# PRIORITIES FOR CARE OF THE DYING PERSON

## Training Needs Analysis

**Recognise**

The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.

Always consider reversible causes, e.g. infection, dehydration, hypercalcaemia, etc.

**Plan & Do**

An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

**Support**

The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.

**Communicate**

Sensitive communication takes place between staff and the dying person, and those identified as important to them.

**Involve**

The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.

**Fig.1 – The 5 Priorities for Care of the Dying Person**

## INTRODUCTION

'One Chance to Get It Right' (LACDP June 2014) set out the approach to caring for dying people in the last few days and hours of life identifying five Priorities for Care (figure 1).  The report also made recommendations on the desired characteristics of education and training programmes including learning objectives, content and educational approaches - see Annex (iii) in http://www.nhsiq.nhs.uk/media/2483141/0138_nhs_england-annex_e_s19.pdf This guide helps to identify the training needs of staff and how e-ELCA can be used within the development of education and training to enhance the quality of care for patients in the last days of life and support for their families.

e-ELCA is an e-learning programme for end of life care during the last year of life, and is supported by Health Education England (HEE) and the Association for Palliative Medicine (APM).  It is designed for use by health and social care staff, managers and trainers to help achieve learning objectives  at a flexible pace and style that suits the intended learner. It can be used as a standalone resource but greater benefits are achieved when included as part of blended learning.  More information about e-ELCA can be found at http://www.e-lfh.org.uk/programmes/end-of-life-care/. The e-ELCA programme contains over 150 sessions across eight modules to support end of life care in the last year of life, covering:

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| **Assessment** | **Integrating Learning** |
| **Advance Care Planning** | **Social Care** |
| **Communication Skills** | **Bereavement** |
| **Symptom Management** | **Spirituality** |

## HOW TO USE THIS GUIDE

e-ELCA sessions have been mapped against the nine high level learning objectives in 'One Chance to Get it Right' to support the development of training related to care in the last days and hours of life.  Further useful information can be found in a supplemental guide 'Statements to Support the Mapping of Competences to Staffing Roles - Care of the Dying Person' issued by the LACDP and accessed at http://www.nhsiq.nhs.uk/media/2483151/lacdp_mapping_competences_statement.pdf.

In **Part One** we have included a short self-assessment tool to enable learners to identify their confidence and competence against a number of statements related to care in the last days and hours of life.  Depending on the learner's response they will be directed to the appropriate section in **Part Two**, which will show related e-ELCA sessions and their learning objectives, as well as how they map to the national high level learning objectives.  This will enable the learner to choose which sessions best meets their personal development needs.  **Part Three** contains additional e-ELCA sessions such as  case studies and scenario sessions  that can help consolidate learning as well as including sessions from two other e-LfH programmes covering Dementia (DEM) and Shared Decision Making (SDM), which may also be useful.   **Not all of the sessions will be relevant to all staff and sectors, and are dependent on the training duration, format and the intended learner's role.**

**Getting started** - To fully achieve the learning objectives your package of e-ELCA sessions will be part of blended learning including group learning sessions, subject specific workshops and additional reading agreed with your manager, mentor or trainer. The e-ELCA learning can be recognised as part of your PDP or revalidation requirements.

**On completion** it will be important to factor in opportunities to reflect on the learning and discuss with the learner's manager, mentor or trainer as well as identifying how the learning can be embedded into day-to-day practice.  Ongoing review of  'learning into practice' can also be included in regular performance review meetings.

## PART ONE – SELF ASSESSMENT TOOL

What is your level of agreement with the following statements in relation to the expectations of your role? If you rate yourself as neutral or you disagree, you may want to look at the e-ELCA sessions in the **Part Two** sections highlighted. **Part Three** has useful case studies and scenarios you may also want to include in your learning package.

| | Strongly Agee | Agree | Neutral | Disagree | Strongly disagree | Not applicable to my role | Part Two - e-ELCA sessions |
|---|---|---|---|---|---|---|---|
| 1. I feel confident that I can act upon the holistic needs and choices of the dying person i.e physical, psychological, emotional, social, spiritual, cultural and religious | | | | | | | Look at sessions in section 1 |
| 2. I feel confident that I know when to seek advice from other staff | | | | | | | Look at sessions in section 1 |
| 3. I understand how to make a dying person comfortable as their needs change. | | | | | | | Look at sessions in section 2 |
| 4. I understand how the food and drink needs of the dying person change | | | | | | | Look at sessions in section 2 |
| 5. I understand how an individualised care plan is developed (and can use one if it is appropriate to my role) | | | | | | | Look at sessions in section 3 |
| 6. I understand why following assessment all changes must be communicated and understood by all those providing care to the person | | | | | | | Look at sessions in section 3 |
| 7. I understand the processes and procedures in place for sharing information in a timely and appropriate manner | | | | | | | Look at sessions in section 3 |
| 8. I feel confident that I can have sensitive and open conversations with people who are dying | | | | | | | Look at sessions in section 4 |
| 9. I feel confident that I can have sensitive and open conversations with family and carers of people who are dying | | | | | | | Look at sessions in section 4 |
| 10. I feel confident that I understand the needs of those important to the dying person and can support them | | | | | | | Look at sessions in section 5 |
| 11. I understand my own needs when caring for dying people | | | | | | | Look at sessions in section 6 |
| 12. I understand the needs of the wider team and support required when caring for dying people | | | | | | | Look at sessions in section 6 |
| 13. I understand the principles of the Mental Capacity Act (2005) and how it should be applied | | | | | | | Look at sessions in section 7 |
| 14. I feel confident I know how to support the bereaved and the impact loss and grief makes | | | | | | | Look at sessions in section 8 |
| 15. I feel competent to identify that the dying phase is imminent | | | | | | | Mainly for clinical staff – Look at sessions in section 9 |
| 16. I know my level of ability to assess reversibility, make appropriate plans and communicate uncertainty | | | | | | | Mainly for clinical staff – Look at sessions in section 9 |

