# Pearson
# BTEC Level 3 Award in Awareness of End of Life Care

## Specification

BTEC Specialist qualification

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Issue 2

Pearson

**Edexcel, BTEC and LCCI qualifications**

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**About Pearson**

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This specification is Issue 2. Key changes are listed in summary table on next page. We will inform centres of any changes to this issue. The latest issue can be found on the Pearson website: qualifications.pearson.com

This qualification was previously known as:

Pearson BTEC Level 3 Award in Awareness of End of Life Care (QCF)

The QN remains the same.

*References to third party material made in this specification are made in good faith. Pearson does not endorse, approve or accept responsibility for the content of materials, which may be subject to change, or any opinions expressed therein. (Material may include textbooks, journals, magazines and other publications and websites.)*

*All information in this specification is correct at time of publication.*

# Summary of Pearson BTEC Level 3 Award in Awareness of End of Life Care Issue 2 changes

| Summary of changes made between previous Issue 1 and this current Issue 2 | Section number |
|---|---|
| All references to QCF have been removed throughout the specification | Throughout |
| Definition of TQT added | Section 1 |
| Definition of sizes of qualifications aligned to TQT | Section 1 |
| TQT value added | Section 2 |
| Reference to credit transfer within the QCF removed | Section 5 |
| QCF references removed from unit titles and unit levels in all units | Section 12 |
| Guided learning definition updated | Section 12 |

Earlier issue(s) show(s) previous changes.

If you need further information on these changes or what they mean, contact us via our website at: qualifications.pearson.com/en/support/contact-us.html.

# Contents

# Purpose of this specification

The purpose of a specification as defined by Ofqual is to set out:

- the qualification's objective

- any other qualification that a learner must have completed before taking the qualification

- any prior knowledge, skills or understanding that the learner is required to have before taking the qualification

- units that a learner must have completed before the qualification will be awarded and any optional routes

- any other requirements that a learner must have satisfied before they will be assessed or before the qualification will be awarded

- the knowledge, skills and understanding that will be assessed as part of the qualification (giving a clear indication of their coverage and depth)

- the method of any assessment and any associated requirements relating to it

- the criteria against which the learner's level of attainment will be measured (such as assessment criteria)

- any specimen materials

- any specified levels of attainment.

# 1 Introducing BTEC Specialist qualifications

For more than 25 years, BTECs have earned their reputation as well-established, enduringly effective qualifications. They have a proven track record of improving motivation and achievement. BTECs also provide progression routes to the next stage of education or to employment.

## What are BTEC Specialist qualifications?

BTEC Specialist qualifications are work-related qualifications available from Entry to Level 3 in a range of sectors. They give learners the knowledge, understanding and skills they need to prepare for employment in a specific occupational area. The qualifications also provide career development opportunities for those already in work. The qualifications may be offered as full-time or part-time courses in schools or colleges. Training centres and employers may also offer these qualifications.

## Sizes of qualifications

For all regulated qualifications, Pearson specify a total number of hours that it is estimated learners will require to complete and show achievement for the qualification – this is the Total Qualification Time (TQT). The TQT value indicates the size of a qualification.

Within the TQT, Pearson identifies the number of Guided Learning Hours (GLH) that we estimate a centre delivering the qualification might provide. Guided learning means activities, such as lessons, tutorials, online instruction, supervised study and giving feedback on performance, that directly involve tutors and assessors in teaching, supervising and invigilating learners. Guided learning includes the time required for learners to complete external assessment under examination or supervised conditions.

In addition to guided learning, other required learning directed by tutors or assessors will include private study, preparation for assessment and undertaking assessment when not under supervision, such as preparatory reading, revision and independent research.

As well as TQT and GLH, qualifications can also have a credit value – equal to one tenth of TQT, rounded to the nearest whole number.

TQT and credit values are assigned after consultation with users of the qualifications.

BTEC Specialist qualifications are generally available in the following sizes:

- Award – a qualification with a TQT value of 120 or less (equivalent to a range of 1–12 credits)

- Certificate – a qualification with a TQT value in the range of 121–369 (equivalent to a range of 13–36 credits)

- Diploma – a qualification with a TQT value of 370 or more (equivalent to 37 credits and above).

