



End of Life Care for All e-ELCA - Topic Matrix

(e-learning themed modules and sessions for end of life care)
Learning Objectives

July 2017

Background to ELCA

End of Life Care for All (e-ELCA) is an e-learning programme that aims to enhance the training and education of health and social care staff and volunteers involved in delivering end of life care.

The programme was commissioned by the Department of Health and developed by HEE e-Learning for Healthcare (e-LfH), in partnership with the Association for Palliative Medicine of Great Britain and Ireland, to support the implementation of the Department of Health's 2008 national End of Life Care Strategy.

There are over 150 e-learning sessions available across ten themed modules, covering:

- *Assessment
- *Advance Care Planning
- *Communication Skills
- *Symptom Management
- *Integrating Learning
- * Social Care
- *Bereavement
- *Spirituality
- *Priorities for Care
- *Specialist Content

A Training Needs Analysis session and seven learning paths themed around Priorities for Care of the Dying Person were added in 2016.

Accessibility was been a key driver when developing e-ELCA to enable those working in end of life care to improve their confidence and expertise through high quality learning, in whichever setting they happen to work in. The sessions are regularly reviewed by experts to ensure they are up to date and reflect current good practice.

The sessions also have a high degree of flexibility built in, allowing learners and trainers to undertake learning to suit the lifestyle and pace of the intended learner. Learners and trainers can choose the sessions that are relevant with no set timeframe for completion. Each session lasts only 20-30 minutes and can be dipped in and out of as required. e-ELCA is ideally used as part of blended learning with support from trainers/mentors and peer group working, however it can also be used individually using any computer with internet access. A number of sessions have been grouped as learning paths aimed at either subject specific learning or for staff groups and these can be found on the website.

A small number of selected sessions are also freely available to volunteers, clerical and administrative staff on an open access website:

www.endoflifecareforall.com

The following spreadsheets contain the reference number of the session within each of the eight themed modules, the title of the session and the learning objectives for each session.

e-ELCA sessions have now been mapped to the QCF levels 2, 3 and 5 end of life care units and can be found on the Skills for Care website.

<http://www.skillsforcare.org.uk/Skills/End-of-life-care/End-of-life-care.aspx>

Getting Started

You can register by various routes depending on your role and the organisation/sector you work in. Help to access can be found at <http://www.e-lfh.org.uk/programmes/end-of-life-care/how-to-access/>

Open access website

A number of e-ELCA e-learning sessions are available to access freely and without the need for registration via www.endoflifecareforall.com

Existing e-LfH user

If you have an account with e-LfH already, simply log in to the e-LfH Hub (<http://portal.e-lfh.org.uk>) using your existing username and password. Select the 'My e-Learning' menu then the 'My Programmes' menu option to access e-ELCA. If you do not already have access to it select the 'My Account' menu then the 'Enrolment' option and choose 'End of Life Care' (ELCA). You can also add any other programmes you would like to access and select the 'Save Programmes' button.

END OF LIFE CARE FOR ALL (e-elca) - TOPIC MIX AND LEARNING OBJECTIVES

e-ELCA is an elearning resource designed to enhance the training and education of all those involved in delivering end of life care to those individuals who have been diagnosed with life limiting illnesses and are usually within the last 12 months of their life. It has a number of sessions that are on the Public Access website www.endoflifecareforall.com which are suitable for social care workers, administrative and clerical staff as well as volunteers and members of the public who may have an interest. Health and Social Care Professionals and care workers who want to learn more should register with eLearning for Healthcare to enable them to access the wider elearning programme, www.e-lfh.org.uk/programmes/end-of-life-care/ Note: Sessions marked 'ADV' are suggested for advanced practitioners.