# PART TWO – e-ELCA SESSIONS AND LEARNING OBJECTIVES MAPPED TO NATIONAL LEARNING OBJECTIVES

## Section 1 – National Learning Objective 1 - Describe how to assess and act upon the needs of a dying person: physical, psychological, emotional, social, spiritual, cultural, and religious.

**Click on the session title below to log in and access it on the e-LfH Hub**

| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **Assessment - domains** | | | | | | |
| Assessment of physical symptoms 02_03 | Describe the purpose of assessment of physical wellbeing | Distinguish types of physical symptoms that may affect physical wellbeing | Apply a framework for identifying patients' key physical concerns | Describe how physical problems may affect other areas, e.g. psychological, social and spiritual | | |
| Assessment of physical function 02_04 | Describe the purpose of assessment of physical function | Apply a framework for identifying patients' key concerns about physical function | Describe how physical problems may affect other areas, for example psychological well-being and social interaction | Discuss how to move from identifying problems in physical function to agreeing relevant and helpful goals with the patient | | |
| Assessment of psychological well-being 02_05 | Describe the purpose of assessment of psychological and emotional well-being | Distinguish the areas that may be assessed for psychological and emotional well-being | Apply a framework for identifying patients' key psychological concerns | Discuss how to link identification of problems with identifying goals for improvement with the patient | Identify how psychological/emotional problems may affect other areas, for example, physical, spiritual and social | Assess your confidence in the area of psychological assessment |
| Assessment of social and occupational well-being 02_06 | Describe the purpose of assessing social and occupational well-being | Apply a framework for identifying patients' key social and occupational concerns | Identify how social and occupational concerns may affect physical, spiritual, psychological areas of assessment | Discuss how to link identification of problems with identifying goals of improvement with the patient | | |
| Assessment of spiritual well-being 02_07 | Define the term spirituality | Describe the purpose of assessing spiritual well-being in end of life care patients | Examine practical ways of identifying spiritual concerns in patients approaching the end of life | Describe how spiritual problems may affect other aspects of end of life care | | |
| Context of assessment: cultural and language issues 02_08 | Describe the different types of culture that you may come across when assessing end of life care situations | Discuss the importance of cultural sensitivity when carrying out end of life care assessments | Explain how patients may give different meanings to their symptoms and problems and the relevance of this to end of life care assessments | Reflect on your own culture, and that of others that you meet, and consider how culture might affect the end of life care assessments you are making | Consider how language may have an effect on the assessment in end of life care | |

# Section 2 – National Learning Objective 2 - Explain how to address the dying person's comfort, specifically in relation to food, fluids and symptoms.

**Click on the session title below to log in and access it on the e-LfH Hub**

| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **Communication – Challenging Scenarios** | | | | | | |
| Discussing food and fluids 03_31 ADV | Describe the common concerns expressed by patients and families regarding the giving or withholding of clinically assisted nutrition and hydration in the end of life period, including relevant cultural issues | Review the evidence about the effectiveness of and the legal position regarding clinically assisted nutrition and hydration in the end of life period | Develop the communication skills to identify and address the concerns raised by patients and families regarding the giving or withholding of clinically assisted nutrition and hydration in the end of life period | Develop the skills to address the concerns of colleagues regarding the giving or withholding of clinically assisted nutrition and hydration in the end of life period | | |
| **Symptom Management – principles** | | | | | | |
| Influence of transition points and crises on decision-making in symptom management 04_05 | Explain the need to be alert for changes such as infections and unexpected crises in a patient's condition, which may mark transition points in an end of life population | Assess the signs and symptoms of change and outline initial management options | Recognise the impact of infections, transition points and crises on patients approaching the end of life and family/carers | Outline how you can provide supportive communication and information about infections, transition points and crises, so that sensible and appropriate decisions related to symptom management can be made | | |
| Drug management of pain – core knowledge 04_09 | Represent the WHO analgesic ladder in diagram form | Give examples of drugs used at each stage of the ladder and why they are used | Outline some of the uses and limitations of the analgesic ladder | Define and list some common adjuvant analgesics used in pain management | Recognise other pain management interventions that can be used in conjunction with drugs on the analgesic ladder | |

