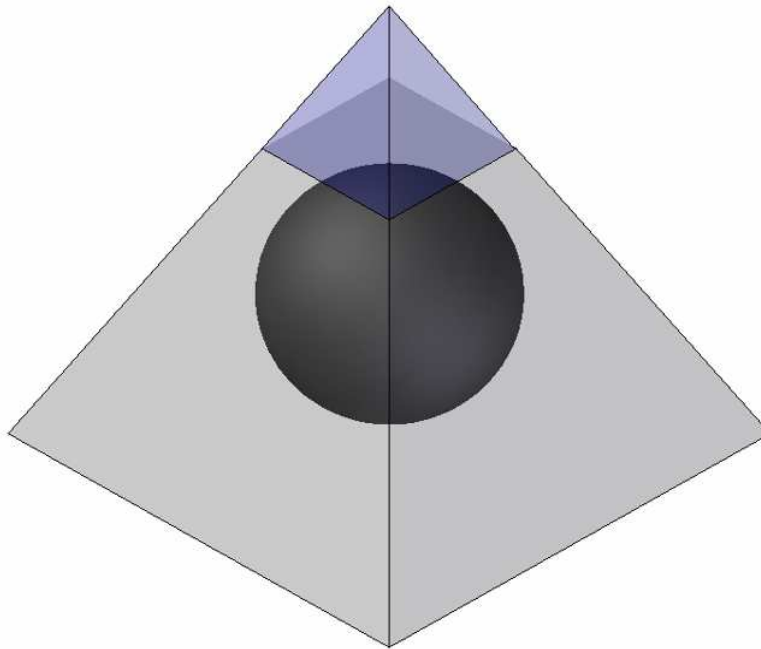




## **Supportive and Palliative Care Network Multi-Disciplinary Education Work Strand**



## **A Framework for Generalist and Specialist Palliative and End of life Care Competency Decemeber 2008**

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## 1.0 INTRODUCTION

The emergence and growth of **Palliative Care** as a specialty over the past four decades has led to the spread of hospice principles and goals to other non specialist settings across primary, secondary and tertiary care. Definitions of **Palliative Care** have changed and expanded over the past few years to encompass supportive and **End of life** care, which is inclusive of care from diagnosis throughout the disease trajectory and into **Bereavement**. Its core objective of holistic, patient centered care, has remained central to its philosophy (National Council for Hospice and **Specialist Palliative Care** Services (NCHSPCS), 2002; World Health Organisation, (WHO) 2002). Though the specialty originally developed in hospices, to respond to the needs of people with cancer, there is now a focus to ensure equity of care across all settings. Increasing demands are now being placed to accommodate marginalized groups in society and those dying from non-malignant conditions. In addition, an increasingly aged population in Northern Ireland and elsewhere and the influx of different migrant groups also suggests that there will soon be an exponential rise in the need for **Palliative** and **End of life** care across all conditions and **Cultures** and consequently skilled workers to deliver it (Northern Ireland Cancer Network (NICaN), 2007).

Despite these factors, the absence of recognised academic departments in Northern Ireland and the key role of voluntary organizations in providing **Palliative Care** across the province, has led to education and training in the field being developed and delivered haphazardly (Clark, 2007). There is currently no regional or national uniform approach to the progression of **Palliative Care** competencies for health and social care professionals working in this field and limited curricula. Yet, at the same time, there has been a plethora of discipline and site specific competencies produced (Royal College of Nursing (RCN), 2002; Joint Committee on Higher Medical Training, 2005). These have been developed by different professional bodies to govern their own members, but a need for multi and inter disciplinary working has been advocated and recognised (National Institute for Clinical Excellence (NICE), 2004).

The current national restructuring and reorganization of most health service roles using the Knowledge and Skills (KSF) framework through Agenda for Change (Department of Health (DH), 2004) has highlighted the need for the specific knowledge and skills of **Palliative** and

**End of life** care to be adequately described and documented. This will protect and safeguard those working in the field and also appropriately distinguish and recognise those skills that are unique to a discipline that has traditionally celebrated its largely qualitative approach to care.

The establishment of the Education Work strand of the NICaN Supportive and **Palliative Care** Network, therefore, provided a timely forum to address the requirement for a regionally recognised competency framework for adult **Palliative** and **End of life** care. It has been developed within the context of change currently taking place both within the discipline of **Palliative Care** and the wider health and social care environment outlined above and as a response to the increasing need for guidance and leadership to both commissioners, academic institutions, service providers and health and social care professionals working in the field. It is intended that the competencies laid out in the framework can be interpreted and applied across the range of sectors, settings and disciplines which provide **Palliative** and **End of life** care and that they are inclusive of all populations regardless of diagnosis, **Culture** or need. Section 2 of this document provides guidance for implementation.

### **1.1 Purpose of the NICaN Supportive and Palliative Care Network Inter-Disciplinary Education Work Strand:**

The key purpose of the education work strand is to develop a regional framework for **generalist** and **specialist palliative** and **end of life** care competency relevant to all .The remit of the Education Work Strand is to:

- 1) Consider the knowledge, skill and competency required of all health and social care providers and their skill mix, across all sectors and care settings.
- 2) Recommend principles of good practice, which influence the wider public health agenda including that pertaining to **Bereavement** care and support.
- 3) Promote pan disease **Palliative** and **End of life** care education and training across all care settings.
- 4) Acknowledge the need for collaboration and reciprocity across services and specialties to enable exchange and fusion of knowledge and skills

- 5) Promote equitable standards of education and training responsive to the clinical governance requirements for Trusts across Northern Ireland.

From this identified remit a competency framework for generalist and specialist **palliative** and **end of life** care education has been developed.

## 1.2 Background

The context has been informed by a literature review highlighting the evidence that has shaped the policy drivers for **Palliative** and **End of life** care. Evidence from published **Research** has also been used to provide a rationale for education and training relevant to health and social care providers across all disciplines. This is presented in three main sections:

1. Definitions of **Palliative** and **End of life** Care,
2. Policy Drivers for Workforce Development
3. Direction for Education and Training in **Palliative** and **End of life** Care

### 1.2 .1 Definitions of Palliative and End of life Care

- **Palliative Care** is the active holistic care delivered to patients with advanced progressive disease from diagnosis, through the prevention and relief of suffering by means of early identification and impeccable assessment. The treatment of pain and other physical, psychosocial and spiritual problems is paramount (NCHSPCS, 2004: WHO, 2002).
- **End of life** Care occurs when a patient's condition is actively deteriorating and the focus is on identified needs throughout the last phase of life and into **Bereavement** (National Council for **Palliative Care** (NCPC, 2007); NICaN, 2007). An increased emphasis on quality **End of life** care has evolved nationally following government reports showing that patients and carers want choice over care at the **End of life** (DH,

2003; NICE, 2004; DH, 2006, DH, 2008; **Audit** Scotland, 2008;Health Service Executive and Irish Hospice Foundation,2008.).

- The terms '**Palliative** and **End of life** care' have been broadened to include care given to people with any advanced progressive disease and not just those with a cancer diagnosis (Thomas, 2006). This demands that service providers look beyond cancer to ensure that people with non-malignant disease such as circulatory, respiratory and neurological conditions and older people in care homes are enabled to die well (DH, 2005a; DH, 2005b; NICE, 2005). This also applies to marginalised and disadvantaged groups within society, such as people with learning disabilities (Tuffrey-Wijne, 2003), mental health needs (Thomas, 2006), people in prisons (Bolger, 2005), 'travelling people' (Van Doorslaer and McQuillan, R, 2005) and ethnic minorities (NCPC, 2005).
- **Palliative** and **End of life** Care Education should encompass an evidence-base inclusive of physical, psychosocial, and spiritual dimensions underpinned by ethical and cultural considerations (Ferrell et al, 1998).

### **1.2.2. Policy Drivers for Workforce Development**

- The National Health Service (NHS) **End of life** Care Programme was established in 2004 in response to 'Building on the best: Choice, responsiveness and equity in the NHS' (DH, 2003) in an attempt to improve the quality of care at the **End of life** for all wherever they live. This programme supports the implementation of **End of life** care tools nationally –
  - Preferred Place of Care (PPC)- (which aims to identify where patients wish to receive their care and ultimately die),
  - Liverpool Care of the Dying Pathway (LCP)-(an evidenced based framework for **End of life** care).
  - Gold Standards Framework (GSF) – ( a systematic approach to optimizing the care delivered by healthcare professionals for any patient nearing the **end of life**) ( NCPC, 2005)

It is recognised that these tools and other regional guidelines, e.g. Breaking Bad News (DHSSPSNI & NCPC,2003) should be implemented as examples of good practice in **Palliative** and **End of life** care (DH, 2003; NICE, 2004).