Public Access Website - The following sessions can be found on the public access website. Their learning objectives will be found in the relevant table:

| Ref Num | Title | | | |
|---------|---|--|--|--|
| 00_01 | Introduction to e-learning for End of Life Care | | | |
| 00_02 | Relationship between palliative care and end of life care | | | |
| 01_01 | Introduction to principles of ACP | | | |
| 02_01 | Introduction to principles of assessment in end of life care Part 1 | | | |
| 02_02 | Introduction to principles of assessment in end of life care part 2 | | | |
| 03_01 | The importance of good communication | | | |
| 03_02 | Principles of communication | | | |
| 03_03 | Communicating with ill people | | | |
| 03_04 | Talking with ill people: considering the surrounding environment | | | |
| 03_05 | Culture and language in communication | | | |
| 03_06 | Communication skills for admin staff, volunteers and other non-clinical workers | | | |
| 04_01 | General approach to assessment of symptoms | | | |
| 04_02 | Agreeing a plan of management and care | | | |
| 04_03 | Communicating the plan of management and care | | | |

INTRODUCTION - Sessions

The two sessions on this page (below) and the remainder of the sessions on the following tables are all accessible through the e-Learning for Healthcare LMS.

| Ref Num | Title | Learning objective 1 | Learning objective 2 | Learning objective 3 |
|---------|---|---|--|---|
| 00_01 | Introduction to e-learning for End of Life Care (e-ELCA) | Explain why, how and for whom e-ELCA was developed | Describe the layout of e-ELCA sessions and how you work through each session | Reflect on how to use e-ELCA effectively for your own and others' professional |
| 00_02 | Relationship between palliative care and end of life care | Explain what palliative care and end of life care means, and what they have in common | Describe the key principles of palliative care and end of life care | Apply a palliative care and end of life care approach to patients with advanced progressive illnesses |

| ADVANCE CARE PLANNING (ACP) - Sessions | | | | | | | |
|--|--|--|---|--|---|---|--|
| Ref Num | Advance care planning: principles Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 01_01 | Introduction to principles of ACP | Define advance care planning | Describe the process of advance care planning | Discuss the reasons why advance care planning has been introduced | Identify principles of good practice within the process of advance care planning | Examine frequently asked questions patients may pose concerning advance care planning | Identify where you can find out more about advance care planning |
| 01_02 | Cultural and spiritual considerations in ACP | 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 | |
| 01_03 | Benefits and risks of ACP to patients, families and staff | 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 | |
| 01_04 | ACP in practice: using end of life care tools | Describe how advance care planning (ACP) can be an enabler to good end of life care outcomes for patients and families. | Analyse how ACP may be facilitated using the Preferred Priorities for Care (PPC) as an example of an ACP tool | Discuss issues that need consideration when using these tools to support ACP | | | |
| Advance care planning: context Session | | | | | | | |
| | | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 01_05 | Advance Decision to Refuse Treatment: principles | 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 | | |
| 01_06a | Advance Decision to Refuse Treatment: in practice | Describe the steps involved in developing an Advance Decision to Refuse Treatment (ADRT) | Discuss how the sensitive use of communication skills can assist in developing an ADRT | Discuss patients' key information requirements prior to developing an advance statement | | | |
| 01_06b | Writing an Advance Decision to Refuse Treatment | List possible treatments that could be included in an advance decision to refuse treatment | Identify how patients who are in the early stage of dementia but have capacity, may state what treatments they wish to refuse and in what circumstances | List the complexities of constructing an ADRT with a patient who is currently well | Identify how a patient with a life limiting illness may state what treatments may be either withdrawn or withheld | | |
| 01_07 | Mental Capacity Act: aims and principles | 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 |
| 01_08 ADV | Mental Capacity Act in practice | 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 | | | |
| 01_09 ADV | Approaching ACP when capacity is uncertain, fluctuating or likely to deteriorate | 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 | | |
| 01_10 ADV | ACP and different trajectories | Describe the illness trajectories of common end of life care conditions | Recognise factors that influence the pathway of an illness trajectory | Analyse the different trajectory types and describe the limitations of the trajectory approach | Discuss the implication of illness trajectories on the ACP process | | |
| Advance care planning: process Session | | | | | | | |
| | | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 01_11 | Introduction to conducting conversations about advance care planning | Discuss what patients might expect of staff who initiate advance care planning (ACP) conversations | List the key elements of ACP conversations and the skills that professionals require to conduct them | Examine some of the factors that influence the pace and direction of an ACP conversation | Evaluate how confident you are in engaging in an ACP conversation | | |
| 01_12 | How to get started and get the timing right | Recognise appropriate opportunities to initiate conversations about advance care planning | Initiate conversations about advance care planning using effective communication skills | Recognise when the timing is wrong for initiating conversations about advance care planning | | | |
| 01_13 | How to handle patients' questions and concerns | 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 | | | |
| 01_14 | How to document conversations about advance care planning | Discuss the principles of documenting conversations about advance care planning | Demonstrate how to draw up an effective advance care plan document | Explain the importance of patient involvement in deciding what to document | Recognise the importance of sharing the content of advance care planning documents appropriately | | |
| 01_15 ADV | How to negotiate decisions which may be difficult to implement | 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 | | | |