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| [Managing different types of pain 04_11](#) ADV | Describe the mechanisms that underlie different pain types | Provide examples of different types of pain experienced by end of life care patients | Outline the key aspects of the multi-modal pain management approach that can be utilised to address different types of pain | | | |
| **Symptom Management – last days of life** | | | | | | |
| [Symptom management for the dying adult 04_23b](#) | List common reasons why practice can fall short of what patients need and identify potential solutions | Discuss symptoms that commonly arise in the last days to hours of life | Describe how to address the dying person's comfort | Understand how to manage diabetes in the last days to hours of life | Write a typical prescription and authorisation for medication used to control symptoms at the end of life | Understand the advantages and disadvantages of prescribing these drugs in anticipation of these symptoms developing |
| [Managing death rattle 04_24](#) | Recognise death rattle and its underlying cause | Discuss the impact of death rattle on the family, friends and professionals | List the main drugs used in symptom management of death rattle, their efficacy and side-effects | Outline an effective approach to managing the noise of death rattle and providing support for family and observers | Assess your confidence around identifying and managing the symptoms of death rattle | |
| [Managing agitation and restlessness in the dying phase 04_25](#) | Define the terms *restlessness* and *agitation* | Describe the symptoms associated with agitation and restlessness in the dying phase | List some of the common reversible causes of agitation and restlessness in the dying phase | Describe management options for agitation and restlessness in the dying phase, including non-pharmacological options | Describe how the concerns of carers/families can be addressed during the management of patients with agitation and restlessness in the dying phase | |
| [Managing distress during the dying phase 04_26](#) | Recognise the patient's distress in the dying phase | Recognise distress in the carer or family member in the patient's dying phase | Recognise the early signs of distress being experienced by patient, relative or carer, and assess its cause and severity | Identify strategies to address patient or family distress including acknowledging that distress is natural and appropriate given the current circumstances | Recognise and manage your own distress in the patient's dying phase | |
| **Symptom Management – general issues** | | | | | | |
| [Symptom management complicated by coexisting conditions 04_30](#) | Outline the main causes of progressive respiratory, cardiac and chronic renal failure, the key symptoms of each and the implications for end of life care | Describe some of the key problems of managing symptoms of more than one condition | List some of the specific problems of drug management of symptoms with coexisting renal failure in end of life care | Explore the communication issues that may arise for those patients who face dying from their co-existing condition rather than their expected life-threatening illness | | |

| Symptom Management – advanced illness | | | | | | |
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| Management of sore mouth and other oral problems 04_38 | List the risk factors for common problems with mouth care in patients nearing the end of life | Outline the core steps involved in assessing a sore mouth and other oral problems to reach a diagnosis and initiate a management plan | Describe the main drug and non-drug approaches to the management of sore mouth and other common oral problems | | | |
| Integrated Learning – Critical situations | | | | | | |
| Scenario: terminal agitation - patient in a care home 05_11 | Assess a dying patient who is agitated in a care home situation | Recognise the causes of agitation which may be correctable | Outline a management plan for terminal agitation, both for the patient and for the overall situation | | | |

## Section 3 - National Learning Objective 3 - Discuss how to approach and implement individualised care planning including shared decision-making.

**Click on the session title below to log in and access it on the e-LfH Hub**

| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| Advance Care Planning - Principles | | | | | | |
| Benefits and risks of ACP to patients, families and staff 01_03 | Describe the benefits of patients participating in advance care planning | Describe the benefits of advance care planning for the family when a patient expresses their wishes and preferences | Discuss the benefits of staff participating in advance care planning | Identify ways in which the benefits of advance care planning can be promoted within your area of practice | Identify the potential risks associated with implementing advance care planning | |

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| **Advance Care Planning - Context** | | | | | |
| [Advance Decision to Refuse Treatment: principles 01_05](#) | Discuss why patients may choose to develop an ADRT | Describe principles of good practice which enable the appropriate and valid use of an ADRT in end of life care | Analyse the patient benefits and safeguards associated with implementation of an ADRT | Identify the role and boundaries of healthcare professionals participating in developing and reviewing an ADRT | |
| **Advance Care Planning - Process** | | | | | |
| [How to negotiate decisions which may be difficult to implement 01_15](#) ADV | Specify factors which may contribute to the development of unrealistic patient wishes and preferences | Recognise your own limitations and boundaries in handling this type of conversation | Describe how to negotiate with the patient whose wishes and preferences may not be achievable | | |
| **Assessment – Process** | | | | | |
| [Documentation, communication and coordination 02_17](#) | Explain the purpose of documenting end of life care assessments | Discuss the principles of documenting and sharing information collected as a result of the assessment of end of life care needs | Describe the use of summary care records in end of life care | Discuss the communication and coordination aspects of the assessment of end of life care needs | |
| **Symptom Management – Principles** | | | | | |
| [Agreeing a plan of management and care 04_02](#) | Identify some of the responsibilities of the clinician in proposing a plan of management | Recognise the advantages of informed and collaborative decision-making between the clinician and the patient | Describe the role of family members in agreeing the plan of management and care | Give examples of situations in which it may not be appropriate to involve the patient in agreeing a management plan | State some of the reasons why a patient facing the end of life may refuse or withdraw from the plan |
| [Communicating the plan of management and care 04_03](#) | Recognise the need to ensure that the plan for symptom management and care has been clearly communicated to the patient, family and carers as appropriate | Explain the advantages of clear, timely communication of the symptom management plan to relevant professionals and services | Describe some of the difficulties that can arise if the plan for symptom management and care has not been communicated well | | |