- The recent White Paper 'Our Health, Our Care, Our Say' shows the government's pledge to increase choice for patients through increasing investment in **Palliative Care** services and promoting the establishment of **End of life** care networks by the year 2009 (DH, 2006). However provision of choice and ability to face the future challenges of **Palliative** and **End of life** care not only require increased resources, but also a health and social care workforce which is responsive and competent to meet service needs. The **End of life** Care Strategy (Department of Health 2008), National Institute for Clinical Excellence (NICE): Improving Supportive and **Palliative Care** for Adults with Cancer (2004) and the Review of **Palliative Care** services in Scotland (August 2008), refer to the need for social workers and other health care professionals to be competent.
- It is predicted that the future of **Palliative** and **End of life** care will also be influenced by demographic changes, consumerism and workforce changes, along with epidemiological changes which will all impact on how **Palliative Care** needs and services will be delivered over the next twenty years (NCPC, 2005).
- Public, private, voluntary and charitable organizations will need to work in partnership to put the interests of the public first, ensure health and social care staff receive the right training and make good health and social care services an essential part of local communities (NICE, 2004) .In order to ensure equity of **Palliative Care** practice and access, educationalists, practitioners and policy makers need to work more closely (Fisher, 2005).
- Funding should be made available to backfill staff posts and enable them to be released for training and to extend inter disciplinary education to a wide range of personnel who care for patients with advanced disease and their families (Hall & Weaver, 2001; Gould et al, 2004; Koffman & Higginson, 2005).

### 1.2.3. Direction for Education and Training

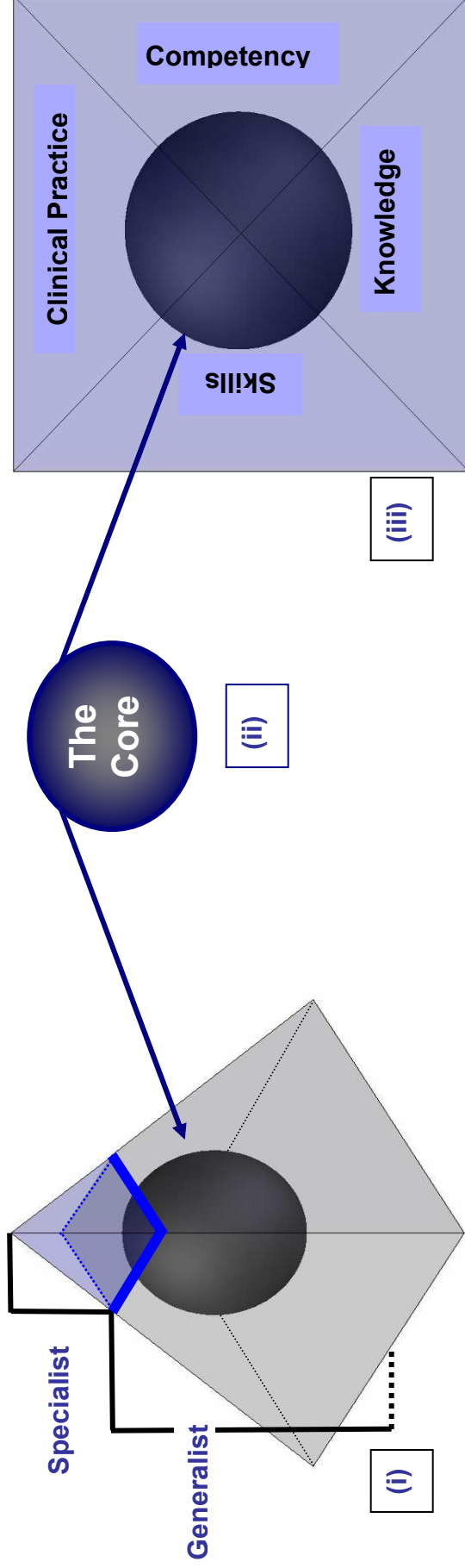
- The need for workforce development with an emphasis on the importance of lifelong learning and continuous personal development has been highlighted by policy drivers (Department of Health, Social Services and Public Safety, DHSSPS), 2004). It is recognised that this is necessary to ensure that the most effective support is available to patients and families in all care settings (NICE, 2004).
- The principles of **Palliative Care** should underpin the practice of all health and social care providers in all care settings. It has been recommended that all those providing **Palliative Care**, including staff from the statutory and independent sectors, should have access to training in this approach (DHSSPS, 2000; NCP, 2005). There is clearly a need for **Palliative** and **End of life** care education in care homes to be further developed and commissioned (Froggatt, 2001; Whittaker et al, 2006). National Institute for Clinical Excellence (NICE): Improving Supportive and **Palliative Care** for Adults with Cancer (2004), highlights the important role social workers play in assisting families to manage the complexity of **End of life** care.
- The Northern Ireland Social Care Council (NISCC), Review of the Roles and Tasks of Social Work in the Northern Ireland (2008) has recently finished its consultation and will issue its findings within the coming year. As part of the consultation, the Northern Ireland Forum of **Palliative Care** Social Workers response was to highlight the importance for appropriate accredited educational courses and relevant funding to ensure that competency level is maintained and added to.
- The concept of **Palliative** and **End of life** care becoming a compulsory component of training and continuing education for all health and social care professionals has also been emphasised and it is recognised that each organisation and individual providing care should identify training and education needs in collaboration with the various education providers (DHSSPS, 2000; NCP 2005). Whilst this emphasizes the importance of good robust commissioned education courses that deliver within a number of setting and across all academic levels. There is a need to ensure that

**Palliative** and **End of life** care is a thread running consistently through all the programmes.

- Despite the fact that **Palliative Care** and **Specialist Palliative Care** education should be recognised as a priority in NHS funding and in other services (Chippendale, 2001), to date there is little evidence that this is happening.
- Current deficiencies in **Palliative Care** education need to be addressed. Strategies for improvement should include:
  - As a very minimum the principles of **Palliative Care** as a taught generic component throughout all programs of health and social care and including those providing pastoral care.
  - Inclusion in Trust and organisational induction programs
  - A national undergraduate curriculum for **Palliative Care**,
  - Expanded postgraduate training opportunities for generalist practitioners and other professional groups,
  - Further recognition for the role of practitioners of **Specialist Palliative Care** and associated curriculum development
  - Developing **Palliative Care** leaders,
  - Creating standards and a process for acquisition of competence,
  - Creating and enhancing educational resources for **End of life** education(Block, 2002, Cairns & Yeats, 2003; Dowling et al, 2005).

## Pyramid of Palliative Care Education

To help to visualise the requirement for generalist and specialist, **palliative** and **end of life** care training and education a diagram of a pyramid has been used. The content of the pyramid reflects the capacity and specification of **Palliative** and **End of life** care within a target population. All providers influence the quality of a person's experience of **palliative** and **end of life** care either through the provision of generalist or **Specialist Palliative Care**.



**(i)** The deep base of the pyramid indicates that the majority of **Palliative Care** is provided by generalist providers, not exclusively concerned with **Specialist Palliative Care**, i.e. primary care teams, hospital teams and healthcare providers within a variety of settings. A line of demarcation between generalist and specialist provision represents a high-level qualification or degree of experience, which is expected of any **Specialist Palliative Care** provider

**(ii)** The core highlights the quality dimensions of **Palliative Care**; patient-centered care, choice, effectiveness, equity, safety and responsiveness. These are woven into the core of this framework and are collectively seen as a central element within the framework pyramid, and are imperative within the provision of all levels of **Palliative Care**.

**(iii)** Looking down on the pyramid the base of Education provides the foundation for a high quality, evidence based **palliative** and **End of life** care service. Each of the four sides of the pyramid represent the unique elements within professional development; knowledge, skills, competency and clinical practice. Heightened levels of these elements progress the professional from generalist to specialist.

## 2.0 Development of the Competency Framework

This framework has been developed by the NICaN Education Work Strand- a **multi-disciplinary** group representative of generalist and **Specialist Palliative Care** education and service provision across sectors and settings. The group began considering the need to develop knowledge; skills and competencies within the three levels of **Palliative Care** education, as defined within Partnerships in Caring (DHSSPSNI, 2000). It became apparent that the differentiation between Level 1 and Level 2 **Palliative Care** training was more based on frequency of practice than variation in competency. Appreciating the challenge of equating the levels stated within Partnerships in Caring and KSF levels, it was thought more beneficial to combine Level 1 & 2 to be recognised as **Generalist Palliative Care**, Level 3 should therefore be referred to as Specialist. NICE (2004) supports the simple dichotomy of generalist and **Specialist Palliative Care** without any further differentiation. It is however possible for generalists to choose to develop some specialist competencies in response the identified needs of the people they care for.

