



REGISTERED NATIONAL STANDARD

UNIT OF COMPETENCY

Title:	Apply palliative care principles <i>Note:</i> <i>This unit has been adapted from the Commonwealth of Australia (2021) approved Unit of competency encoded CHCPAL001 but contextualised for the purposes of aged care in Tonga</i>		
TQF Level:	3	Credits:	5
Version:	1		
National standard code:	NS079-03		
Associated qualification (and code):	National Certificate in Aged Care Level 3 (QR-03-NQ-014-02-0915-22-01)		
Approval date:	10 June 2022	Review date:	10 June 2027
Purpose:	<p>This unit describes the skills and knowledge required to support elderly clients who may need palliative care or end-of-life care.</p> <p>Persons credited with this unit will be able to</p> <ol style="list-style-type: none"> 1. Provide a palliative approach to care for clients, family and significant others 2. Identify the difference between curative and palliative care 3. Identify and respect a person's preferences during palliative care 4. Implement strategies to promote comfort 5. Identify strategies for end-of-life care 		

Learning Outcome 1 (LO1)	Apply principles and aims of a palliative approach
Performance standards	<p>1.1 Explain the difference between <i>palliative care</i> and <i>curative care</i></p> <p>1.2 Describe the care given when a person is at end-of-life (terminal) care</p> <p>1.3 Identify the aims of a ‘palliative approach’</p> <p><i>[Range may include: links with primary care services, the holistic needs of the client, provide comfort focused care to reduce suffering, service providers have an understanding of loss and bereavement, promote a positive and open attitude towards dying and death]</i></p> <p>1.4 Identify the principles of palliative care</p> <p><i>[Range of principles: ensure a holistic approach including; dignity and respect of clients and their wishes, effective communication when caring for a client, being aware of a client’s emotional needs, maintain the comfort of the client, high hygiene quality, mobilizing the client for as long as possible, implementing strategies to assist with breathing, meeting toileting needs to avoid constipation, meeting the social needs of the client, considering the spiritual and cultural needs]</i></p> <p>1.5 Describe how support workers can encourage the client and significant others to openly share their needs and preferences.</p>
Learning Outcome 2 (LO2)	Support a client’s palliative care choices
Performance Standards	<p>2.1 Describe the meaning of an <i>advance care directive</i>;</p> <p>2.2 Identify alternatives if there are no advance care directives in place;</p> <p><i>[Range may include; engage a client’s health care power of attorney (POA), notes added to individualised care plans, discussions documented during family meetings with support staff, end-of-life wishes added as part of orientation for new clients]</i></p> <p>2.3 Identify effective methods to gather a client’s preferences regarding palliative care choices;</p> <p><i>[Range methods include but not restricted to: open communication with client, family and carers, encouraging client, family and significant others to contribute information from their own perspective, arranging for an interpreter when caring for a client who speaks another language, asking questions regularly, showing respect to client when they make choices]</i></p> <p>2.4 Describe how a client’s family and carers can be provided support;</p>