# 2 Qualification summary and key information

| Qualification title | Pearson BTEC Level 3 Award in Awareness of End of Life Care |
|---|---|
| Qualification Number (QN) | 601/1121/5 |
| Regulation start date | 29/08/2013 |
| Operational start date | 01/08/2014 |
| Approved age ranges | 16–18 |
| | 19+ |
| Credit value | 10 |
| Assessment | Centre-devised assessment (internal assessment) |
| Total Qualification Time (TQT) | 100 |
| Guided learning hours | 89 |
| Grading information | The qualification and units are at pass grade. |
| Entry requirements | No prior knowledge, understanding, skills or qualifications are required before learners register for this qualification. However, centres must follow the Pearson Access and Recruitment Policy (see *Section 10, Access and recruitment*). |

## Qualification Number and qualification title

Centres will need to use the Qualification Number (QN) when they seek public funding for their learners. As well as a QN, each unit within a qualification has a unit reference number (URN).

The qualification title, unit titles and QN will appear on each learner's final certificate. You should tell your learners this when your centre recruits them and registers them with us. There is more information about certification in our *UK Information Manual,* available on our website: at: qualifications.pearson.com.

## Qualification objective

The Pearson BTEC Level 3 Award in Awareness of End of Life Care is for learners who work in, or want to work in, health and social care.

It gives learners the opportunity to:

- develop knowledge related to the aims and principles of end of life care, communication factors in end of life care, and how to access a range of support services in end of life care

- learn about different perspectives of death and dying

- achieve a nationally-recognised Level 3 qualification

- develop personal growth and engagement in learning.

## Relationship with previous qualifications

This qualification is a replacement for the EDI Level 3 Award in Awareness of End of Life Care.

## Progression opportunities

Learners who achieve the Pearson BTEC Level 3 Award in Awareness of End of Life Care can progress to a Pearson BTEC Level 3 Certificate in Working in End of Life Care, a Pearson BTEC Level 3 Diploma in Health and Social Care or a Pearson BTEC Level 3 Diploma in Clinical Healthcare Support or to related job roles, for example, care coordinator or residential/domiciliary deputy manager.

## Industry support and recognition

This qualification is supported by Skills for Care and Development, the Sector Skills Council (SSC) for people providing social work, social care and children's services to the people of the UK.

## Relationship with National Occupational Standards

This qualification relates to the National Occupational Standards in End of Life Care. The mapping document in *Annexe A* shows the links between the units within this qualification and the National Occupational Standards.

# 3   Qualification structure

## Pearson BTEC Level 3 Award in Awareness of End of Life Care

The learner will need to meet the requirements outlined in the table below before Pearson can award the qualification.

| | |
|---|---|
| Minimum number of credits that must be achieved | 10 |
| Minimum number of credits that must be achieved at level 3 or above | 7 |

| Unit | Unit reference number | Mandatory units | Level | Credit | Guided learning hours |
|---|---|---|---|---|---|
| 1 | A/503/8085 | Understand How to Work in End of Life Care | 2 | 3 | 28 |
| 2 | Y/503/8689 | Understand How to Provide Support when Working in End of Life Care | 3 | 4 | 33 |
| 3 | J/503/8137 | Understand How to Support Individuals during the Last Days of Life | 3 | 3 | 28 |

# 4 Assessment

The table below gives a summary of the assessment methods used in the qualification.

| Units | Assessment method |
|---|---|
| Unit 1, Unit 2 and Unit 3 | Centre-devised assessment |

**Centre-devised assessment (internal assessment)**

Each unit has specified learning outcomes and assessment criteria. To pass an internally assessed unit, learners must meet all the learning outcomes. Centres may find it helpful if learners index and reference their evidence to the relevant learning outcomes and assessment criteria.

Centres need to write assignment briefs for learners to show what evidence is required. Assignment briefs should indicate clearly, which assessment criteria are being targeted.

Assignment briefs and evidence produced by learners must meet any additional requirements in the *Information for tutors* section of the unit.

Unless otherwise indicated in *Information for tutors*, the centre can decide the form of assessment evidence (for example, performance observation, presentations, projects, tests, extended writing) as long as the methods chosen allow learners to produce valid, sufficient and reliable evidence of meeting the assessment criteria.

Centres are encouraged to give learners realistic scenarios and maximise the use of practical activities in delivery and assessment.