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|--------------|---|--|---|--|---|---|-----------------------------|
| 01_16 | How to review previous ACP decisions | List the benefits of reviewing previous advance care planning statements and decisions | Identify suitable opportunities to review an advance care planning document | Suggest useful phrases to initiate an advance care planning follow-up conversation | | | |
| | Advance care planning: developing practice | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 01_17 | Developing ACP in your organisation | Appraise your organisation's readiness to adopt best practice guidance on ACP | Discuss which groups or stakeholders in your locality need to be considered and consulted | Identify barriers to implementing ACP within your organisation | Describe the training needs of staff within your organisation and the resources available to service these training needs | Compose an outline plan for taking forward ACP within your locality | |
| 01_18 ADV | Developing your practice, clinical supervision, further reading | 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 | |

| ASSESSMENT MODULE - Sessions | | | | | | | |
|-------------------------------|--|--|--|--|--|---|---|
| Ref Num | | | | | | | |
| Assessment: principles | | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 02_01 | Introduction to principles of assessment in end of life care: Part 1 | Describe the purpose of assessment in end of life care | Review the values associated with assessment in end of life care | Explain what is included in a holistic assessment | | | |
| 02_02 | Introduction to principles of assessment in end of life care: Part 2 | Describe key stages in the end of life care pathway | Identify when assessments and re-assessments would be important | Describe how to respond to cues within your assessment | Explain how and where end of life care assessments may take place | Describe the role of the multi-professional team in end of life care assessment | Analyse your role in relation to assessment and recognise your own concerns and fears in relation to assessment in end of life care |
| Assessment: domains | | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 02_03 | Assessment of physical symptoms | 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 | | |
| 02_04 | Assessment of physical function | 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 | | |
| 02_05 | Assessment of psychological well-being | 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 |
| 02_06 | Assessment of social and occupational well-being | 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 | | |
| 02_07 | Assessment of spiritual well-being | 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 | | |
| 02_08 | Context of assessment: cultural and language issues | 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 | |
| Assessment: context | | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 02_09 | Bereavement assessment and support | 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 | |
| 02_10 | Carer assessment and support | 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 | | |
| 02_11 | Assessing through proxies | Discuss the different types of situation where you may need to use a proxy in assessing someone's end of life care needs | Recognise the different types of proxy that you can use when making end of life care assessments | Analyse the challenges surrounding the use of proxies for assessing end of life care needs | Apply strategies to use proxies appropriately in your practice | | |
| 02_12 | Assessing those with fluctuating mental capacity | 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 | | |
| 02_13 | Assessing urgent situations with limited information | List the common situations requiring urgent attention that may arise in end of life care | Outline the core steps of assessing an urgent end of life care situation when you have limited information | Discuss the information and communication needs related to the urgent end of life care situation for other professionals, the patient and family | Describe the actions that can be taken to pre-plan for, or prevent, urgent situations | | |
| 02_14 | Assessment of dying phase and after-death | 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 | | |
| Assessment: process | | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 02_15 | First assessment: meeting the patient | Identify what is involved in preparing for a first assessment in the context of end of life care | Negotiate consent to work with the person and other health and social care professionals | Recognise assessment as a continuous process and the need to ensure assessments are not over burdening people | Apply communication skills sensitively to undertake an assessment | Describe how to identify solutions and plan care with the individual | |
| 02_16 | Identifying the patient's goals and priorities | 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 out patient and family goals, and priorities of care | Use an appropriate approach to dealing with unrealistic goals and priorities of care | | |
| 02_17 | Documentation, communication and coordination | 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 | | |
| 02_18 | Following up assessments and evaluating outcomes | Explain the role of follow up assessments and evaluation in end of life care assessment | Distinguish between initial and follow up assessments | Describe the importance of evaluating outcomes following care planning | Apply a framework for carrying out follow up assessments | | |