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| Individual preferences and cultural influences on symptom management 04_04 | Explain the importance of ensuring that a patient approaching end of life is offered sufficient information, at an appropriate level, to be involved in decision making about their symptom management and care plan and has the opportunity to express their preferences | Recognise how cultural background influences the individual's approach to progressive illness/end of life, the meaning of symptoms for the patient and ways in which these may impact on management of symptoms and care | Recognise the influence of one's own personal beliefs and attitudes when deciding and negotiating plans for care and symptom management | | | |
| **Social Care** | | | | | | |
| Support and care planning at end of life 06_04 | Describe your awareness of end of life issues | Understand the role of support and care planning at the end of life | Understand the role of advance care planning | Be aware of ways to approach talking to people and their carers about death and dying | Be aware of your impact as a worker on the support you offer individuals and their carers | |
| End of life care in care homes and domiciliary care settings 06_06 | Identify what is meant by good practice in end of life care | List the core competences associated with good end of life care | Recognise the changes that occur as someone approaches death | Identify other potential sources of support | | |

## Section 4 – National Learning Objective 4 - Demonstrate how to communicate about dying with the person, and those who are important to them.

**Click on the session title below to log in and access it on the e-LfH Hub**

| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **Advance Care Planning - Process** | | | | | | |
| How to handle patients' questions and concerns 01_13 | Identify 'typical' patient questions and concerns about advance care planning and strategies for responding to these | Recognise cues which indicate that the patient is becoming distressed and finding it difficult to cope with what is being discussed | Describe how to draw the advance care planning (ACP) conversation to a close | | | |

| Communication Skills – Basic Skills | | | | | | |
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| Skills which facilitate good communication 03_09 | Describe non-verbal communication that enhances the overall effectiveness of a conversation in an end of life care setting | Describe verbal and non-verbal cues that can help to improve communication in an end of life care setting | Describe facilitative verbal skills that will help a conversation | Recognise the impact of facilitative skills on both the patient (or family member) and the professional in an end of life care setting | Relate these verbal and non-verbal skills to your own practice | |
| **Communication – Specific context** | | | | | | |
| Communicating with non-English speaking patients 03_16 | Recognise the challenges, duties and responsibilities for professionals when communicating with non-English speaking patients approaching the end of their lives and the possible consequences if effective communication is not achieved | Develop effective skills to facilitate communication with non-English speaking patients approaching the end of their lives | Describe the services that are, or should be, available to facilitate discussion with this patient group, and how they may be accessed | Evaluate how best to work with an interpreter when communicating with patients approaching the end of their lives | | |
| Communicating with people with speech and hearing difficulties 03_17 | List common causes for speech, hearing and other communication difficulties encountered in end of life care | Describe the challenges and opportunities in communicating with patients with speech, hearing and other communication difficulties in end of life care | Reflect on your own verbal and non-verbal communication with patients and evaluate the effects of your interactions | Implement skills to communicate effectively with patients in end of life care who have speech and hearing difficulties | Describe the range of resources and equipment available to help facilitate communication with people approaching the end of life who have speech, hearing and communication difficulties | |

| Communication – Challenging Scenarios | | | | | | |
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| "Am I dying?" "How long have I got?" - handling challenging questions 03_22 | Evaluate why patients approaching the end of their lives may ask questions such as "Am I dying?" and "How long have I got?" | Recognise the challenges for professionals raised by questions related to death and end of life | Recognise the need for honesty in responding to challenging questions related to death and end of life | Identify the communication skills that are effective in responding to challenging questions related to death and end of life | Explore the feelings that end of life related questions raise in the professional and the responses that such feelings might engender | Assess your confidence in responding effectively to challenging questions related to death and end of life |
| "How dare you do this to me!" - managing anger 03_24 ADV | Identify situations in end of life care likely to result in anger as a reaction and the way this anger may present | Recognise feelings that angry reactions engender in the professional dealing with end of life care and the likely resulting behaviours | Explore what patients want from professionals when they react with anger | Develop the skills to sensitively, yet effectively, respond to the angry patient approaching the end of their life | | |
| "I don't believe you, I'm not ready to die!" - managing denial 03_25 ADV | Identify the reasons patients approaching the end of life may be in denial about their condition | Recognise the ways denial may present | Compare the reasons for and against challenging denial in end of life care | Develop effective communication strategies to assess when to challenge denial and how to do this | Compare the different approaches to managing denial between relatives and patients in end of life care | |
| "What will it be like?" - talking about the dying process 03_26 ADV | Identify the common concerns of patients regarding the process of dying and the ways in which these concerns may be raised | Identify end of life events that patients and relatives may not have considered but are important for them to be aware of | Apply the communication skills required to respond effectively yet sensitively to concerns about the process of dying and the time leading up to it | Apply the most effective methods when giving information about dying, especially in situations that are distressing | Describe the circumstances in which information is better shared with a relative of a patient approaching the end of their life | - Recognise the feelings in yourself that such conversations create<br>- Assess your confidence in identifying end of life issues and discussing them with patients and relatives |
| "Why me?" - discussing spiritual distress 03_29 | Explain what is meant by the terms 'spiritual' and 'spiritual distress' | Identify ways in which spiritual distress may manifest itself in patients who are nearing the end of their lives | Apply the communication skills required to successfully respond to a patient's spiritual distress | Recognise that cultural differences about death and dying may influence the way you interact with your patients and their families | Describe the feelings that engaging in a patient's spiritual distress raise in health and social care professionals, and the responses that such feelings might engender | |
| Dealing with challenging relatives 03_34 | Outline the impact of a patient's terminal illness on those close to them | Identify ways in which relatives may try to control or influence interactions between a patient and a professional in end of life situations | Recognise the consequences of relatives trying to control or influence discussions between patients and professionals | Review the legal position of relatives' rights to involvement and information in end of life patient care | Identify key communication skills required to best meet the needs of patients and relatives in situations involving challenging relatives | Apply best practice in sharing information and involving relatives in decisions about end of life care |