The competencies are based on policy and literature relevant to **Palliative** and **End of life** care and are adapted from previous frameworks (RCN, 2002; Joint Committee on Higher Medical Training, 2005). They are also underpinned by Bloom's Taxonomy (Bloom et al, 1964), which identifies three interdependent fields of learning behavior recognised as important within the learning process. The three domains are cognitive (knowledge), psychomotor (skills) and affective (attitude).

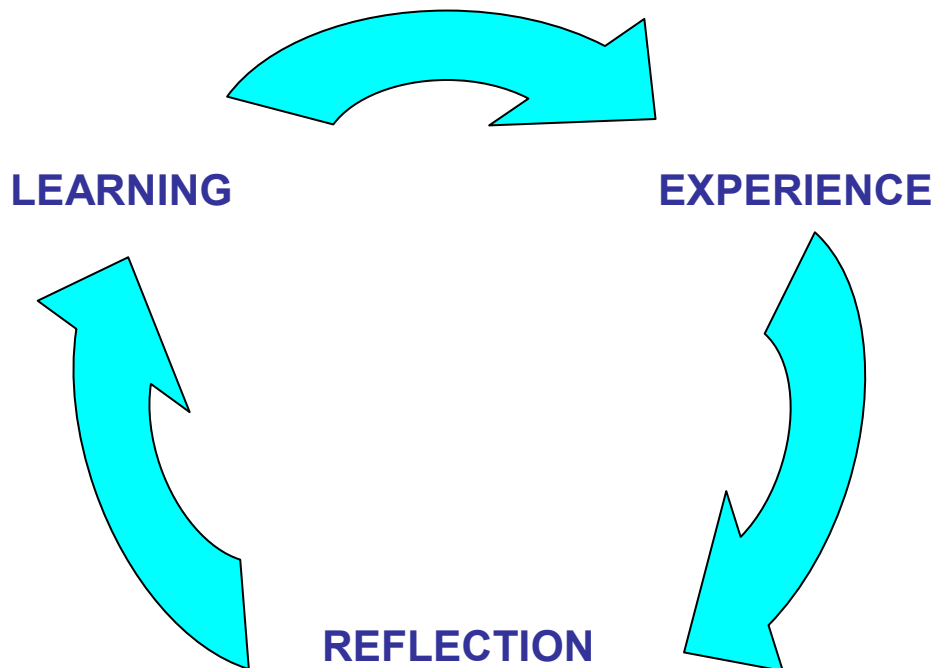
The affective domain focuses on how we deal with things at an emotional level. It gives recognition to the importance of our feelings, values, beliefs, motivation and enthusiasm in the process of learning. Who we are as persons and how we think and feel about **Palliative Care** influences what we will be motivated to learn about it and if we accordingly develop our practice or not. A values clarification form has been included, see page 15, as a means of making explicit to the learner their values and beliefs about **Palliative Care**. The intention behind this is to encourage the learner to consider what they need to learn in order to deliver the quality of **Palliative Care** they espouse. Then, as a means of checking out if this translates into practice, a 360 degree feedback form is included on page 16. This feedback. can provide further stimulus for ongoing learning.

The main components of the competency framework are around the cognitive and psychomotor domains of learning, based on an adaptation of Bloom's Taxonomy

The concept of competence based training and assessment for health and social care professionals has become central to their education and training and the term competence has been defined as: 'the ability to operate to an adequate, safe standard. Synonymous terms include sufficient, suitable, capable, legally qualified and fit for purpose' (Clements and MacKenzie, 2005,p 516).-Core competencies relevant to specialist and generalist **palliative** and **end of life** care and the knowledge and skills relevant to each level have been included.

## 2.1 Steps to Developing Competence

Developing competence is inter-related with life-long learning and experience combining academic knowledge, skills and reflection in everyday practice. (This is illustrated in the diagram below). This is a cyclical process whereby professionals assume responsibility for their own learning and development and apply it to improve patient and **Family** care and take forward the development of their profession.



**Adapted from Kolb (1984)**

## 2.2 Who is this competency framework for?

This competency framework is aimed at all members of the **multi-disciplinary** team involved in the provision of generalist , specialist **palliative** and **end of life** care across all settings and sectors. Systematic and rigorous implementation at Trust and organisational level is likely to fulfill a variety of needs for different people and these may include:

- Providing information to managers, educationalists, human resource professionals, teams and individuals about the types of **palliative** and **end of life** competencies that are required for a high standard of service provision
- Helping professionals to make sense of how their skills, knowledge, experience and development needs fit in with the wider regional and national context, including the NHS Knowledge and Skills Framework (KSF)
- Contributing to the provision of evidence of competency achievement, and portfolio compilation, for those working towards a specialist practice qualification

## 2.3 How to Use the Framework

There are a number of ways that this framework could be utilised to develop knowledge and skills within the **multi-disciplinary** team. Some of these could be:

- To plan an individual's career pathway
- A process to help individuals assess their own competence and skills in order to identify training needs
- As part of a formal appraisal system enabling both appraiser and appraisee to assess competence and identify training needs
- To plan induction programmes for new staff
- To plan team training through assessment of team competence and skill mix

## 2.4 Evidence of Competency Achievement

The following suggestions of evidence of competency achievement are not exhaustive, but can be referred to for guidance. A portfolio of evidence may be compiled containing some of the following, as appropriate:

- Certificate of attendance and evaluation of learning outcomes from seminars/ courses
- Coursework submitted for academic modules/ courses
- Reflective diary containing self-assessment of competence, identified learning needs and action plans
- Experiential learning: through Critical Incident Analysis, shadowing, exchange placements or secondment opportunities to specialist teams.
- Anonymous case scenarios
- Anonymous care plans
- Values clarification
- 360 degree feedback
- Evidence of contribution within a journal club
- Evidence of active contribution to **Research** and development
- Dissemination and use of **Research** findings
- Publications/ Oral or poster conference presentations
- Change or project management
- Evidence of active contribution to **Audits**, standard setting, development or review of guidelines or policy
- Planning, delivering and evaluation of teaching sessions
- Written documentation from mentors/ colleagues who have observed and analysed practice
- Active involvement in supervision, mentorship and **multi-disciplinary** meetings

## 2.4.1 Values Clarification Exercise

### VALUES CLARIFICATION EXERCISE

I believe the purpose of <b>Palliative</b> and <b>End of life</b> Care is:
I believe this purpose can be achieved by:
I believe my role in supporting future <b>Palliative</b> and <b>End of life</b> Care service provision is:
I believe the factors that enable safe, effective and holistic <b>Palliative</b> and <b>End of life</b> Care to occur are:
I believe the factors that inhibit safe and effective <b>Palliative</b> and <b>End of life</b> Care are:
Other values and beliefs about future <b>Palliative</b> and <b>End of life</b> Care I have are:

2.4.2 360° Feedback Proforma

360° FEEDBACK PROFORMA

MY ATTITUDE TOWARDS PROVIDING  
PALLIATIVE AND END OF LIFE CARE

Name of person seeking feedback \_\_\_\_\_

Name of person providing feedback \_\_\_\_\_

Please provide me with feedback in relation to the aspects of my Palliative and End of life care practice outlined below: (include examples where possible)

<p>How I undertake a <b>Holistic Assessment</b> and <b>management plan of patients</b> with <b>Palliative</b> and <b>End of life</b> care needs</p>	
<p>How I include <b>those who matter to patients</b> with <b>Palliative</b> and <b>End of life</b> care needs in a <b>Holistic Assessment</b> and management plan</p>	
<p>How I demonstrate <b>respect</b> to patients with <b>Palliative</b> and <b>End of life</b> care needs and those who matter to them</p>	
<p>How I preserve the <b>dignity</b> of patients with <b>Palliative</b> and <b>End of life</b> care needs and those who matter to them</p>	
<p>How I ensure the <b>safety</b> of patients with <b>Palliative</b> and <b>End of life</b> care needs</p>	

