative Care Health Care Assessment (2010) could be examined for candidates undertaking this qualification in Glasgow.

Tutorials should examine ethical issues and reasoning surrounding palliative and end of life care. The candidate 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. Tutorial should include exploring the gold standards framework, Better Cancer Care; an action plan (2008) and Living and Dying Well; building on progress (2011).

## Higher National Unit specification: support notes (cont)

### Unit title: Palliative and End of Life Care

**Outcome 2** should examine the assessment and management of symptoms and care needs associated with advanced disease. The candidate should explore how to undertake a holistic assessment identifying the needs of patients their relatives/significant others. Candidates 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 candidate 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 QOL and management of pain should include identifying appropriate pain assessment tool 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. Candidates 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 can be explored.

Candidates should examine the WHO (1996) basic principles of cancer pain management by the mouth, by the clock, and by the ladder. Candidates must examine pharmacological management examining opioid, non opioid and adjuvant drugs used to treat pain. The non stimulation therapies and psychological techniques.

The management of fatigue should be examined. Definitions of fatigue should be explored and the impact on the life of an individual. Candidates 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. Tutorial 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.

The assessment and management of nausea and vomiting should 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 must be examined.



## Higher National Unit specification: support notes (cont)

### Unit title: Palliative and End of Life Care

The management of anxiety and depression will be examined. Types and causes of anxiety should be explored. Tutorials could include the physical, psychological, social, spiritual and cultural causes of anxiety. The assessment and management of anxiety should be identified. 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 explored, tutorial should include behavioural, cognitive and complementary therapies and while exploring pharmacological management benzodiazepines, Tricyclic antidepressants and beta blockers could be examined. The symptoms of depression and assessment tools to be examined could include the Beck Depression Inventory. The non pharmacological management including psychotherapy should be explored. Pharmacological management of depression should also be explored.

Policy, initiatives and best practice relating to spiritual care should also be explored. The meaning of spiritual care and why it is important must be examined.

Tutorials should also include case studies to discuss the planning, co-ordinating and delivery of care to meet psychological, social and cultural needs of an individual.

**Outcome 3** 'Recognising when an individual is deteriorating and entering the dying phase' should be explored. Candidates must be aware that it is a time to reassess and redefine the goals. Symptom control is a continuum of what is already being done and tutorials could include:

- ◆ Pain control should focus 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 explored. The person centred focused approach to palliative care will facilitate natural effective communication as a means to build trust and confidence. Tutorials should include the psychological needs of the patient, listening and attending skills, responding to difficult questions and the appropriate use of touch and silence. Candidates should also explore their own beliefs about death and dying. Quality care should be delivered to all dying patients and candidates should explore the aims of integrated care pathways and the Liverpool care pathway 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 time of death must be examined. Candidates should simulate the procedure of last offices within a classroom setting. Health and safety requirements at time of death and the legal requirements relating to, eg post mortem must be examined.

## Higher National Unit specification: support notes (cont)

**Unit title:** Palliative and End of Life Care

**Outcome 4** — candidates should explore the needs of relatives examining good communication and examining support to relatives prior and post bereavement. Tutorials should include how the assistant practitioner can support the family from diagnosis of a terminal condition, in the lead up to death and at the time of death. Tutorials should also include informing relatives of 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). Candidates 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, 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. Candidates 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 Wordon, Kubler-Ross and Murray Parkes.

### Guidance on the delivery and assessment 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.

### Open learning

The Unit could be delivered by open or distance learning. However, it would require planning by the centre to ensure sufficiency and authenticity of candidate evidence. Arrangements would have to be made to ensure that the assessment was conducted under supervision.

### Opportunities for the use of 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 e-checklists. Centres which wish to use e-assessment must ensure that the national standard is applied to all candidate evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. Further advice is available in *SQA Guidelines on Online Assessment for Further Education (AA1641, March 2003)*, *SQA Guidelines on e-assessment for Schools (BD2625, June 2005)*.

## Higher National Unit specification: support notes (cont)

**Unit title:** Palliative and End of Life Care

### Opportunities for developing Core Skills

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

**Working with Others:** (SCQF level 6) will be evidenced in the candidate'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.

### Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website [www.sqa.org.uk/assessmentarrangements](http://www.sqa.org.uk/assessmentarrangements).

#### Useful websites and resources

- ◆ *Living and dying well: building on Progress* (2011)
- ◆ *Spiritual care matters* (2009)
- ◆ *Better cancer care an action plan* (2008)
- ◆ *End of life care for adults* (2009)
- ◆ *Living and Dying Well — A National Action Plan for Palliative and End of Life Care* (Scottish Government website)
- ◆ *Shaping bereavement care: consultation of a framework for action for bereavement* (2010)
- ◆ *SIGN 106 control of pain in adults with cancer* (Quick Reference Guide — A national clinical guideline)
- ◆ *National health service Education for Scotland Spiritual Care Matters* (2009)
- ◆ *NHS Scotland Do not attempt cardiopulmonary resuscitation (DNACPR) Policy* (2010)
- ◆ *Best practice statements: end of life care following acute stroke* (2010) QIS
- ◆ <http://www.palliativecarescotland.org.uk>
- ◆ <http://www.palliativecareglasgow.info/>
- ◆ [http://www.palliativeguidelines.scot.nhs.uk/symptom\\_control/](http://www.palliativeguidelines.scot.nhs.uk/symptom_control/)
- ◆ <http://www.palliativecareggc.org.uk/index.php?action=cms.acp>
- ◆ <http://www.scotland.gov.uk/Topics/Health/NHS->
- ◆ <http://www.scottishmedicines.org.uk>
- ◆ <http://www.sign.ac.uk/guidelines/published/index.html>

## Higher National Unit specification: support notes (cont)

**Unit title:** Palliative and End of Life Care

- ◆ Fallon, M Hanks G, eds (2006) *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, eds (2008) *Palliative care nursing principles and evidence for practice* 2nd ed Berkshire open university press

## History of changes to Unit

Version	Description of change	Date

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## General information for candidates

### Unit title: Palliative and End of Life Care

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** — you will gain an insight 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 candidates 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.