To avoid over-assessment centres are encouraged to link delivery and assessment across units.

There is more guidance about internal assessment on our website. See *Section 13, Further information and useful publications*.

# 5 Recognising prior learning and achievement

## Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a method of assessment (leading to the award of credit) that considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and so do not need to develop through a course of learning.

Pearson encourages centres to recognise learners' previous achievements and experiences in and outside the workplace, as well as in the classroom. RPL provides a route for the recognition of the achievements resulting from continuous learning.

RPL enables recognition of achievement from a range of activities using any valid assessment methodology. If the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable for accrediting a unit, units or a whole qualification. Evidence of learning must be sufficient, reliable and valid.

Further guidance is available in the policy document *Recognition of Prior Learning Policy and Process*, available on our website at: qualifications.pearson.com

# 6 Centre resource requirements

As part of the approval process, centres must make sure that the resource requirements below are in place before offering the qualification.

- Centres must have appropriate physical resources (for example equipment, IT, learning materials, teaching rooms) to support the delivery and assessment of the qualification.

- Staff involved in the assessment process must have relevant expertise and occupational experience.

- There must be systems in place to ensure continuing professional development for staff delivering the qualification.

- Centres must have appropriate health and safety policies in place relating to the use of equipment by learners.

- Centres must deliver the qualifications in accordance with current equality legislation. For further details on Pearson's commitment to the Equality Act 2010, please see *Section 10, Access and recruitment* and *Section 11, Access to qualifications for learners with disabilities or specific needs*. For full details on the Equality Act 2010, please go to www.legislation.gov.uk

# 7 Centre recognition and approval centre recognition

Centres that have not previously offered Pearson qualifications need to apply for, and be granted, centre recognition as part of the process for approval to offer individual qualifications.

Existing centres will be given 'automatic approval' for a new qualification if they are already approved for a qualification that is being replaced by a new qualification and the conditions for automatic approval are met.

Guidance on seeking approval to deliver Pearson BTEC qualifications is given on our website.

## Approvals agreement

All centres are required to enter into an approval agreement that is a formal commitment by the head or principal of a centre to meet all the requirements of the specification and any associated codes, conditions or regulations. Pearson will act to protect the integrity of the awarding of qualifications. If centres do not comply with the agreement, this could result in the suspension of certification or withdrawal of approval.

# 8   Quality assurance of centres

Quality assurance is at the heart of vocational qualifications. The centre assesses BTEC qualifications. The centre will use quality assurance to make sure that their managers, internal verifiers and assessors are standardised and supported. Pearson use quality assurance to check that all centres are working to national standards. It gives us the opportunity to identify and provide support, if needed, to safeguard certification. It also allows us to recognise and support good practice.

For the qualifications in this specification, the Pearson quality assurance model will follow one of the processes listed below.

1   Delivery of the qualification as part of a BTEC apprenticeship ('single click' registration):

   • an annual visit by a Standards Verifier to review centre-wide quality assurance systems and sampling of internal verification and assessor decisions.

2   Delivery of the qualification outside the apprenticeship:

   • an annual visit to the centre by a Centre Quality Reviewer to review centre-wide quality assurance systems

   • Lead Internal Verifier accreditation. This involves online training and standardisation of Lead Internal Verifiers using our OSCA platform, accessed via Edexcel Online. Please note that not all qualifications will include Lead Internal Verifier accreditation. Where this is the case, we will allocate a Standards Verifier annually to conduct postal sampling of internal verification and assessor decisions for the Principal Subject Area.

For further details, go to the *UK Vocational Quality Assurance Handbook* on our website.

# 9 Programme delivery

Centres are free to offer the qualifications using any mode of delivery (for example full-time, part-time, evening only, distance learning) that meets their learners' needs. Whichever mode of delivery is used, centres must make sure that learners have access to the resources identified in the specification and to the subject specialists delivering the units.

Those planning the programme should aim to enhance the vocational nature of the qualification by:

- liaising with employers to make sure a course is relevant to learners' specific needs

- accessing and using non-confidential data and documents from learners' workplaces

- developing up-to-date and relevant teaching materials that make use of scenarios that are relevant to the sector

- giving learners the opportunity to apply their learning in practical activities

- including sponsoring employers in the delivery of the programme and, where appropriate, in the assessment

- making full use of the variety of experience of work and life that learners bring to the programme.