<p>How I attend to the <b>environment</b> in which patients with <b>Palliative</b> and <b>End of life</b> care needs are being cared for</p>	
<p>How I <b>communicate with patients</b> requiring <b>Palliative</b> and <b>End of life</b> care including those with cultural or special needs</p>	
<p>How I <b>communicate with those who matter to patients</b> with <b>Palliative Care</b> needs</p>	
<p>How I <b>build trust and confidence</b> with patients and their carers</p>	
<p>How I <b>engage with others</b> in the <b>interdisciplinary</b> team who provide care for patients with <b>Palliative</b> and <b>End of life</b> care needs</p>	
<p>How I <b>work collaboratively</b> with other services across the sectors and settings, as appropriate</p>	
<p>How I maintain responsibility for my own <b>continuous professional development</b></p>	
<p>How I contribute to <b>Audit / Research activities to ensure a high quality service</b> to patients requiring <b>Palliative</b> and <b>End of life</b> care and those who matter to them</p>	

## 2.5: Examples of National and Regional Guidelines/ Documents/ Tools supportive of evidence based practice.

Supportive Evidence Based Practice	Guideline / Document / tool	Further information
Improving Supportive and Palliative Care for Adults with Cancer (NICE, 2004)	National	<a href="http://www.nice.org.uk">www.nice.org.uk</a>
Adult Palliative care Guidance (2nd Ed)	National	South West London, Surrey, West Sussex and Hampshire, Mount Vernon and Sussex Cancer Networks, endorsed by the NI Palliative Medicine Group <a href="http://www.greenbox.net/palliative">www.greenbox.net/palliative</a> ; <a href="http://www.lcp-mariecurie.org.uk">www.lcp-mariecurie.org.uk</a>
Liverpool Care Pathway	National	<a href="http://www.goldstandardsframework.nhs.uk">www.goldstandardsframework.nhs.uk</a>
Gold Standard Framework	National	<a href="http://www.cancerlancaeshire.org.uk/bppc">www.cancerlancaeshire.org.uk/bppc</a>
Preferred Priorities for Care	National	
National guidelines for the use of Complementary Therapies in Supportive and Palliative Care (2003)	National	The Prince of Wales Foundation for Integrated Health <a href="http://www.fih.org.uk/document.rm?id=14">www.fih.org.uk/document.rm?id=14</a> ;
Guidelines for the last days of life (National Council for Palliative Care, updated 2006)	National	<a href="http://www.ncpc.org.uk">www.ncpc.org.uk</a>
Standards for Hospice and Palliative Care Chaplaincy 2 <sup>nd</sup> Ed (2006)	National	Association of Hospice and Palliative Care Chaplains <a href="http://www.ahpcc.org.uk/pdf/ahpcc3s/AHPCC%20Standards%202006.pdf">www.ahpcc.org.uk/pdf/ahpcc3s/AHPCC%20Standards%202006.pdf</a> ;
Standards of Practice for Specialist Palliative Care Social Workers (2004)	National	Association of Palliative Care Social Workers <a href="http://www.helpthehospices.org.uk/NPA/socialworkers">www.helpthehospices.org.uk/NPA/socialworkers</a>
Control of Pain in Cancer Patients (2003)	Regional	National Council for Hospice and Palliative Care Services & DHSSPSNI <a href="http://www.dhsspsni.gov.uk/control-of-pain.PDF">www.dhsspsni.gov.uk/control-of-pain.PDF</a> ;
Breaking Bad News (2003)	Regional	National Council for Hospice and Palliative Care Services & DHSSPSNI <a href="http://www.dhsspsni.gov.uk/publications/2003/breaking-bad-news.pdf">www.dhsspsni.gov.uk/publications/2003/breaking-bad-news.pdf</a> <a href="http://www.gain-ni.org">www.gain-ni.org</a> or <a href="http://www.LNNI.net">www.LNNI.net</a> ;
Guidelines for the Assessment, Management and Treatment of Lymphoedema GAIN, 2008	Regional	

**Health and Social Care Trusts will also their own locally agreed guidelines based on national and regional evidence**

Reference to NICaN Mapping of Guidelines Utilised within Supportive and Palliative Care Across the NI Cancer Network, May 2007

## PART 1: GENERALIST PALLIATIVECARE COMPETENCY STATEMENTS

Whilst competencies have been developed across all disciplines, some statements may have more relevance to particular disciplines than others

No	Competency Statement	Knowledge	Skills
(1)	<p>Undertake a <b>Holistic Assessment of the patient with palliative or end-of-life care needs, and those who matter to them, in collaboration with the interdisciplinary team</b></p>	<p>Discuss the holistic principles of <b>Palliative Care</b></p> <p>Describe the physical, psychological, spiritual, social and financial and domains of <b>Palliative Care</b></p> <p>Describe available tools, information and clinical data that will inform the assessment process</p> <p>Discuss issues such as informed choice, consent and patient autonomy</p> <p>Explain the use of open and sensitive <b>Communication</b> with patients/<b>Family</b>/carers to achieve appropriate patient outcome</p> <p>List and describe knowledge and understanding of guidelines related to the common symptoms associated with <b>Palliative Care</b></p> <p>Discuss the role of the <b>interdisciplinary team</b> within <b>Palliative Care</b></p>	<p>Assess clinical situations to interpret information</p> <p>Refer in an appropriate and timely manner to <b>Specialist Palliative Care</b> team if necessary</p> <p>Utilise appropriate validated tools to enhance an holistic patient assessment</p> <p>Communicate with all appropriate members of the <b>interdisciplinary team</b>/patient/<b>Family</b>/carers to determine appropriate care outcome</p> <p>Demonstrate effective <b>Communication</b> skills with patient and significant others</p> <p>Utilise appropriate symptom assessment management skills</p> <p>Refer to other members of the <b>interdisciplinary team</b> for assessment and intervention, as</p>

			appropriate
<b>No</b>	<b>Competency Statement</b>	<b>Knowledge</b>	<b>Skills</b>
(2)	Interpret clinical data to inform diagnosis and decision making in palliative and end-of-life care	<p>Explain the implications of clinical data and information, including identification of poor prognostic indicators, for patients with advanced progressive disease</p> <p>Describe the physical, psychosocial and spiritual basis of symptoms</p> <p>List and describe <b>Palliative Care</b> emergencies, including their clinical presentation, causes and the need for timely management and/or referral to the appropriate specialist team</p> <p>Identify the current evidence base, for interpreting clinical data and information, forming a diagnosis and making an appropriate decision</p>	<p>Assess clinical situations and interpret information appropriately</p> <p>Recognise the importance of a holistic approach to symptom assessment and management</p> <p>Utilise professional judgement within <b>Palliative Care</b> emergency situations to inform clinical decisions</p> <p>Utilise current evidence base to guide practice</p>

No	Competency Statement	Knowledge	Skills
(3)	<p>Develop, implement and evaluate a management plan to meet identified needs in palliative and end of life care</p>	<p>Explain the importance of clinical information, data and tools to inform patient management</p> <p>Explain the importance of timely review in order to evaluate patient and Family care</p> <p>Discuss the importance of appropriate and timely referral to other members of the interdisciplinary team or Specialist Palliative Care</p> <p>Describe the patient centred holistic management of patients requiring Palliative Care</p>	<p>Be able to reflect in and on practice and promote best possible patient outcomes to include the use of End of life care tools</p> <p>Utilise open and sensitive Communication to address the needs of patients and Family</p> <p>Be able to regularly review and evaluate care management plans and update appropriately</p> <p>Identify patient need and where appropriate refer to other members of the interdisciplinary team and Specialist Palliative Care</p> <p>Identify and meet the holistic needs of patients requiring Palliative Care and those who matter to them.</p> <p>Be able to develop and implement operational policies and clinical care pathways related to the above</p>

<b>No</b>	<b>Competency Statement</b>	<b>Knowledge</b>	<b>Skills</b>
(4)	Apply appropriate judgement to inform pharmacological and non-pharmacological management, in meeting the Palliative and End of life care needs of the patient	List and describe the principles of palliative symptom management for patients with advanced progressive disease	Be able to use evidence based practice to provide General Palliative Care

		<p>Discuss the need to consider patient and <b>Family</b> as core team members when meeting their <b>Palliative Care</b> needs</p> <p>Identify the need for inter-disciplinary team work and the need to know when and how to access <b>Specialist Palliative Care</b> services</p> <p>Identify the common physical, spiritual, ethical, legal and psychosocial management issues that impact on pharmacological and non-pharmacological symptom management</p>	<p>Be able to set realistic goals in partnership with the patient/ carer</p> <p>Identify professional boundaries in relation to own expertise</p> <p>Use open and sensitive <b>Communication</b></p> <p>Be able to implement and monitor outcomes of both pharmacological and non-pharmacological management plans</p> <p>Recognise common and serious adverse effects and manage appropriately and refer on when necessary</p> <p>Understand the mechanism for reporting of adverse effects</p>
<b>No</b>	<b>Competency Statement</b>	<b>Knowledge</b>	<b>Skills</b>
<b>(5)</b>	<p>Recognise the limitations of one's own expertise in <b>Palliative and end of life care</b> and indications for onward referral to <b>Specialist Palliative Care</b> or other appropriate disciplines and</p>	<p>Identify from patient assessment when to refer to <b>Specialist Palliative Care</b> or other agencies, taking account of available guidelines</p> <p>Explain the need for Continuous</p>	<p>Be able to refer in a timely and appropriate way to other agencies and services</p> <p>Be able to complete relevant documentation</p> <p>Identify own boundaries and learning needs</p>

	agencies	Professional Development	<p>Demonstrates a commitment to undertaking reflective practice and evaluating the impact of same</p> <p>Recognise own limitations to manage difficult issues</p>
Describe the concept of reflective practice			