Learning Outcome 3 (LO3)	Implement strategies to promote a client's comfort
Performance standards	<p>3.1 Describe signs that may indicate a client is in pain <i>[Range may include: facial expressions (e.g., grimace), tears in the eyes, yelling, screaming from a client, moaning when moving, withdrawn]</i></p> <p>3.2 Identify strategies to manage pain and promote comfort in line with care plan and role; <i>[Range may include: refer to nurse for further pain medication, massage, cold and warm compresses, Transcutaneous Electrical Nerve Stimulation (TENS) machine, relaxation therapy, distraction techniques, repositioning, use of complementary therapies]</i></p> <p>3.3 Demonstrate how to use at least two of the strategies in 3.2 to provide comfort to a client;</p> <p>3.4 Describe strategies which can be applied to a client's nutrition and hydration requirements in order to give him/her more comfort;</p> <p>3.5 Describe strategies for evaluating the effectiveness of care provided <i>[Range may include: regular assessment via verbal questioning and observation of client, monitoring the client's appearance, posture, the feel of their skin, behaviour, smells, documenting how long the pain medication has been effective, how the client feels and if they are comfortable, and documenting in client's medical/progress notes/charts for senior nursing staff and doctor to evaluate]</i></p>
Learning Outcome 4 (LO4)	Implement end-of-life care strategies
Performance standards	<p>4.1 Describe signs that can indicate a client is close to death;</p> <p>4.2 Identify strategies that can be used during end-of-life care to maintain dignity and comfort for the client; <i>[Range strategies include: appropriate clothing that is easy to change, pain control, soft/calm music, ensure privacy, follow clients preferences to remain in bed or chair, limit visitors to those only the client wants, offer bed baths rather than showering, offer heat or cold packs, use sheep skins or air mattresses as required, keep mouth and lip moist, use lip balms, medications to relieve nausea and vomiting, ensure carers have sufficient support]</i></p> <p>4.3 Identify strategies that can be used immediately following death to maintain dignity and respect for the client; <i>[Range strategies include: follow any cultural or religious rituals, follow</i></p>

	<p><i>advance care directives, close the client's eyes, place client's arms by their side, (unless care plan states different), gently wash the body to remove soiled areas, replace dentures, place a pillow under client's head to prevent discolouration, provide family with chance to say their farewells...]</i></p> <p>4.4 Describe what emotional support can be provided to carers and significant others when a death has occurred;</p> <p>4.5 Identify what a carer would do if they felt their emotions were affecting their work or others.</p> <p>4.6 Demonstrate how at least three (3) of the strategies identified in 4.2 can be used in end-of-life care to maintain dignity and care of a client.</p>
Pre-requisites	N/A
Co-requisites	N/A
Underpinning skill and knowledge	<p>The following skills and knowledge underpin this unit standard:</p> <ol style="list-style-type: none"> 1. <i>Palliative care;</i> 2. Aims of palliative care 3. Principles of palliative care: <ol style="list-style-type: none"> i. Person-centred care. ii. Death is a part of life. iii. Carers are valued and receive the care they need. iv. Care is accessible. v. Everyone has a role to play in palliative care. vi. Care is high quality and evidence-based. 4. Difference between <i>palliative care</i> and <i>curative care</i>; 5. <i>End of life care</i>; 6. Signs of imminent death and/or deterioration 7. Nutritional and hydration requirements during a palliative approach; 8. Holistic palliative care approach: including physical, psychological, social, spiritual and sexual health; 9. Person-centred approach; 10. Advance care directives; 11. Needs and issues outside of the aged care support worker role when caring for a client in palliative care; 12. Emotional support that can be provided to carers and significant others when a death has occurred; 13. Strategies to use if emotions of carer were affecting his/her work or others

	<ul style="list-style-type: none"> 14. Strategies that can be put into place during a palliative approach for a client’s nutrition and hydration requirements; 15. Strategies that can be used during end-of-life care to maintain dignity and comfort for the client; 16. Signs that can indicate a client is close to death; 17. Strategies that can be used immediately following death to maintain dignity and respect for the client;
<p>Assessment requirements</p>	<p><u>Methods of assessment:</u></p> <p>A range of assessment methods should be used to assess students’ knowledge and application of skills, include but not restricted to the following:</p> <ul style="list-style-type: none"> 1. Direct observation of students – may include role-play, work placement, demonstrations; 2. Written questions; 3. One-on-one verbal questions; 4. Written report; 5. Review of work placement reports – signed off by assessor/workplace supervisor and 6. Portfolio <p><u>Context of assessment</u></p> <ul style="list-style-type: none"> 1. Competency for Learning outcomes in this unit are recommended to be assessed in a workplace OR in a simulated environment that reflects the workplace conditions using role-play for assessment; 2. Students must: <ul style="list-style-type: none"> a) Provide evidence of their ability to demonstrate the skills, knowledge or attitude as described in the learning outcomes and performance standards; b) Complete all required workplace activities in accordance with legal and ethical requirements 3. To demonstrate competence in this unit, a candidate of assessment: <ul style="list-style-type: none"> a) Must achieve every learning outcome to fulfil the requirements of the unit standard; b) Is eligible to 3 attempts on their assessments. Should the first attempt be unsatisfactory, reassessments must be completed within 14 days of their first attempt.