Centres must make sure that any legislation taught is up to date.

# 10 Access and recruitment

Pearson's policy regarding access to our qualifications is that:

- they should be available to everyone who is capable of reaching the required standards

- they should be free from any barriers that restrict access and progression

- there should be equal opportunities for all those wishing to access the qualifications.

Centres are required to recruit learners to Pearson BTEC Specialist qualifications with integrity.

Applicants will need relevant information and advice about the qualification to make sure it meets their needs.

Centres should review the applicant's prior qualifications and/or experience, considering whether this profile shows that they have the potential to achieve the qualification.

For learners with disabilities and specific needs, this review will need to take account of the support available to the learner during teaching and assessment of the qualification. The review must take account of the information and guidance in *Section 11, Access to qualifications for learners with disabilities or specific needs*.

Learners may be aged between 14 and 16 and therefore potentially vulnerable. Where learners are required to spend time and be assessed in work settings, it is the centre's responsibility to ensure that the work environment they go into is safe.

# 11 Access to qualifications for learners with disabilities or specific needs

Equality and fairness are central to our work. Pearson's Equality Policy requires all learners to have equal opportunity to access our qualifications and assessments. It also requires our qualifications to be awarded in a way that is fair to every learner.

We are committed to making sure that:

- learners with a protected characteristic (as defined by the Equality Act 2010) are not, when they are undertaking one of our qualifications, disadvantaged in comparison to learners who do not share that characteristic

- all learners achieve the recognition they deserve from undertaking a qualification and that this achievement can be compared fairly to the achievement of their peers.

Learners taking a qualification may be assessed in British sign language or Irish sign language where it is permitted for the purpose of reasonable adjustments.

Further information on access arrangements can be found in the Joint Council for Qualifications (JCQ) document *Access Arrangements, Reasonable Adjustments and Special Consideration for General and Vocational qualifications.*

Details on how to make adjustments for learners with protected characteristics are given in the document *Pearson Supplementary Guidance for Reasonable Adjustment and Special Consideration in Vocational Internally Assessed Units.*

Both documents are on our website at: qualifications.pearson.com

# 12 Units

Units have the following sections.

## Unit title

This is the formal title of the unit that will appear on the learner's certificate.

## Unit reference number

Each unit is assigned a unit reference number that appears with the unit title on the Register of Regulated Qualifications.

## Level

All units and qualifications have a level assigned to them. The level assigned is informed by the level descriptors by Ofqual, the qualifications regulator.

## Credit value

When a learner achieves a unit, they gain the specified number of credits.

## Guided learning hours

Guided Learning Hours (GLH) is the number of hours that a centre delivering the qualification needs to provide. Guided learning means activities that directly or immediately involve tutors and assessors in teaching, supervising, and invigilating learners, for example lectures, tutorials, online instruction and supervised study.

## Unit aim

This gives a summary of what the unit aims to do.

## Essential resources

This section lists any specialist resources needed to deliver the unit. The centre will be asked to make sure that these resources are in place when it seeks approval from Pearson to offer the qualification.

## Learning outcomes

The learning outcomes of a unit set out what a learner knows, understands or is able to do as the result of a process of learning.

## Assessment criteria

Assessment criteria specify the standard required by the learner to achieve each learning outcome.

## Unit amplification

This section clarifies what a learner needs to know to achieve a learning outcome.

## Information for tutors

This section gives tutors information on delivery and assessment. It contains the following subsections.

- *Delivery* – explains the content's relationship to the learning outcomes and offers guidance on possible approaches to delivery.

- *Assessment* – gives information about the evidence that learners must produce, together with any additional guidance if appropriate. This section should be read in conjunction with the assessment criteria.

- *Suggested resources* – lists resource materials that can be used to support the teaching of the unit, for example books, journals and websites.

# Unit 1: Understand How to Work in End of Life Care

**Unit reference number:** A/503/8085

**Level:** 2

**Credit value:** 3

**Guided learning hours:** 28

## Unit aim

The aim of this unit is to assess the learner's knowledge and understanding of the perspectives, aims, principles and policies involved when working in end of life care. The unit also looks at how to access support services.

## Unit introduction

This unit gives learners the knowledge and understanding they need to be able to provide appropriate care for individuals nearing the end of life.