<b>No</b>	<b>Competency Statement</b>	<b>Knowledge</b>	<b>Skills</b>
<b>(6i)</b>	Use open and sensitive <b>Communication</b> with patients and those who matter to them, to facilitate expression of needs including those of diverse cultural groups and	Discuss the importance of open and sensitive <b>Communication</b> in <b>Palliative Care</b>	Develop a relationship with patients, relatives/carers using the four core skills of <b>Communication</b> (active listening, questioning, attending and empathy)  Effectively works in partnership with interpreting services and other specialist teams

<b>(6ii)</b>	<p><b>those with special needs in palliative and end of life care</b></p> <p><b>Use effective Communication in interdisciplinary teamwork</b></p>	<p>Describe the components of open and sensitive <b>Communication</b></p> <p>Describe the factors that influence patient/carer dynamics</p> <p>List the characteristics necessary to give a comprehensive presentation/report in a practice setting</p>	<p>Interact with patients and those who matter to them in an open, empathic manner</p> <p>Demonstrate active listening, attending and questioning skills evidenced by use of appropriate responses, language and para language for example –voice tone, voice pitch</p> <p>Effectively prepares by gathering all relevant information regarding the patient and ensures preparation of the environment for sensitive <b>Communication</b>-for example Breaking Bad News</p> <p>Demonstrate awareness of needs of individual <b>Family</b> members and of the <b>Family</b> as a unit</p> <p>Use skills-verbal and non-verbal which enhance interaction and reduce the risk of creating barriers</p> <p>Effectively delivers a presentation/report to a person or group of people using good information interpersonal and clarification skills</p>
<b>No</b>	<b>Competency Statement</b>	<b>Knowledge</b>	<b>Skills</b>
<b>6 contd</b>		<p>Define the concept of confidentiality</p> <p>Discuss the role of local, regional and</p>	<p>Value confidentiality by demonstrating sensitivity in relation to patient information and when to disclose information to staff, patients and carers</p> <p>Refer patients/carers to support groups as</p>

		national support in empowering patients through self care	appropriate
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No	Competency Statement	Knowledge	Skills
(7)	<p>Be able to identify spiritual and religious needs of patients and those who matter to them receiving palliative and end of life care and how they may be addressed</p>	<p>Explain the nature of <b>Spirituality</b> that may or may not include a religious dimension</p> <p>Explain the difference between spiritual and religious needs.</p> <p>Discuss the nature of <b>Spirituality</b> within a <b>Palliative Care</b> context</p> <p>Explain the importance and impact of non-verbal and verbal <b>Communication</b> in spiritual care</p> <p>Discuss the importance of confidentiality and when to disclose and document information</p> <p>Identify when to refer on for more experienced assistance</p>	<p>Be able to identify spiritual and/or religious needs of individuals</p> <p>Recognise how one's personal beliefs and philosophy of life impact on the way we act and interact with others</p> <p>Be able to recognise spiritual and /or religious issues that arise in a <b>Palliative Care</b> setting</p> <p>Be able to build a rapport with the patient/carer, to listen actively and demonstrate empathy with appropriate responses to the individual's emotions</p> <p>Be able to disclose and document information without breaching confidentiality</p> <p>Recognise own limitations to manage difficult issues, referring on to the appropriate members of the MDT or faith representative</p>

No	Competency Statement	Knowledge	Skills
(8)	<p>Identify the range of <b>Grief</b> responses to appropriately assess and support those dealing with loss and <b>Bereavement</b> in <b>palliative</b> and <b>end of life care</b></p>	<p>Identify the care needs of people from different cultural and religious backgrounds</p> <p>Recognise, through self awareness, how losses in own life may impact on practice</p> <p>Describe <b>Grief</b> reactions in the context where death is expected and sudden including the use of risk assessment tools</p> <p>List and describe practicalities surrounding death – including deaths referred to the coroner</p> <p>Discuss own limitations and identify referral mechanisms when appropriate</p>	<p>Show sensitivity and respect to individual beliefs and cultural requirements</p> <p>Use sensitive <b>Communication</b> skills and own life experience to understand, support and listen to others</p> <p>Be able to assess and manage risk, provide support according to individual circumstances and refer appropriately</p> <p>Give information/ advice to families on practical issues e.g.: death certification and registration</p> <p>Be able to provide information regarding for example coroner's cases or post-mortems</p> <p>Communicate with senior staff and members of the inter-disciplinary team</p> <p>Complete relevant documentation accurately</p>

No	Competency Statement	Knowledge	Skills
(9)	Collaborate with others in the use of an ethical framework which guides decision making in the context of palliative and end of life care	<p>Discuss <b>Ethical principles</b> and their application to <b>Palliative Care</b></p> <p>Identify the need to consider patient/carer as core team members when considering appropriate care</p> <p>Demonstrate knowledge and understanding of capacity/ incapacity legislation</p> <p>Explain the need for <b>interdisciplinary</b> teamwork and when and how to access <b>Specialist Palliative Care</b> services</p> <p>Identify the common ethical issues that impact on <b>Palliative Care</b></p>	<p>Be able to demonstrate application of the <b>Ethical principles</b> to <b>palliative</b> and <b>end of life</b> care</p> <p>Be able to set realistic goals in partnership with patient/carer</p> <p>Use open and sensitive <b>Communication</b> skills</p> <p>Be able to implement and monitor outcomes of ethical decisions made</p>

No	Competency Statement	Knowledge	Skills
(10)	<p>Participate in education and learning to improve outcomes for patients with generalist palliative and end of life care needs</p>	<p>Describe educational and developmental opportunities in Palliative Care</p> <p>Determine own gaps in Palliative Care knowledge</p>	<p>Be able to identify and access appropriate educational and developmental opportunities in Palliative Care</p> <p>Recognise gaps in knowledge and access effective ways of meeting these</p>
(11)	<p>Contribute to Audit, evaluation and Research in order to improve practice in palliative and end of life care</p>	<p>Explain Audit and Research process</p> <p>Identify recognised outcomes in Palliative Care</p> <p>Discuss Research studies appropriate to palliative and End of life care</p>	<p>Recognise own responsibility in contributing to and assisting with Palliative Care Research, practice development and Audit in own clinical area</p> <p>Be able to identify and report gaps in care in order to improve outcomes</p>

No	Competency Statement	Knowledge	Skills
(12)	<p>Recognise the need for support for self and others in <b>palliative</b> and <b>end of life</b> care and utilise appropriate support systems</p>	<p>List and describe own stress triggers and reactions to stressful/distressing situations</p> <p>Describe support systems available and how to access these services</p>	<p>Apply timely reaction to stress triggers</p> <p>Use appraisal systems, professional development planning, supervision and acknowledge the need for care of own health</p>
(13)	<p>Be able to care for the patient's body after death, respecting any wishes expressed by the <b>Family</b>, taking into account any legal, cultural/religious or health and safety requirements in <b>palliative</b> and <b>end of life</b> care</p>	<p>List and describe knowledge of the issues and policies in relation to caring for the body after death</p>	<p>Practice appropriate care of the patient's body for transfer/release</p> <p>Able to complete relevant documentation and ensure effective <b>Communication</b> with all relevant individuals</p> <p>Ensure verification / certification of death dependent on professional dealing with death.</p>

## PART 2: SPECIALIST PALLIATIVECARE COMPETENCY STATEMENTS

Whilst competencies have been developed across all disciplines, some statements may have more relevance to particular disciplines than others