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|-------|--|---|---|---|---|--|--|
| 02_19 | Uses and limitations of assessment tools | Describe the uses of assessment tools in end of life care | Recognise the limitations of using assessment tools in end of life care | Review the types of assessment tool for use in end of life care | Describe the criteria for selecting an assessment tool for use in end of life | | |
|-------|--|---|---|---|---|--|--|

| Communication: specific contexts | | | | | | | | |
|---|---|---|--|---|--|--|--|--|
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 | Learning objective 7 |
| 03_14 | Information giving | Identify the impact of giving information clearly, for patients and health professionals | Describe the process of chunking information and checking that it has been understood | Discuss the importance of checking emotions when information is being given | Discuss the potential need for written information to supplement verbal explanation | | | |
| 03_15 | Breaking bad news | Discuss the areas that health and social care professionals find difficult around breaking bad news, and reflect on your own practice | Discuss the importance of preparation for breaking bad news | Describe the strategy for breaking bad news using the SPIKES framework | Discuss the need for follow up after breaking bad news | Identify resources to support your development in breaking bad news | | |
| 03_16 | Communicating with non-English speaking patients | 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 | | | |
| 03_17 | Communicating with people with speech and hearing difficulties | 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 | | |
| 03_18 | Communicating with children and young people | Describe the impact that serious illness may have on families when children or young people are involved | Recognise how the information requirements and the responses to end of life care issues are influenced by age | Identify effective strategies for giving information about end of life care to children and young people | Identify the communication needs in bereavement for children and young people and how best to meet them | Assess your confidence in being able to communicate effectively with children and young people who are experiencing serious illness in their family | | |
| 03_19 ADV | Request for organ and tissue donation | 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 | | |
| 03_20 ADV | Request for euthanasia | 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 | |
| 03_21 | Legal and ethical issues embedded in communication | Describe the legal and ethical duties of health and social care professionals in communication with patients and families | Describe the key ethical issues that need to be taken into consideration, e.g. confidentiality and truth telling when communicating within the context of end of life care | Reflect upon your own practice in relation to legal and ethical issues in communication | | | | |
| Communication: challenging scenarios | | | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 | Learning objective 7 |
| 03_22 | "Am I dying?" "How long have I got?" - handling challenging questions | 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 | |
| 03_23 | "Please don't tell my husband....." - managing collusion | Identify means of preventing collusion occurring in end of life care situations | Explain why relatives or friends may ask professionals to collude | Apply effective approaches to managing collusion situations and develop the communication skills required to do so | Assess your confidence in dealing with collusion in end of life care | | | |
| 03_24 ADV | "How dare you do this to me!" - managing anger | 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 | | | |
| 03_25 ADV | "I don't believe you, I'm not ready to die!" - managing denial | 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 | Compare the different approaches to managing denial between relatives and patients in end of life care | | |
| 03_26 ADV | "What will it be like?" - talking about the dying process | 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 | Assess your confidence in identifying end of life issues and discussing them with patients and relatives |
| 03_27 ADV | "Why can't I stay here?" "I don't want to stay here" - when preferred place of care cannot be met | Recognise why moving a patient from one place of care to another raises concerns for patients and their relatives in end of life care | Identify the reasons why moves from one place of care to another are necessary in end of life care | Identify the changes of environment most likely to cause concerns for patients and their relatives in end of life care | Identify the discussions required to explore patients' and relatives' concerns in order to facilitate moves to alternative places of care at the end of life | Apply effective communication skills to respond to patients' and relatives' concerns about a proposed change to the place of care in end of life care | | |
| 03_28 | "I'm not loveable anymore..." - discussing intimacy in end of life care | Identify the concerns patients and their partners may have regarding intimacy and sex in end of life care | Assess the most effective methods to raise the topic of intimacy and sex with patients and their partners | Evaluate the communication methods needed to respond to concerns raised by patients and their partners regarding intimacy and sex | Identify initial management options to help resolve concerns about intimacy and sex | Identify useful sources of referral for more complicated problems relating to intimacy and sex at the end of life | Assess your own confidence in talking about intimacy and sex with end of life care patients | |
| 03_29 | "Why me?" - discussing spiritual distress | 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 | | |