Learners will examine the different perspectives on death and dying, including the factors that may affect an individual's views on the topic. Learners will also consider how the attitudes of others may affect an individual's choices in relation to death and dying.

The unit introduces learners to the aims, principles and policies that currently underpin end of life care, and the factors that affect communication with individuals, their families and significant others.

Learners will investigate the range of support services available and consider the barriers to accessing these services. They will consider ways of minimising these barriers.

## Assessment guidance

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles.

For AC1.1, **factors** may include:

- social
- cultural
- religious
- spiritual

- psychological

- emotional.

For AC1.4, **others** may include:

- care or support staff

- colleagues

- managers

- non direct care or support staff

- carers

- families

- visitors

- volunteers

- health professionals

- other organisations

- social workers

- occupational therapists

- GPs

- speech and language therapists

- physiotherapists

- pharmacists

- nurses

- Macmillan Nurses

- independent mental capacity advocates

- clinical nurse specialists.

For AC4.1, **support services and facilities** may include:

- pastoral services

- other professionals

- Citizens Advice Bureau

- self help organisations

- hospices.

## Essential resources

There are no special resources needed for this unit.

## Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 1 | Know different perspectives on death and dying | 1.1 | Outline the **factors** that can affect an individual's views on death and dying | ☐ Factors that can affect an individual's perspective on death and dying: social (loss of relationship with family, financial implications for family, emotional effects on family, effects on community, repairing of broken relationships); cultural (traditions relating to death and dying, end of life rituals); religious (belief in an afterlife, end of life practices. e.g. communicating with members of the faith, confession); spiritual (referral to spiritual leader, support in making peace with individuals, reconciliation with beliefs, reconciliation with deity); psychological (counselling, permission to express emotions, discuss fears) |
| | | 1.2 | Outline the factors that can affect own views on death and dying | ☐ Outline the factors that can affect own views on death and dying: personal bereavement experience; religion (different beliefs to users of the service, belief/non-belief in afterlife), cultural (own traditions) |
| | | 1.3 | Outline how the factors relating to views on death and dying can impact on practice | ☐ Factors: personal bereavement (over-involvement with individual, subjective approach to care delivery, empathy with family of individual), religion (refusal to participate in practices of others, lack of understanding of the religious and spiritual needs of others, recognition of the importance of religion to individual, respect for religious practices and religion) |
| | | 1.4 | Define how attitudes of **others** may influence an individual's choices around death and dying | ☐ Attitudes of others: influence on individual's choices around death and dying; acceptance/refusal of treatment (pain relief, palliative surgery), observation of religion (accepting visits from representatives, maintenance of specific diets, confession), end of life environment (home, hospice, nursing home) |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 2 | Understand the aims, principles and policies of end of life care | 2.1 | Explain the aims and principles of end of life care | □ Aims: maintenance of quality of life (the provision of quality of life by: ensuring comfort, attendance to physical needs, support to continue religious observance, hobbies and interests where practical);promotion of personal choice (right to refuse treatment, to see visitors including family, to participate in activities) |
| | | | | □ Principles: choice (choices and preferences of the individual at the centre of planning and delivery);communication (effective communication with individuals, family and significant others underpins all planning and activity, communication reflects an understanding of the beliefs and needs of an individual);teamwork (recognition of the individual as a member of the team, involvement of family, friends as appropriate, cooperation with relevant colleagues and other professionals); person-centred (resources and care options are tailored to the needs and wishes of the individual, including religious and personal preferences); inclusivity (care and support is offered to everyone affected by the death of an individual) |
| | | 2.2 | Explain why it is important to support an individual in a way that promotes their dignity | □ Importance of supporting an individual in a way that promotes their dignity: promotion of self-esteem (reduction of depression linked with life stage, raised quality of life, recognition of personhood, promotes emotional wellbeing, reduces anxiety); adherence to legislative framework (anti-discriminatory practice, promotion of human rights) |