No	Competency Statement	Knowledge	Skills
(1)	<p>Undertake a <b>Holistic Assessment</b> of the patient with complex needs in <b>palliative and end of life care</b> and those who matter to them, in collaboration with the <b>interdisciplinary team</b></p>	<p>Critically discuss advanced illness, <b>Palliative Care</b> and oncology to inform a comprehensive assessment of the patient's needs</p> <p>Describe the physical, psychological, social, financial and spiritual domains of assessment</p> <p>Critically discuss the legal, ethical and professional issues such as informed choice, consent and empowerment</p> <p>Critically discuss therapeutic relationships and their use with patients and carers to assist informed choices for care and treatment</p> <p>Explain the principles of informed independent decision making in collaboration with interdisciplinary teams</p> <p>Have specialist knowledge and understanding of complex symptoms associated with progressive disease</p> <p>Describe available tools, information and clinical data that may inform the assessment process</p>	<p>Critically assess clinical situations and interpret complex information</p> <p>Apply professional judgment to make decisions and achieve appropriate care outcomes</p> <p>Act as a prime resource in providing advice, information and support to patients, <b>Family</b> and other health care workers</p> <p>Develop empowering and facilitative relationships with patients/<b>Family</b>/carers to involve them in decision making</p> <p>Influence others through effective <b>Communication</b> and dissemination of knowledge and information to promote positive outcomes for patients/families/carers</p> <p>Be able to use effective skills and manage complex symptoms associated with advanced disease</p> <p>Be able to utilise appropriate validated assessment tools<sup>32</sup></p>

No	Competency Statement	Knowledge	Skills
(2)	<p>Critically analyse complex clinical data and information to inform diagnosis and decision making in specialist palliative and end of life care</p>	<p>Define the physical psychosocial and spiritual basis of symptoms and the role of validated assessment tools</p> <p>Explain the implications of complex clinical data and information, including identification of poor prognostic indicators, for patients with advanced progressive disease</p> <p>List and describe <b>Palliative Care</b> emergencies including their clinical presentation, causes, appropriate investigations and management</p> <p>Critically discuss the importance of current evidence in the interpreting of clinical data, informing diagnosis and making an appropriate decision</p>	<p>Be able to assess and manage complex symptoms using a holistic approach and appropriate tools</p> <p>Be able to assess clinical situations and interpret complex information critically</p> <p>Utilise professional judgment to inform clinical decisions</p> <p>Utilise knowledge of <b>Research</b> and current specialist evidence to guide practice</p>

*	Competency Statement	Knowledge	Skills
(3)	Develop, implement and evaluate a management plan using evidence based practice to meet complex identified needs in specialist palliative and end of life care	<p>Discuss the use of complex clinical information, tools, data and best available evidence in relation to patient outcome</p> <p>Explain the importance of appropriate and timely patient and Family review</p> <p>Critically discuss the concepts of effective leadership and management</p> <p>Critically discuss the importance of <b>interdisciplinary</b>, interagency working to determine appropriate patient centred management</p>	<p>Be able to reflect on practice and apply best evidence to promote best possible patient outcomes to include the use of <b>End of life</b> care tools</p> <p>Utilise advanced effective <b>Communication</b> skills to meet the needs of patient/<b>Family</b></p> <p>Apply effective leadership and management skills to empower patient choice and <b>interdisciplinary</b> working</p> <p>Display the skills of partnership working to undertake a person-centred assessment, plan management and evaluation</p> <p>Be able to develop and implement operational policies and clinical care pathways</p>

No	Competency Statement	Knowledge	Skills
(4)	<p>Apply appropriate clinical judgement to direct pharmacological and non-pharmacological management, in meeting the complexity of the patient's symptoms in specialist palliative and end of life care</p>	<p>List the principles of specialist palliative symptom management for patients with advanced progressive illness</p> <p>Critically discuss the need to consider the patient/carer as core team members when developing appropriate management plan</p> <p>Identify the need for interdisciplinary team work and/or shared care</p> <p>Determine the complex physical, spiritual, ethical, legal and psychosocial issues that surround symptom management including side-effects of pharmacological and non-pharmacological treatment and the appropriate monitoring of outcomes</p>	<p>Be able to utilise appropriate guidelines/ protocols when available</p> <p>Be able to set realistic goals in partnership with the patient/carer</p> <p>Identifies professional boundaries in relation to own specialist expertise</p> <p>Be able to identify and manage adverse side-effects including referral to/ or informing others when appropriate</p> <p>Understand the mechanism for reporting of adverse events</p>

No	Competency Statement	Knowledge	Skills
(5)	<p>Recognise the limitations of one's own expertise in specialist palliative and end of life care and indications for onward referral to more appropriate disciplines and agencies</p>	<p>Identify from impeccable patient assessment when to refer to other agencies</p> <p>Critically discuss the importance of consistently drawing on <b>Research</b> literature and own experience to influence advanced practice</p> <p>Explain how to reflect upon and learn from own practice.</p>	<p>Be able to complete detailed and relevant documentation</p> <p>Be able to apply evidenced based practice to inform appropriate referral to other agencies and services</p> <p>Be able to reflect on own expertise and limitations</p>

No	Competency Statement	Knowledge	Skills
(6)	<p>Develop therapeutic relationships to enable complex discourse with patients and those who matter to them, to facilitate expression of needs including those from diverse cultural groups and those with special needs in specialist palliative and end of life care</p>	<p>Explain the therapeutic nature of caring</p> <hr/> <p>Critically discuss how a therapeutic carer/patient relationship may be developed and sustained</p> <hr/> <p>Explain disease trajectories, treatments and possible outcomes of treatment</p> <hr/> <p>Differentiate between counselling approaches appropriate to current role</p> <hr/> <p>Explain coping strategies which may be used to help support staff and families</p> <hr/> <p>Critically discuss the nature of Family dynamics within Palliative Care</p>	<p>Interact with patients in an open, sensitive and person centred manner</p> <p>Work in partnership with interpreting services and other specialist teams</p> <hr/> <p>Demonstrate ability to fully engage with patients</p> <hr/> <p>Identify and deals confidently with physical, spiritual and psychosocial needs</p> <p>Inform patients and <b>Family</b> re: treatments and their possible outcomes</p> <p>Effectively prepares by gathering all relevant information regarding the patient and ensures preparation of the environment for sensitive <b>Communication</b>-for example Breaking Bad News</p> <hr/> <p>Create an affirming and empowering environment</p> <hr/> <p>Support patients and families through uncertainty by discussing care options and coping strategies</p> <hr/> <p>Use open and sensitive <b>Communication</b> skills demonstrating awareness of <b>Family</b> dynamics</p>

No	Competency Statement	Knowledge	Skills
6 contd		<p>Explain the components of open and sensitive <b>Communication</b> in <b>Palliative Care</b></p> <hr/> <p>Explain the concept of effective teamwork</p>	<p>Deal effectively with complex <b>Communication</b> issues taking cognisance of confidentiality and appropriate disclosure of information</p> <hr/> <p>Work collaboratively within the team</p>

No	Competency Statement	Knowledge	Skills
(7)	<p>Utilise a wide range of skills to discern, assess and address the complex spiritual and religious needs of patients and those who matter to them in specialist palliative and end of life care</p>	<p>Identify one's own Spirituality</p> <p>Explain the importance and impact of non-verbal and verbal Communication</p> <p>Differentiate between the skills that other members of the MDT possess in relation to spiritual care</p> <p>Explain the nature of spiritual assessment including religious and ethical dimensions</p> <p>Demonstrate knowledge of the main world faiths, humanism and atheism with reference to beliefs and practices around illness, life, death and dying.</p>	<p>Recognise how one's personal beliefs and philosophy of life impact on the way we act and interact with others.</p> <p>Be able to relate to patients/carers in a non judgemental way with therapeutic Communication skills that demonstrate active listening and empathy</p> <p>Recognise own limitations to manage difficult issues referring on to appropriate members of MDT</p> <p>Be able to contribute to and/or develop and administer a spiritual care plan based on spiritual and/ or religious need</p> <p>Be able to provide spiritual care for those of all faiths or none in the context of their beliefs and practices around illnesses, life, death and dying.</p>

No	Competency Statement	Knowledge	Skills
7 Contd		<p>Discuss the complex spiritual and/or religious needs of patients/carers and staff</p>	<p>Be able to contribute to and/or develop and administer a spiritual care plan based on spiritual and/ or religious need and review/evaluate impact of same</p> <p>Be able to describe and evidence a working definition of spiritual and religious needs</p> <p>Be able to recognise complex spiritual, religious and ethical issues</p> <p>Be able to elicit the patient's key concern at a pace directed by them</p> <p>Be able to recognise and respond appropriately to an individual's and <b>Family's</b> emotions and conflict</p> <p>Be able to identify education, training and development needs</p> <p>Be able to refer effectively to other spiritual care resources including chaplaincy and clearly articulate reasons for referral</p>