| SYMPTOM MANAGEMENT - Sessions | | | | | | | |
|-------------------------------|--|---|--|--|---|--|-----------------------------|
| Ref Num | | | | | | | |
| | Symptom management: principles | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 04_01 | General approach to assessment of symptoms | Outline the core steps in the assessment of symptoms to reach a diagnosis | Recognise the range of investigations that can be used to aid diagnosis and treatment | Describe some assessment situations when it is not appropriate to undertake further investigations or initiate treatment | | | |
| 04_02 | Agreeing a plan of management and care | 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 | |
| 04_03 | Communicating the plan of management and care | 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 | | | |
| 04_04 | Individual preferences and cultural influences on symptom management | Explain the importance of ensuring that a patient approaching the 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 | | | |
| 04_05 | Influence of transition points and crises on decision-making in symptom management | 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 | | |
| 04_06 | Recognising your own limitations in symptom management | 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 | | |
| | Symptom management: pain | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 04_07 | Assessment of pain | Define pain, encompassing the physical experience and other factors such as the impact of pain on the patient | Describe the pathophysiology that underlies the different types of pain | Identify the core steps involved in a pain assessment, to reach a diagnosis and initiate a management plan | List examples of standardised pain assessment tools used in clinical practise and research, and their value | Describe how pain could be assessed in patients with cognitive impairment | |
| 04_08 | Principles of pain management | Recognise that pain management requires a holistic and flexible approach, and is not based on managing physical pain alone | Discuss the common principles of pain management | Integrate the principles into a pain management plan using a case study example | Assess your confidence in putting the principles of pain management into practice | | |
| 04_09 | Drug management of pain - core knowledge | 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 | |
| 04_10 | Opioids in pain management - advanced knowledge | Give examples of other 'strong' opioid preparations used in the UK | List the opioids that are best tolerated in severe renal impairment, and explain why | Outline the main reasons why an alternative opioid to morphine may be considered | Describe some of the main indications for use of subcutaneous opioids in preference to oral analgesia | | |
| 04_11 ADV | Managing different types of pain | 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 multimodal pain management approach that can be utilised to address different types of pain | | | |
| | Symptom management: breathlessness | | | | | | |