## Section 5 – National Learning Objective 5 - Describe how to assess and act upon the needs of the dying person's family and those important to the person.

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| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **Assessment – Context** | | | | | | |
| Bereavement assessment and support 02_09 | Describe the purpose of assessment of bereavement needs | Discuss what helps people in bereavement | Discuss factors that may increase vulnerabilities in bereavement | Apply a framework for assessing bereavement | Recognise ways of supporting people in bereavement | |
| Carer assessment and support 02_10 | Describe the purpose of assessing carers' needs | Identify how carers' needs may affect the patient | Apply a framework for assessing carers' needs | Review resources for supporting carers | | |
| **Assessment - Process** | | | | | | |
| Identifying the patient's goals and priorities 02_16 | Describe the importance of assessing goals and priorities from a patient perspective | Describe the importance of understanding goals and priorities from family or informal carer perspectives, and from a professional caring team perspective | Identify ways of drawing outpatient and family goals, and priorities of care | Use an appropriate approach to dealing with unrealistic goals and priorities of care | | |
| **Spirituality** | | | | | | |
| Spiritual resources and quality of life 08_04 | Identify the internal and external resources which the dying person and their family may draw on | Apply your learning about spiritual assessment and interventions to enable people with unmet spiritual needs to access those resources | Explain the meaning of quality of life for the person at the end of life | Explain the relationship between quality of life and spirituality when facing death | Recognise the specific cultural issues raised and the appropriate responses for the worker | |

## Section 6 – National Learning Objective 6 - Describe the importance of and act upon maintaining own and team resilience through reflective practice and clinical supervision.

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| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **Advance Care Planning - Principles** | | | | | | |
| Cultural and spiritual considerations in ACP 01_02 | Discuss the person-centred approach and its relevance to advance care planning (ACP) | Describe the role of cultural and spiritual factors within the ACP process | Reflect upon your own core values and how they may impact on how you might interact with patients who have very different wishes and preferences | Analyse case studies which illustrate the influence of personal, spiritual and cultural factors in ACP | Discuss the contribution of the multidisciplinary team in highlighting patients' personal, cultural and spiritual needs | |
| **Advance Care Planning – Developing Practice** | | | | | | |
| Developing your practice, clinical supervision, further reading 01_18 ADV | Assess your advance care planning skills, knowledge and confidence | Analyse case studies focusing on personal advance care planning practice development | Discuss the different options for developing your practice | Organise useful resources to support your ongoing development | Develop your personal action plan | |
| **Communication Skills – Principles** | | | | | | |
| Communication skills for administrative staff, volunteers and other non-clinical workers 03_06 | Describe the process of communicating or transmitting a message between two or more people | Recognise the challenges faced by administrative staff and volunteers in communicating with patients approaching the end of their lives and those close to them | Identify effective face to face, telephone and written communication skills that administrative staff and volunteers can use in end of life care situations | Identify methods that administrative staff and volunteers can use to manage their own stress in these situations | | |
| Self awareness in communication 03_07 | Describe how reflection improves self-awareness in communication | Discuss the impact of your own style on those with whom you communicate | Describe the impact of your style on your own well being and job satisfaction | Outline strategies for improving your self-awareness about communication | | |

