

BEYOND BASICS

Specialized Training in **Palliative Care** for Direct Care Professionals

2006



Susie Sample **PORTFOLIO**

This 12 hour course is designed to give Direct Care Providers specialized training in understanding the challenges of palliative care, and creating strategies for improving care for people with chronic and life threatening illnesses. It has been developed under the auspices of the Community of Vermont Elders (COVE), the Better Jobs/Better Care grant from the Robert Wood Johnson Foundation and Atlantic Philanthropies, and the Northeastern Vermont Area Health Education Center.

The course has incorporated materials germane to Vermont and palliative care from many sources but especially from the Hospice and Palliative Care Nurses' Association (HPNA) and the Vermont Ethics Network (VEN)

BEYOND BASICS:
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ASSIGNMENTS

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For the second class:

1. Read all of *Taking Steps – Planning for Critical Health Care Decisions* (Please plan plenty of time; it is NOT fast reading!)
2. Complete Worksheets 1 and 2 (pages 16- 19). The book is yours to keep so you can write on the pages provided. If you'd like a "clean" copy for a friend or family member, please ask your AHEC host(ess), for a limited number are available.
3. Complete all forms in the center of the book.
4. Complete Case Study 1 and 2, using the core concepts from the first class, plus you're your own expertise

For the third class:

1. Talk to a friend or family member about values, addressing some of the issues and concerns raised in the second class. Afterward, write a summary of the main details of your conversation (omitting names, of course) to include in your Portfolio.
2. Complete Case Study 3 and 4, using the core concepts from the first class, plus your own expertise.

**BEYOND BASICS: Specialized Training in Palliative
Care
Class 1**

UNIT 1 DIRECT CARE AT THE END OF LIFE

Overview: This unit creates the foundation for the 12 hour BEYOND BASICS course. It explores the need to improve care for the chronic patient and end of life care, and the role of the direct care worker (DCW) as a member of an interdisciplinary team in providing quality care. Basic principles of palliative care are presented within a quality of life framework. Also, to be addressed throughout are: DCW Role, Medical Terms (a Glossary will help), patient/family focus; teamwork; setting priorities; choices; personal (the DCW's) values/beliefs (i.e., self-reflection); and care strategies.

Core Concepts:

- Palliative care has different goals and best practices from standard "curing" care, though they share the common goal to enhance the quality of life for people facing progressive, life-limiting illnesses.
- Caring for people with chronic and terminal illnesses means not only "doing for" but also "being with". Palliative care combines caring, comforting, communication, knowledge and skill with being there.
- There are needs in the traditional systems of care for patients and families at the end of life that DCWs can address effectively as they play a central role on the palliative care teams..

Learning Objectives:

- At the completion of this unit, the participant will be able to:
1. Describe the philosophy and principles of hospice and palliative care that can be integrated across settings to promote quality of care at the end of life.
 2. Define and use the word "patient" with an understanding of the roots of the word and the current connotations.
 3. Discuss the aspects of suffering for patients/family members who are dealing with chronic and terminal illnesses
 4. Describe the role of the DCW in providing end of life care.

UNIT 2 PAIN MANAGEMENT

Overview: This unit reviews basic principles of pain observation, reporting and managing

Core Concepts:

- Current best practice of pain relief, and of pain vs. suffering
- Barriers which impede pain relief
- DCWs can work collaboratively in optimum use of drug and nondrug interventions by providing emotional support and accurate observing and reporting.
- Treatment of pain at the end of life also includes attention to the kinds of comfort and suffering.

Learning Objectives:

- At the completion of this unit, the participant will be able to:
1. Identify barriers to adequate pain relief at the end of life.
 2. List components of pain observation and reporting.
 3. Describe pharmacological and nonpharmacological therapies used to promote comfort.

UNIT 3 SYMPTOM MANAGEMENT AS PART OF COMFORT CARE

Overview: This unit builds on Unit 2, Pain Management, by addressing other symptoms common at the end of life.

Core Concepts:

- There are many physical and psychological symptoms common at the end of life.
- Optimum treatment of symptoms requires collaboration with the care giving team, the patient and the family.
- The plan of care requires setting priorities and making informed choices
- Important DCW roles include providing emotional support and accurate observing and reporting

Learning Objectives:

- At the completion of this unit, the participant will be able to:
1. Identify common symptoms associated with end of life process.
 2. Identify potential causes of symptoms at end of life.
 3. Describe interventions that can prevent or diminish symptoms at the end of life.
 4. Understand the range of priorities and choices available to the patient.