| INTEGRATING LEARNING - Sessions | | | | | | | |
|--|--|---|---|---|--|--|---|
| Ref Num | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 05_01 | Initiating conversations about EoLC: COPD | Describe the disease trajectory in end-stage COPD | Identify the transition points where discussions about end of life care in COPD are best undertaken | Give examples of how the transition in the focus of care might be discussed with the patient and family | Recognise how the emotional and physical consequences of end-stage COPD influence communication with patients and families | | |
| 05_02 | Initiating conversations about EoLC: cancer | Identify when to initiate conversations about end of life care in people with cancer | Compare the different disease trajectories of people with different primary malignancies | Describe the role of anti-cancer strategies during the end of life care period | Recognise the barriers to introducing and discussing the change in focus of management from active treatment to end of life care | Describe how to initiate conversations about end of life care with people who have cancer | |
| 05_03 | Initiating conversations about EoLC: dementia | 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 | | | |
| 05_04 | Initiating conversations about EoLC: long term neurological conditions | State when it is appropriate to initiate conversations about end of life care in long-term neurological disease | Describe how the transition of focus of care may be introduced and discussed with the patient and his or her carer | Identify the role of mental capacity and how this should be assessed and used in discussions about end of life care with patients | | | |
| Condition-specific case studies | | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 05_05 | Case study: end stage cardiac disease | 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 | | | |
| 05_06 | Case study: motor neurone disease | 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 | | |
| 05_07 | Case study: COPD | 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 |
| 05_08 | Case study: end stage renal disease | 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 | | | |
| 05_09a | End of Life Care for people with dementia | Describe how to know when a person is approaching, or at, end of life | Identify ways to find out a person's end of life wishes | Describe best practice in end of life care for people living with dementia | Describe best practice in end of life care for family members and staff caring for people living with dementia | Note: This session addresses the Tier 2 learning outcomes for dementia as defined in the Dementia Core Skills Education and Training Framework | |
| 05_09b | Case study: dementia | 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 | | |
| Critical situations | | | | | | | |
| | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 05_10 | Scenario: ambulance called to home.... | Recognise and evaluate an end of life care situation upon arrival at the person's home | Outline the key pieces of information that you require in order to make rapid and appropriate assessments and decisions in an end of life situation | Describe how to find these pieces of information if they are not readily available | Describe how to provide good end of life care at the time, and to alert others as necessary so that appropriate care can continue to be provided | | |
| 05_11 | Scenario: terminal agitation - patient in a care home | 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 | | | |
| 05_12 | Scenario: patient dying in acute hospital: optimising situation | 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 | | | |

| Scenarios around dying | | | | | | | |
|-------------------------------|---|--|---|---|---|---|--|
| Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 | |
| 05_13 | When the dying process is protracted or unexpectedly fast | 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 | | | |
| 05_14 | Sudden unexpected death | 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 | | | |
| 05_15 | Dying as a prisoner | 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 | | | |
| 05_16 | Dying as a homeless person | 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 | | | |
| 05_17 | Dying in intensive care unit | 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 | |
| 05_18 | Treatment and care towards the end of life: good practice decision making | 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 | | | |
| Care after death | | | | | | | |
| Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 | |
| 05_19 | Care after death I - Introduction to care after death | 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 | |
| 05_20 | Care after death II - Providing personal care after death | 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 | | | |
| Frameworks and tools | | | | | | | |
| Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 | |
| 05_21 | A unified DNACPR Policy | Demonstrate an understanding of the context and purpose of a DNACPR policy | Describe the legal framework surrounding a DNACPR policy | Use a structured framework to decide if a DNACPR decision is necessary | Recognise how to communicate a DNACPR decision | Recognise how DNACPR sits within the overall Pathway for End of Life Care and the principles of Advance Care Planning | |
| 05_22 | Using the NHS Continuing Healthcare Fast Track Pathway Tool | Recognise when and how to use the NHS Continuing Healthcare Fast Track Pathway Tool | Describe the referral process and how it fits in with the wider National Framework for NHS Continuing Healthcare | Identify the legal responsibilities associated with using the tool | Recognise how the tool can be used to support the End of Life Care Strategy | | |
| 05_23 | Framework for End of Life Care in Advanced Kidney Disease | Describe components of the document 'End of Life Care in Advanced Kidney Disease: A Framework for Implementation' | Outline how the framework supports the care of patients with kidney disease on an end of life pathway | Describe the roles of the key and link workers as set out in the framework | Outline the practical steps involved in implementing the framework locally | | |