| **Communication Skills – Challenging Scenarios** | | | | | | |
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| Challenging communication with colleagues 03_35 ADV | Evaluate the reasons why colleagues appear antagonistic or disruptive when involved with patients approaching the end of their life | Recognise the feelings that challenging communication with colleagues creates in yourself, and the behaviours that may result | Evaluate the effect that difficult communication with colleagues has on team working and patient care | Develop the communication skills to manage challenging situations with colleagues who are hostile or difficult | Identify when challenging communication with colleagues might be perceived as bullying or harassment | |
| **Symptom Management – Principles** | | | | | | |
| Recognising your own limitations in symptom management 04_06 | Explain some of the key pressures felt by professionals in coping with symptom management in patients facing the end of life | Describe how a professional's individual beliefs, values and personal coping strategies can impact on, or influence, patient care | Describe the responsibilities of professionals to demonstrate self-awareness of their own limitations in symptom management, and to know when to seek help and support | Recognise some of the personal skills that help the professional manage themselves and take care of their own well-being | | |
| **Spirituality and the multidisciplinary team** | | | | | | |
| Spirituality and the multidisciplinary team 08_05 | Describe models of team working and understand how these operate in palliative and end of life care settings | Distinguish different roles and responsibilities and how these integrate in palliative and end of life care settings | Identify some of the ethical and legal dimension to teamwork | Identify aspects of multidisciplinary teamwork which enhance the quality of spiritual care at the end of life | Recognise the specific cultural issues raised and appropriate responses for the worker | |

**Section 7 – National Learning Objective 7 - Demonstrate understanding of how Mental Capacity Act should be applied when the dying person lacks capacity.**

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| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **Advance Care Planning - Context** | | | | | | |
| Mental Capacity Act: aims and principles 01_07 | Describe the aims and five core principles underlying the Mental Capacity Act (2005) | Explain why the Mental Capacity Act (2005) was needed | Describe how the capacity to make decisions may be assessed | Discuss the principles of best interest decision making | Identify when proxy decision making may need to be used | Assess your own confidence levels in understanding and working with the Mental Capacity Act 2005 |
| Mental Capacity Act in practice 01_08 ADV | Describe how an understanding of the MCA will affect how you engage in advance care planning in your practice | Analyse a complex case scenario that relates to the MCA and the impact it has on decision making at the end of life | Discuss the implications of the MCA on team working | | | |
| Approaching ACP when capacity is uncertain, fluctuating or likely to deteriorate 01_09 ADV | Identify situations where there is a high probability that non-reversible deterioration or intermittent changes in mental capacity are likely to occur | Describe the tools and methods currently available to assess mental capacity in this context | Discuss how to interpret wishes and behaviour in context of fluctuating capacity | Discuss the contribution and challenges that arise from involving family members in determining best interests | | |
| **Assessment – Context** | | | | | | |
| Assessing those with fluctuating mental capacity 02_12 | Describe how to evaluate fluctuating mental capacity in an individual in an end of life care situation | Recognise the contribution and challenges of involving family members when assessing end of life care needs in someone who has fluctuating mental capacity | Describe a practical approach to assessing end of life care needs in a patient with fluctuating mental capacity | Outline how to translate assessment findings into an action plan, in accordance with the principles of the Mental Capacity Act and best interests of the patient | | |

| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **Symptom Management – General Issues** | | | | | | |
| Symptom management in people with learning difficulties or mental health problems 04_29 | Outline some of the specific problems that people with learning difficulties or severe and enduring mental health problems face when they experience a terminal illness | Discuss some of the difficulties healthcare professionals experience when attempting to provide symptom management for these patients | Explain the use of symptom assessment tools for patients with severe communication difficulties | | | |
| **Integrated Learning** | | | | | | |
| Initiating conversations about EoLC: dementia 05_03 | Recognise when it is appropriate to initiate conversations about end of life care in dementia with patients and their families | Discuss the role and timing of advance care planning for this group of people | Recognise the role of mental capacity and how this should be assessed and used in discussions about end of life care with patients with dementia | | | |

## Section 8 – National Learning Objective 8 - Demonstrate understanding of the impact of loss and grief, including how to support individuals who are bereaved.

**Click on the session title below to log in and access it on the e-LfH Hub**

| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **Bereavement** | | | | | | |
| Talking about death and dying 07_01 | Demonstrate an understanding of how different cultures approach death and dying | Identify cultural barriers to discussing death and dying in the UK | Recognise the importance of talking about death and dying | | | |
| Assessment of carers' needs 07_02 | Identify the areas to be included in a holistic assessment of carers' needs | Explain how a range of risk factors can impact on the grieving process and affect a carer's bereavement outcome | Recognise the ethical and legal issues that commonly affect carers | | | |

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| [Practical support after a bereavement 07_03](#) | Demonstrate an understanding of how to register a death | Describe the role of a funeral director | Recognise some of the issues involved in arranging a funeral | Describe the role of the coroner and the post-mortem process | Identify the actions that need to be taken following a death | |
| [Sudden death and bereavement 07_04](#) | Identify the types of deaths that occur in A&E settings | Recognise the issues faced by relatives attending A&E | Describe the arguments for and against witnessed resuscitation | Describe the role of the support nurse | Outline the process of referral to the coroner | Identify sources of bereavement support following a death in A&E |
| [Emotional support and signposting 07_05](#) | Describe how to initiate and maintain supportive conversations with bereaved people | Recognise and respond to a variety of different barriers to communication | Describe some of the complexities in communicating with bereaved people who are not normally resident in the UK | Recognise the value of signposting in referring bereaved people on to more specialised services | | |
| [Children and bereavement 07_06](#) | Demonstrate an understanding of how children experience grief | Explore the qualities needed to work with grieving children and their families | Describe the impact of the developmental process on grieving children | Identify ways to support children and their families | | |

## Section 9 – National Learning Objective 9 - Additionally, for clinicians: Describe how to recognise that dying may be imminent, assess reversibility, make appropriate decisions and plans for review, and communicate uncertainty.