No	Competency Statement	Knowledge	Skills
(8)	<p>Identify the range of <b>Grief</b> responses to appropriately assess and manage those dealing with loss and <b>Bereavement</b> in specialist palliative and <b>end of life</b> care, including complicated <b>Grief</b></p>	<p>Identify different cultural and religious backgrounds and their care needs</p> <p>Demonstrate self awareness regarding losses in own life</p> <p>Discuss the theories of loss, <b>Grief</b> and <b>Bereavement</b></p> <p>Describe <b>Grief</b> reactions including complicated <b>Grief</b> and the use of risk assessment tools</p>	<p>Show sensitivity and respect to individual beliefs and cultural requirements</p> <p>Use good interpersonal skills and be able to use own life experience to understand, support and listen to others</p> <p>Encourage and undertake reflective practice through models of supervision and peer support</p> <p>Be able to manage own stresses</p> <p>Be able to identify on-going training needs</p> <p>Use advanced <b>Communication</b> skills to support and empower those experiencing loss</p> <p>Be able to assess and manage risk, provide support according to individual circumstances and refer appropriately</p>

No	Competency Statement	Knowledge	Skills
8 contd		<p>Critically discuss the impact of loss in families</p> <p>Critically discuss practicalities at the time of death – including deaths referred to the Coroner</p> <p>Critically discuss the use of evidence based practice to inform, monitor and evaluate a <b>Bereavement</b> service</p>	<p>Be able to communicate sensitively and effectively where difficult issues are identified e.g.: where tensions and conflict are present</p> <p>Give information/advice to families on practical issues e.g.: death certification/registration</p> <p>Apply <b>Research</b> and <b>Audit</b> skills in the delivery and evaluation of a <b>Bereavement</b> service</p>

No	Competency Statement	Knowledge	Skills
(9)	Collaborate with others in the use of an <b>Ethical Framework</b> which guides decision making in the context of specialist <b>palliative and end of life care</b>	<p>Critically discuss the <b>Ethical principles</b> and theories and their application to <b>Specialist Palliative Care</b></p> <p>Identify the need to consider patient/carer as core members when developing appropriate care</p> <p>Demonstrate knowledge and understanding of capacity/ incapacity legislation</p> <p>Explain the need for <b>interdisciplinary</b> teamwork and/or shared care</p> <p>Determine the complex ethical issues that surround treatment of patients and the appropriate response to outcomes</p>	<p>Be able to demonstrate and lead in the application of the <b>Ethical principles</b> to <b>palliative and End of life</b> care dilemmas</p> <p>Be able to set realistic goals in partnership with patient/carer</p> <p>Utilise advanced <b>Communication</b> skills</p> <p>Be able to identify and manage adverse events including referral/ informing others when appropriate</p>

No	Competency Statement	Knowledge	Skills
10	<p>Deliver education and undertake study at an advanced level using various methodologies to improve outcomes in specialist palliative and end of life care</p>	<p>Describe the range of learning theories and learning styles of self and others</p> <p>Continuously develop and maintain a knowledge base required for the delivery of specialist palliative and End of life care</p> <p>Critically discuss the knowledge and evidence base underpinning Specialist Palliative Care</p> <p>Describe the range and use of flexible modes of educational delivery</p>	<p>Be able to use a range of learning theories in order to develop and transfer knowledge to a variety of audiences</p> <p>Utilise skills of reflection and role model this for the benefit of others through practising supervision</p> <p>Be able to deliver effective palliative and End of life care through the application of in-depth knowledge and skills</p> <p>Articulate and reflect Palliative Care skills and in-depth knowledge enabling others to learn</p> <p>Be able to use modernized, accessible and flexible modes of educational delivery</p> <p>Be able to apply presentation and facilitation skills</p> <p>Utilise mentorship and supervisory skills</p> <p>Create an effective learning environment</p> <p>Be able to apply IT skills</p>

No	Competency Statement	Knowledge	Skills
(11)	<p>Actively participate in and use of <b>Audit</b>, practice development and <b>Research</b> to improve the evidence base for specialist <b>palliative</b> and <b>end of life</b> care</p>	<p>Explain the difference between the <b>Audit</b>, and <b>Research</b></p> <p>Identify the evidence base in <b>palliative</b> and <b>End of life</b> care and determine priorities for <b>Audit</b>, <b>Research</b> and practice development</p> <p>Critically discuss the methodological and ethical issues which arise in <b>Audit</b> and <b>Research</b> involving patients with <b>Palliative Care</b> needs</p> <p>Critically analyse outcomes and measurement tools in <b>palliative</b> and <b>End of life</b> care</p> <p>Critically evaluate <b>Research</b> studies relevant to <b>palliative</b> and <b>End of life</b> care</p> <p>State the importance and methods of disseminating <b>Research</b> findings</p>	<p>Be able to apply <b>Audit</b> and <b>Research</b> skills</p> <p>Be able to apply effective time management skills by achieving objectives in the timeframe agreed</p> <p>Be able to develop <b>Audit</b>, practice development and <b>Research</b> protocols/proposals in <b>Palliative Care</b> across different settings which will gain maximum results with minimal intrusion to patients/ carers</p> <p>Be able to design studies which will gain maximum results with minimal intrusion to patients/carers</p> <p>Be able to develop, use and analyse different methods of data collection</p> <p>Be able to critique the strengths and weaknesses of <b>Research</b> and its relevance to practice.</p> <p>Be able to write and present <b>Research</b> and <b>Audit</b> reports.</p> <p>Disseminate new evidence to inform practice across different settings.</p>

No	Competency Statement	Knowledge	Skills
(12)	<p>Contribute to local, regional and national agendas to influence practice and policy in specialist <b>palliative</b> and <b>end of life</b> care</p>	<p>Critically discuss local, regional and national policies, strategies and guidelines</p> <p>List key stakeholders and providers of <b>Palliative Care</b> regionally</p> <p>Explain the change process</p>	<p>Articulate and negotiate <b>Palliative Care</b> issues at a strategic level</p> <p>Be able to recognise other agendas and priorities</p>
(13)	<p>Recognise the need for support for self and others in specialist <b>palliative</b> and <b>end of life</b> care and utilise appropriate support systems</p>	<p>List and describe own stress triggers and reactions to stressful/distressing situations</p> <p>Describe support systems available and how to access these services</p>	<p>Utilise leadership skills</p> <p>Utilise good time management and timely reaction to stress triggers</p> <p>Use appraisal systems, professional development planning, supervision and appropriate care of own health</p>
(14)	<p>Be able to care for the patient's body after death in specialist <b>palliative</b> and <b>end of life</b> care, respecting any wishes expressed by the <b>Family</b>, taking into account any legal, cultural/religious or health and safety requirements</p>	<p>List and describe knowledge of the issues and policies in relation to caring for the body after death</p>	<p>Practice appropriate care of the patient's body for transfer/release</p> <p>Able to complete relevant documentation and ensure effective <b>Communication</b> with all relevant individuals</p>

## References

Audit Scotland (2008) Review of Palliative Care services in Scotland. Audit Scotland.  
[www.Audit-scotland.gov.uk](http://www.Audit-scotland.gov.uk)

Block, S.D (2002) Medical education in End of life care: The status of reform. Palliative Medicine 15 (2): 243-248.

Bloom, B.S., Mesia, B and Krathwohl, D.R (1964) Taxonomy of educational objectives. The affective domain and the cognitive domain. New York: McKay.

Bolger, M (2005) Dying in prison: providing Palliative Care in challenging environments. International Journal of Palliative Nursing 11 (12), 619-621.

Cairns, W and Yates, P (2003) Education and training in Palliative Care. MJA 179: 26-28.

Clark D. (2007). An Institute for Hospice and Palliative Care in Ireland. Draft Discussion Paper. Dublin and Lancaster.

Chippendale, S (2001) The importance of funding Palliative Care education: A look to the future. International Journal of Palliative Nursing. 7(6): 298-300.

Clements, R and MacKenzie, R (2005) Competence and pre-hospital care. Evolving concepts. Emergency Medicine Journal 22: 516-519.

Department of Health (2003) Building on the best. Choice, responsiveness and equity in the NHS. London: DH

Department of Health (2004) The NHS Knowledge and Skills Framework and the Development Review Process. London: DH

Department of Health (2005a) The national service framework for long term conditions. London: DH

Department of Health (2005b) The coronary heart disease national services framework. London: DH

Department of Health (2006) Our health, our care, our say: a new direction for community services. London: DH

Department of Health (2008) End of life Care Strategy- promoting high quality care for all adults at the End of life. London: DH

Department of Health, Social Services and Public Safety (2000) Partnerships in caring. A review of Palliative Care services. Belfast: DHSSPS

Department of Health, Social Services and Public Safety & National Council for Palliative Care (2003) Breaking Bad News Guidelines. Belfast: DHSSPS

Department of Health, Social Services and Public Safety (2004) Caring for people beyond tomorrow: a strategic framework for the development of primary health and social care for individuals, families and communities in Northern Ireland. Belfast: DHSSPS:

Dowling, S., Leary, A and Broomfield, D (2005) Palliative Care education: A Delphi study of Irish General Practitioners. Education for Primary Care 16: 458-66

Ferrell, B.R., Virani, R and Grant, M (1998) HOPE: Home care outreach for Palliative Care education. Cancer Practice 6 (2): 79-85.