| SOCIAL CARE - Sessions | | | | | | | |
|------------------------|--|---|--|---|--|--|----------------------|
| Ref Num | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 06_01 | Supporting people to live and die well | Demonstrate an understanding of the Framework for Social Care | Recognise the importance of social care in end of life care | Demonstrate an understanding of how social care can contribute to end of life care and support the End of Life Care Pathway | Use the framework to identify some personal development priorities | | |
| 06_02 | Palliative care social work | 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 | |
| 06_03 | Assessment in end of life care | Demonstrate an understanding of the importance of the assessment process | List the values, knowledge and skills required to assess people at the end of life | Recognise the importance of planning for an assessment | Demonstrate good practice when conducting assessments | Demonstrate an understanding of the importance of the review process | |
| 06_04 | Support and care planning at end of life | 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 | |
| 06_05 | Hospital social work | 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 | |
| 06_06 | End of life care in care homes and domiciliary care settings | 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 | | |

| BEREAVEMENT - Sessions | | | | | | | |
|------------------------|---------------------------------------|---|---|---|---|--|--|
| Ref Num | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 07_01 | Talking about death and dying | 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 | | | |
| 07_02 | Assessment of carers' needs | 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 | | | |
| 07_03 | Practical support after a bereavement | 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 | |
| 07_04 | Sudden death and bereavement | 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 |
| 07_05 | Emotional support and signposting | 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 | | |
| 07_06 | Children and bereavement | 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 | | |

| SPIRITUALITY - Sessions | | | | | | | |
|-------------------------|---|--|---|--|---|--|----------------------|
| Ref Num | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
| 08_01 | Spirituality and the philosophy of end of life care | Explain the underpinning philosophy of palliative and hospice care for end of life and its links with spirituality | Explain the difference between religion and spirituality and why people who are not religious might have spiritual needs | Identify expressions of spirituality at end of life and provide reasons why responding to these is important in end of life care | Give examples of what holistic approach means in practice | Describe the specific cultural issues raised in relation to death and dying | |
| 08_02 | Understanding and assessing spiritual need and spiritual distress | Identify what is meant by spiritual need and spiritual distress | Include spiritual need within your overall assessment of those in your care | Describe various approaches to the assessment of spiritual need | Demonstrate an understanding of the appropriate timing and approach to assessment of spiritual need in end of life care | Respond to specific cultural issues that may arise in the process of assessment | |
| 08_03 | Spiritual care and the models of spiritual intervention | Identify different models of spiritual intervention | Describe the use of different types of model | Offer some forms of spiritual intervention | Recognise the role of Chaplains and other providers of spiritual care | Appreciate how to work alongside specialist spiritual care providers such as Chaplains | |
| 08_04 | Spiritual resources and quality of life | 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 | |
| 08_05 | Spirituality and the multidisciplinary team | 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 | 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 | |
| 08_06 | Spirituality in the community | Describe the range of spiritual resources embedded in the community, including community organisations, groups and faith communities | Explain how these resources might be harnessed to enhance end of life care in community , residential, inpatient and out patient settings | Identify cultural aspects of spiritual care provision and appropriate responses for the worker | Give examples of how spiritual care can be facilitated by collaborating with the community | | |