**Click on the session title below to log in and access it on the e-LfH Hub**

| e-ELCA Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **Assessment** | | | | | | |
| [Assessment of dying phase and after-death 02_14](#) | Recognise the clues which signal the start of the dying phase | Describe the critical aspects of assessment of a dying person, including the patient's family and carers | Outline how to assess and meet the immediate needs of the deceased patient and bereaved people after death | Recognise the potential impact of the death on professional carers | | |
| **Communication – Specific Context** | | | | | | |
| [Breaking bad news 03_15](#) | Discuss the areas that health and social care professionals find difficult around breaking bad news | Discuss the importance of preparation for breaking bad news | Describe the strategy for breaking bad news using the SPIKES framework | Discuss the need to follow up after breaking bad news | Identify resources to support your development in breaking bad news | |

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| Request for organ and tissue donation 03_19 ADV | Explain the circumstances in which organ and tissue donation is possible | Compare the evidence for patients' and relatives' preferences regarding organ donation with that of professionals' attitudes and practice | Apply effective communication skills in discussing organ and tissue donation with patients and relatives | Apply best practice in gaining consent for organ and tissue donation | Assess your confidence level in handling conversations related to organ and tissue donation | |
| Request for euthanasia 03_20 ADV | Define what is meant by the term euthanasia | Identify the different ways in which patients may make requests to end their lives | Evaluate the reasons why patients approaching the end of their lives make requests for their lives to be ended | Describe the legal position on assisting a patient to die | Apply effective communication skills in responding to requests for life to be ended | Assess your confidence in communicating with patients about euthanasia |
| **Communications – challenging scenarios** | | | | | | |
| Discussing 'do not attempt CPR' decisions 03_30 ADV | Identify why discussions on end of life care create a challenge for professionals | Evaluate the evidence for CPR success in patients approaching the end of life | Outline the perceptions of patients, the general public and professionals on the success of CPR | Identify accepted decision making pathways incorporating professional guidance and the legal position | Apply the necessary skills to effectively and sensitively communicate CPR decisions | - Describe how to respond to challenging questions and scenarios regarding CPR decision making<br>- Assess your confidence in discussing end of life issues with patients |
| **Symptom Management – Last Days of Life** | | | | | | |
| Recognising the dying phase, last days of life and verifying death 04_23 | Use the 'surprise question' to identify patients who may be approaching the end of their life | Identify some key communication issues for patients and their family/carers in the dying phase and when death is imminent | List the five priorities for care of the dying patient | List the clinical signs that verify that a patient has died | | |
| **Integrated Learning – Scenarios Around Dying** | | | | | | |
| Treatment and care towards the end of life: good practice decision making 05_18 | Describe the principles identified in the General Medical Council guidance on treatment and care towards the end of life | Describe an approach to decision making and resolving disagreement in end of life care that conforms with the guidance | Apply the guidance to help address common challenges that you might face in providing treatment and care for patients who are approaching the end of life | | | |

# PART THREE - ADDITIONAL USEFUL CASE STUDIES AND SCENARIOS

**Click on the session title below to log in and access it on the e-LfH Hub**

| Programme Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---|---|---|---|---|---|---|
| **e-ELCA Integrated Learning – Case Studies** | | | | | | |
| Case study: end stage cardiac disease 05_05 | Describe the triggers to conversations about end of life care with somebody who has end-stage cardiac disease | Discuss the key physical and psychosocial issues that are faced, particularly by someone with end-stage cardiac disease | Outline a sensible approach to managing end of life care for somebody with end-stage cardiac disease, both in the last year of life and in the terminal stages | | | |
| Case study: motor neurone disease 05_06 | Identify the main clinical and practical issues facing patients with motor neurone disease (particularly in their last year of life) and their families | Recognise the key transition points in the illness trajectory of someone with motor neurone disease | Describe the sources of expert help that patients with motor neurone disease approaching the end of their lives, and their families, might require and when and how to help them gain access to these | Outline the ways in which health and social care professionals who are not experts in motor neurone disease can provide care and support for these patients and their families | | |
| Case study: COPD 05_07 | Identify the key issues facing patients with advanced COPD in their last few months of life | Understand the nature of the disease trajectory and its implications for disease management | Describe the emotional and physical consequences of breathlessness in end-stage COPD | Describe the drug and non-drug management of breathlessness | Understand the role of systemic effects and comorbidities in patients with advanced COPD | Outline a sensible approach to managing terminal care for somebody with end-stage COPD and those dying of other chronic lung diseases |
| Case study: end stage renal disease 05_08 | Describe the triggers to conversations about end of life care with somebody who has end-stage renal disease | Discuss the key physical and psychosocial issues that are faced particularly by somebody with end-stage renal disease | Outline a sensible approach to managing end of life care for somebody with end-stage renal disease, both in the last year of life and at the terminal stage | | | |