<p>Moderation arrangements</p>	<p>a) Provider Institutions are responsible for moderation arrangements to ensure consistency in assessments. Moderation process must be approved by TNQAB.</p> <p>b) Provider institutions must provide their assessment and moderation plans for approval by TNQAB</p>
<p>Resource requirements</p>	<p>a) Standard classroom furniture and resources, including but not limited to: white/blackboard, tables or benches, chairs, student notice boards, whiteboard markers, butchers' paper/coloured card or spare paper and pens for group activities;</p> <p>b) Simulated environment including: bedroom and bathroom, hi-lo bed, use of manikins, wheelchair, shower chair, aids for assisting with mobility, towels, personal protective equipment (PPE).</p> <p>c) Relevant legislations, standards, guidelines, strategies such as:</p> <ul style="list-style-type: none"> a. Local (Tonga) acts, regulations, policies and guidelines that are relevant to the provision of health care in Tonga b. Australia Department of Health (2018) <i>National Palliative Care Strategy 2018</i>: https://www.health.gov.au/sites/default/files/the-national-palliative-care-strategy-2018-national-palliative-care-strategy-2018.pdf c. Australia national palliative care standards: https://palliativecare.org.au/publication/standards/ d. New Zealand Palliative Care strategy - https://www.health.govt.nz/system/files/documents/publications/palliativecarestrategy.pdf
<p>Requirements to complete this unit</p>	<ol style="list-style-type: none"> 1. Demonstrate achievement of all Learning outcomes. 2. Complete all workplace requirements

<p>Important notes and definitions</p>	<p><u>Notes:</u></p> <ol style="list-style-type: none"> 1. Reasonable adjustment can be made to the assessment tasks to ensure equity in assessment. If a student is identified to have a particular need reasonable adjustment may be considered. 2. In the event that local laws and polices relevant for this unit are not available, the laws of Australian and New Zealand can be used for training. <p><u>Definitions:</u></p> <ol style="list-style-type: none"> 1. <i>Advance care directive</i>: in some countries this is a formal, legally recognized document, (sometimes called a living will) that lists instructions on the care that is to be implemented in the event of future incapacity 2. <i>Complementary therapies</i>; refers to a diverse group of practices and products not considered part of evidence-based, conventional medicine example include, acupuncture, antioxidants, aromatherapy, 3. <i>Curative care</i>: refers to treatment and therapies provided to a person with the intention of improving symptoms and curing the person’s medical problem 4. <i>End of Life- (terminal care)</i>: this is the care given when a person is in the final days or weeks of life. Goals of care are focused on the person’s physical, emotional, and spiritual needs and on supporting the family and/or significant others. 5. <i>Holistic care</i>: care provided that meets the needs of the whole person, their physical needs as well as their emotional, social, cognitive, spiritual and cultural needs. 6. <i>Palliative approach</i>: aimed at improving the quality of life for people who are dying due to the ageing process. The approach involves the person, their family and significant others and aims to reduce suffering. 7. <i>Palliative care</i>: a concept of care that aims to provide comfort when a cure is no longer a reality. Palliative care does not aim to cure but to improve the quality of a person’s remaining life when there is no cure.
<p>Public comments on unit</p>	<p>Please contact TNQAB National Qualifications Unit (email EnquireNQ@tnqab.to or Telephone 28136) if you like to discuss or suggest changes to the details of this unit.</p>