| PRIORITIES FOR CARE - Sessions and learning paths | | | | | | | |
|--|--|--|---|---|--|---|--|
| 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. The following resources available are a Training Needs Analysis e-learning session and seven suggested learning paths related to an individual's role. | | | | | | | |
| Ref. No | Title | Learning Objective | How to use the session | | | | |
| 09_01 | Priorities for Care of the Dying Person: Training Needs Analysis | One Chance to Get It Right' set out the approach to caring for dying people in the last few days and hours of life identifying five Priorities for Care. The report also made recommendations on the desired characteristics of education and training programmes including learning objectives, content and educational approaches. This session helps to identify the training needs of staff and how e-ELCA can be used to support education and training | Part One includes 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 your response you will be directed to the appropriate section in Part Two. | Part Two 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 you to choose which sessions best meet your 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 sessions from two other e-LfH programmes - covering Dementia and Shared Decision Making - which may also be useful. | e-ELCA has been designed as a self-directed learning resource and by using the self-assessment tool you can identify a learning package of sessions to meet your needs. However, it is likely to be of greater benefit to you if you discuss the self-assessment and proposed learning package with your manager, mentor or trainer as well as agreeing plans for completion. | 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. The e-ELCA learning can be recognised as part of your PDP or revalidation requirements. |
| Learning Paths available: | | | | | | | |
| e-ELCA Priorities for Care of the Dying Person Learning Paths for Doctors | | | | | | | |
| e-ELCA Priorities for Care of the Dying Person Learning Paths for Nurses | | | | | | | |
| e-ELCA Priorities for Care of the Dying Person Learning Paths for AHPs | | | | | | | |
| e-ELCA Priorities for Care of the Dying Person Learning Paths for Social Care - Managers | | | | | | | |
| e-ELCA Priorities for Care of the Dying Person Learning Paths for Social Care Workers | | | | | | | |
| e-ELCA Priorities for Care of the Dying Person Learning Paths for Healthcare Managers | | | | | | | |
| e-ELCA Priorities for Care of the Dying Person Learning Paths for Healthcare Administrators | | | | | | | |

SPECIALIST CARE - Sessions

| Ref Num | Session | Learning objective 1 | Learning objective 2 | Learning objective 3 | Learning objective 4 | Learning objective 5 | Learning objective 6 |
|---------|--|---|---|---|---|---|---|
| 10_01 | Intrathecal Drug Delivery | Describe the rationale for intrathecal drug delivery (ITDD) for the management of cancer pain including relevant anatomy, physiology and pharmacology | Discuss the assessment of patients for ITDD including the indications and contraindications for ITDD systems | Recognise the different types of ITDD systems used in the management of cancer pain | Identify the possible complications of ITDD in patients with cancer pain | Describe the on-going management and end of life care options for patients with an ITDD in situ | |
| 10_02 | Heart Failure in End of Life Care | Apply knowledge of the disordered pathophysiology in the management of heart failure | Explain decompensation of heart failure, classes of heart failure drugs and when and which drugs to consider stopping in advanced heart failure | Describe the different types of device therapy in heart failure and what needs to be considered before the patient is approaching end of life | Discuss the management of refractory symptoms such as breathlessness | Identify why it is important to work collaboratively with other services | |
| 10_03 | I'm Not Loveable Anymore" Discussing Intimacy in Advanced Illness | Identify the concerns patients with advanced illness and their partners may have regarding intimacy and sex | Assess the most effective methods to raise the topic of intimacy and sex with patients and their partners | Evaluate the communication methods needed to respond to concerns raised by patients and their partners regarding intimacy and sex | Identify initial management options to help resolve concerns about intimacy and sex | Identify useful sources of referral for more complicated problems relating to intimacy and sex at the end of life | Assess your own confidence in talking about intimacy and sex with patients and their partners |
| 10_04 | Dying as a homeless person | 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 | | | |
| 10_05 | Tracheostomy 3: General and Nursing Care of a Tracheostomy or Laryngectomy | Describe the correct procedure for tracheostomy tube suctioning | Describe methods of artificial humidification relevant to tracheostomies and laryngectomies | Identify the different devices which may be inserted into a laryngectomy stoma | Identify the 'red flags' which indicate a problem with a tracheostomy | Explain when a tracheostomy tube is no longer required | Describe how to safely remove a tracheostomy tube |