Fisher, J (2005) Greater collaboration needed for education, training and equitable Palliative Care. International Journal of Palliative Nursing 11 (8): 431

Flanagan, J., Clarke, D., Kendrick, K and Lane, C (2002) The advancing role of nurses in cancer care. In: Clarke, D., Flanagan, J and Kendrick, K (eds) Advancing nursing practice in cancer and Palliative Care (pp.3-19). Houndmills: Palgrave Macmillan

Froggatt, K.A (2001) Palliative Care and nursing homes: Where next? Palliative Medicine 15 (1): 42-48

Gould, D., Kelly, D ET AL?? The impact of commissioning processes on the delivery of continuing professional education for cancer and Palliative Care. Nurse Education Today 24:443-451

Hall, P and Weaver, L (2001) Interdisciplinary education and teamwork: a long and winding road. Medical Education 35: 867-875.

Health Service Executive & Irish Hospice Foundation (2008) Palliative Care for All – Integrating Palliative Care into Disease Management Frameworks (Report for Consultation) IHF, Dublin

Joint Committee on Higher Medical Training (2005) Higher Specialist Training in Palliative Medicine. London.

Koffman, J and Higginson, I (2005) Assessing the effectiveness and acceptability of inter professional Palliative Care education. Journal of Palliative Care 21 (4): 262-269.

Kolb, D.A (1984) Experiential learning. Englewood Cliffs. NJ: Prentice Hall

National Council for Hospice and Specialist Palliative Care Services (2001) What do we mean by Palliative Care? London: NCHSPCS

National Council for Hospice and Specialist Palliative Care Services (2002) Definitions of Supportive and Palliative Care. Briefing Paper 11. London: NCHSPCS

National Council for Hospice and Specialist Palliative Care Services (2004) The House of Commons health committee enquiry into Palliative Care London: NCP

National Council for Palliative Care (2005) 20:20 Vision. London: NCP

National Council for Palliative Care (2007) Focus on commissioning. London: NCPCC

National Institute for Clinical Excellence (2004) Improving Supportive and Palliative Care for Adults with Cancer [www.nice.org.uk](http://www.nice.org.uk)

National Institute for Clinical Excellence (2005) Parkinson's Disease: Diagnosis and management in primary and secondary care. Draft consultation. [www.nice.org.uk](http://www.nice.org.uk)

Northern Ireland Cancer Network (2007) Diagnosing Dying. Defining End of life Care A Position Paper. Belfast: NICaN

Royal College of Nursing (2002) Competencies in Nursing. A framework for nurses working in Specialist Palliative Care. London: RCN

Thomas, K (2006) Palliative Care. Geriatric Medicine 36 (6), 9-13.

Tuffrey-Wijne, I (2003) The Palliative Care needs of people with intellectual disabilities: a literature review. Palliative Medicine 17, 55-62.

Van Doorslaer, O and McQuillan, R (2005) Home, Hospice or Hospital? A study of Irish Travellers' use of Palliative Care services. Dublin: St. Francis Hospice

Whittaker, E., Kernohan, W.G., Hasson, F., Howard, V., McLaughlin, D (2006) The Palliative Care education needs of nursing home staff. Nurse Education Today. 26: 501-510.

World Health Organization (2002) National Cancer Control Programmes: policies and guidelines. Geneva. WHO

## Glossary of Terms

- **Audit:** a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. [NICE,2004]
- **Bereavement:** The situation of anyone who has lost a person to whom they are attached. [Murray Parks cited in Oxford Textbook of Palliative Medicine,1996]
- **Communication:** The process through which patients and carers are helped to explore issues and arrive at decisions in discussions with health and social care professionals. It is most effective where there is mutual understanding, respect and awareness of individuals' roles and functions. [NICE, 2004]
- **Complex problems:** those that affect multiple domains of need and are severe and intractable, involving a combination of difficulties in controlling physical and/or psychological symptoms, the presence of **Family** distress and social and/or spiritual problems. [NICE, 2004]
- **Culture:** a shared, learned, symbolic system of values, beliefs and attitudes that shapes and influences perception and behaviour
- **End of life:** A period of time during which a person's condition is actively deteriorating and when death is expected. It enables the supportive and **Palliative Care** needs of both the patient and **Family** to be identified and met throughout the last phase of life and into **Bereavement** [National Council for Palliative Care, 2007; NICAN 2007]
- **Ethical Framework:** a series of values held by health and social care professionals, patients and their families, which influence the clinical decision making process. [Wilkinson cited in Oxford Textbook of Palliative Medicine,1996]  
**Ethical principles:** concepts that form part of the **Ethical Framework**, e.g. autonomy, non-maleficence, beneficence or justice. [Wilkinson cited in Oxford Textbook of Palliative Medicine,1996]
- **Family:** in the context of this document this includes all those individuals who are important within the life of the patient. It will include informal carers and close friends.
- **General Palliative Care:** is the care given to people with advanced disease by professionals who are not specialists in palliative care (e.g. members of primary care teams). The aim of general palliative care is to provide:
  - Information for the person and their carers, with 'signposting' to relevant services.
  - Accurate and holistic assessment of a person's needs.
  - Coordination of care teams in and out of hours and across boundaries of care.
  - Basic levels of symptom control.
  - Psychological, social, spiritual and practical support.
  - Open and sensitive communication with patients, carers and professional staff  
([NICE, 2004](#))

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- **Grief:** The emotional response to loss, and the means by which people begin to accept the reality of an event that will change their lives. [Parkes, 1998]
- **Holistic Assessment:** a comprehensive collection of information about the patient's physical, psychological, social, emotional and spiritual status.
- **Interdisciplinary team:** shared decision-making and flexible leadership characterizes an interdisciplinary team. Members work collaboratively, with regular meetings to discuss and plan patient care. They have respect for the skills and knowledge brought by each member (Flanagan et al, 2002)
- **Palliative Care:** is the active holistic care delivered to patients with advanced progressive disease from diagnosis, through the prevention and relief of suffering by means of early identification and impeccable assessment. The treatment of pain and other physical, psychosocial and spiritual problems is paramount (NCHSPCS, 2004: WHO, 2002).

***See also General and Specialist Palliative Care***

- **Principles of Palliative Care**
  - Focus on quality of life which includes good symptom control
  - Whole person approach taking into account the person's past life experience and current situation
  - Care which encompasses both the person with life-threatening illness and those that matter to that person
  - Respect for patient autonomy and choice (e.g over place of care, treatment options)
  - Emphasis on open and sensitive **Communication**, which extends to patients, informal carers and professional colleagues  
(National Council for Hospice and Specialist Palliative Care Services, 2002)
- **Multi-disciplinary:** A multidisciplinary team is a group of people from different disciplines (both healthcare and non-healthcare) who work independently of one another to provide and/or improve care for patients with a particular condition. The composition of multidisciplinary teams will vary according to many factors. These include: the specific condition, the scale of the service being provided and geographical/socio-economic factors in the local area. Often one member of the team (doctor or nurse) is ultimately responsible for the patient and makes the decision as to which other members of the team will have involvement.
- **Religion:** a belief concerning the supernatural, sacred or divine, and the moral codes, practices and institutions associated with that belief.
- **Research:** an organized and systematic way of finding answers to questions. Within the healthcare setting all proposed Research activity would require rigorous ethical approval.

- **Specialist Palliative Care** is the active total care of patients whose disease is not responsive to curative treatment and whose symptoms are complex, requiring the services of dedicated palliative care professionals. Complexity may relate to difficult physical, emotional or spiritual symptom control issues, to patients' problems which have proved refractory to standard interventions, or quality of life issues when patients require specialist intervention to encourage the optimization of life opportunities. Specialist palliative care requires effective **multi-disciplinary** working within specialist teams and coordination across a wide range of professions to ensure that all appropriate patients, including those with non-malignant disease, can access this service and achieve the best quality of life possible ([NICE, 2004](#))
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- **Spirituality: Spirituality** is individual in nature and includes whatever gives a person meaning, value and worth in their life. **Spirituality** may or may not include a religious belief system.

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