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Class 2

Overview: This unit recognizes the complexities and nuances of the first three Units, and discusses some of the key ethical issues and legal concerns that the DCW will find helpful in addressing these in practice.

UNIT 4 ETHICAL /LEGAL ISSUES IN END OF LIFE CARE

Core Concepts:

- Ethical issues and dilemmas are inherent in care provided to patients and families facing the end of life or dealing with chronic pain.
- The DCW has a professional role in addressing ethical issues, cultural issues and patient/family concerns.
- Vermont Ethics Network (VEN) has important resources for the DCW and patient.

Learning Objectives:

- At the completion of this unit, the participant will be able to:
1. Define the role of the DCW in supporting ethical practice in end of life care.
 2. Explain ethical issues and dilemmas that may arise in end of life care and pain management for chronic patients.
 3. Describe Advance Directives and their role in solving ethical dilemmas.
 4. Apply ethical principles used in addressing end of life dilemmas.

Overview: The DCW's conversation with the patient/family can usually avert conflict if the DCW considers the patient's/family's cultural components and beliefs regarding death and dying after life and bereavement.

Core Concepts:

- Culturally sensitive care includes recognition of multiple factors, i.e., ethnicity, gender, sexual orientation and social issues.
- Cultural factors significantly influence communication with patients and families at end of life.
- Palliative care requires skill in verbal and non verbal communication, listening and presence.
- Strong collaboration and communication between the care team is a prerequisite to effective communication with patients/families.

Learning Objectives:

- At the completion of this unit, the participant will be able to:
1. Identify the dimensions of culture and the influence of culture on end of life care.
 2. Discuss beliefs regarding death and dying held by various cultures.
 3. Identify factors that influence communication in a palliative care setting.
 4. Demonstrate effective ways of communicating bad news.
 5. Identify characteristics patients/families expect of DCWs in caring for them in this setting.

UNIT 5 COMMUNICATION WITH PATIENT/FAMILY

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Class 3

UNIT 7 COMFORT CARE AT BEDSIDE

Overview: This unit addresses the challenging aspects of grief, loss, bereavement of patients and families, as well as the preparation for death and bedside care as death nears.

Core Concepts:

- Even with the provision of excellent palliative care, the loss of one's life, or that of a loved one, creates intense grief.
- A DCW's palliative care can facilitate adaptation to loss and greatly relieve distress and suffering, and ensure a peaceful death.
- DCWs also require support for their own grief in caring for the terminally ill.
- The actual time of death creates unique issues beyond those encountered during the course of illness.
- Care at this time demands attention to physical, psychological, social and spiritual needs of patients and families, and requires listening and being present for people a they grieve the loss of their loved one.
- Patients need ongoing monitoring of their symptoms; ask if the patient is satisfied with how well their symptoms are controlled.

Learning Objectives:

- At the completion of this unit, the participant will be able to:
1. Define loss, mourning, grief and bereavement.
 2. Describe the grief process and bereavement interventions.
 3. Identify the systems of support for the DCW to assist in coping with death anxiety and loss.
 4. Recognize the signs and symptoms of imminent death, and the comfort care the DCW can provide.
 5. Discuss the DCW's responsibilities and support systems immediately following death.
 6. Assist with restorative or therapeutic exercises under the supervision of a therapist or RN Assist the patient/family in maintaining and/or improving standards of nutrition, homemaking and in child and/or self care.

7. Demonstrate understanding of own needs in regard to stress management, grief and loss resolution.

UNIT 8 PERSONAL AND PROFESSIONAL DEVELOPMENT OF THE DCW

Overview: The DCW is a crucial part of the team providing care to the chronically ill, or to those nearing death. The DCW has complex moral and professional obligations to the patient and family, as well as to him/herself.

Core Concepts:

- The DCW has a unique and special place in the team providing care to the chronically ill, or to those nearing death.
- The DCW must grow professionally and take care of her/his self physically and emotionally in order to give optimum care.

Learning Objectives:

- At the completion of this unit, the participant will be able to:
1. Work collaboratively, cooperatively and in a productive manner as part of a fully integrated interdisciplinary team.
 2. Articulate hospice philosophy, goals and objectives with an emphasis on the meaning of palliative care.
 3. Understand and describe the role of each team member and the relationship the DCW should nurture towards each.
 4. Demonstrate competence in eight areas that impact the care of seriously ill patients and their families: **CLINICAL JUDGMENT, ADVOCACY AND ETHICS, ROLE PERFORMANCE, COLLABORATION, SYSTEMS THINKING, CULTURAL COMPETENCE, FACILITATOR OF LEARNING AND COMMUNICATION.**

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