| Programme Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
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| Case study: dementia 05_09 | Describe the main emotional, physical and social consequences of end-stage dementia | Identify the specific challenges for professionals in providing effective end of life care to patients with advanced dementia | Outline a sensible approach to managing end of life care for somebody with end-stage dementia and their families, in the last year of life and at the terminal stage | Discuss how to manage a situation in which advance care planning has not taken place and little is known about the patient's wishes | | |
| **e-ELCA Integrated Learning - Scenarios Around Dying** | | | | | | |
| Scenario: patient dying in acute hospital: optimising situation 05_12 | Identify the key issues to consider when somebody is dying in a busy acute hospital setting | Outline how best to manage patients, support families and hospital staff at this time | Identify the key decisions to be considered at this stage and how these should be made and communicated | | | |
| When the dying process is protracted or unexpectedly fast 05_13 | Describe the key issues which you could expect in two contrasting end of life care situations: where the dying process has been particularly protracted or where it has been unexpectedly fast | Discuss how to support families and those close to the patient in these situations | Describe the impact that such situations may have on other patients nearby, staff and volunteers, and how to manage this | | | |
| Sudden unexpected death 05_14 | Describe the key issues which need to be considered and managed in sudden unexpected death | Discuss how these issues might be managed differently depending on where that death has taken place, such as at home or in hospital | Outline the immediate steps that should be considered in order to provide practical help and support for the deceased patient's relatives | | | |
| Dying as a prisoner 05_15 | Outline the physical, psychosocial and spiritual issues that are specific to end of life care for those who are in custody | Describe the practical issues related to providing end of life care for these patients, both in prison and in other care settings, e.g. hospital or hospice | Discuss how end of life care may be optimised for patients who are dying as prisoners | | | |

| Programme Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
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| Dying as a homeless person 05_16 | Outline the physical, psychosocial and spiritual issues that are specific to end of life care for those who are homeless | Describe the practical issues related to providing end of life care for patients in accommodation for the homeless | Discuss how end of life care may be optimised for dying patients who are homeless | | | |
| Dying in intensive care unit 05_17 | Describe the key issues and challenges facing dying patients and their families in an ICU setting | Describe triggers to conversations about end of life care in ICU and explain how these conversations may be approached | Recognise the signs and symptoms that indicate that treatment may be becoming futile in dying patients in ICU | Explain how decisions about ceiling of intervention may be made | Outline a sensible approach to managing end of life care for patients in an ICU situation | |
| **e-ELCA Care After Death** | | | | | | |
| Care after death I - Introduction to care after death 05_19 | Differentiate between 'care after death' and 'last offices' | Describe the pathways of care for a deceased person | Recognise how to prepare for care after death | Identify the potential hazards associated with delivering care after death | Describe when a death should be reported to the coroner | |
| Care after death II - Providing personal care after death 05_20 | Identify your role and the role of others in providing personal care after death | Describe the detailed procedures involved in personal care after death | Evaluate how well personal care after death is carried out in your own clinical practice area | | | |
| **Social Care** | | | | | | |
| Palliative care social work 06_02 | Demonstrate an understanding of the palliative care social worker role | Recognise the working links between palliative care social workers and social workers in local authorities | Describe the role of the palliative care social worker in the multidisciplinary team | Recognise how the common core competences for end of life care and the social care framework inform practice | Recognise good practice in partnership working through the use of a case study | |
| Hospital social work 06_05 | Define the role of social work developed in hospital from (Lady) Almoner to Medical Social Worker then onto the current hospital social worker and more specialised social work roles | Recognise the role of social worker and specialist social worker in hospitals | Identify the differences between the medical and social models of health/disability | Describe the legislative framework encompassing hospital social work | Detail how social workers work within the multidisciplinary team, and engage with the continuing health care and Mental Capacity Act processes | |

| Programme Module/Session Title | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
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| **The e-LfH website also has a Programme (DEM 01) containing 10 sessions focussing on Dementia.  Session 01_10 focusses on Palliative Care and Dementia** | | | | | | |
| Palliative Care and Dementia 01_10 | Explain the GMC guidance to palliative care and how it applies to dementia | Describe those symptoms that may benefit from a palliative care approach | | | | |
| **The e-LfH website also has a Programme (SDM 01) containing 2 sessions focussing on Shared Decision Making.** | | | | | | |
| Introduction to Shared Decision Making 01_01 | Define what Shared Decision Making is | State the ethical principles underlying SDM | Explain how SDM relates to your own professional code of practice | Outline the supporting evidence base for SDM | Recognise preference-sensitive decisions and identify the decision point in the pathway | - Discuss the challenges involved in implementing SDM in clinical practice<br>- Demonstrate how to support a SDM conversation |
| Developing Shared Decision Making Skills 01_02 | Identify the skills and the tools required to develop SDM in clinical practice | List the measures that are used to evaluate the effectiveness of the decision discussion | Explain how you would apply the skills, tools and measures within your clinical practice | | | |