| | | 2.3 | Describe the importance of maintaining comfort and wellbeing in end of life care | □ Importance of maintaining comfort and wellbeing: increased quality of life (non-aggravation of symptoms, prevention of additional illness-damage to skin, pulmonary complications, increased pain); recognition of personhood (promotion of human rights, promotion of dignity, demonstrating respect for the individual, reduction of anxiety) |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| | | 2.4 | Explain the stages of the local end of life care pathway | Stages: 1 Discussion (discussion as the end of life approaches), 2 Assessment, care planning and review (agreed plan and regular review of care and preferences, assessment of carer needs), 3 Coordination of care (strategic coordination, coordination of patient care, rapid response services); 4 Delivery of care in different settings (community home, hospital, hospice); 5 Care in the last days of life (identification of the dying phase, review of needs and preferences of place of death, support for patient and carer, recognition of wishes regarding resuscitation and organ donation), 6 Care after death (recognition that care does not end at the point of death, timely verification of time of death or referral to coroner, care and support of family, including emotional and practical bereavement support) |
| | | 2.5 | Describe the principles of advance care planning | ☐ Principles: an active, compassionate approach (ensuring respect and dignity for individuals and families); partnership in care (between individuals, family, health and social care professionals); assessment of individual and carer needs (regular, sensitive, ensuring individual involvement and consent at all times), anticipation and management (of deterioration in an individual's condition) |
| | | 2.6 | Define local and national policy and guidance for care after death | ☐ Local and national policy and guidance for care after death: honouring the wishes of the deceased and family (spiritual and religious practices, cultural traditions and customs); adherence to legal requirements (informing relevant officials, completion of records); involvement of family (offering opportunities to participate in preparation of the deceased, honouring right to refuse); ensuring dignity and privacy of the deceased (use of screens, closing doors/curtains, maintaining dignified and respectful atmosphere); ensuring the health and safety of all who come into contact with the deceased (use of personal protective equipment (PPE), safe disposal of linen and instruments, use of safe handwashing techniques) |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 3 | Understand factors regarding communication in end of life care | 3.1 | Explain how an individual's priorities and the ability to communicate may vary over time | ☐ Changes in priorities and ability to communicate: mental state-depression, anxiety, effects of terminal condition, levels of care received, physical deterioration, effects of illness on cognitive ability |
| | | 3.2 | Explain your role in responding to key questions and cues from individuals and others regarding their end of life experience | ☐ Role in responding to key questions and cues from individuals: recognition of boundaries (referring concerns to line manager, not answering questions beyond sphere of own role); careful listening (listening to queries, comments, not dismissing concerns of individuals and others); adherence to national and organisational policies (completion of records, maintenance of confidentiality) |
| | | 3.3 | Describe how you might respond to difficult questions from individuals and others | ☐ Responding to difficult questions: referral to line manager, senior members of the team, agreeing to pass on questions, not answering questions beyond sphere of own role and understanding |
| | | 3.4 | Outline strategies to manage emotional responses from individuals and others | ☐ Strategies to manage emotional responses: use of careful listening, use of non-threatening body language, remaining calm, appropriate use of touch, discussion with line manager |
| | | 3.5 | Explain the importance of sharing appropriate information according to the principles and local policy on confidentiality and data protection | ☐ Importance of sharing appropriate information: working within legal boundaries (safeguarding of vulnerable adults, recognition of individual rights versus responsibilities of care teams) |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 4 | Know how to access the range of support services available to individuals and others | 4.1 | Identify the range of **support services and facilities** available to an individual and others | □ Support services: pastoral services, other professionals including Macmillan Nurses, bereavement counsellors; Citizens Advice Bureaux self-help organisations, including Cruse Bereavement Care<br><br>□ Facilities: hospices, chapel of rest |
| | | 4.2 | Identify the key people who may be involved within a multi-disciplinary end of life care team | □ Key people: the individual, family, close friends, doctors, specialist nurses (including Macmillan Nurses), care assistants, social workers, counsellors, therapists, representatives of faiths, secular organisations, e.g. the Humanist Society |
| | | 4.3 | Identify the potential barriers an individual may face when accessing end of life care | □ Barriers: lack of resources, including budgetary restrictions; lack of local provision; non-provision of culturally appropriate services; language-inadequate provision of interpreters, multi-lingual professionals; inadequate care planning |
| | | 4.4 | Suggest ways to minimise the barriers an individual may face when accessing end of life care | □ Minimising barriers: involvement of individuals and families in planning care, consultation with representatives of minority communities, communication between agencies and disciplines, regular review of care plans |

## Information for tutors

### Delivery

Learning outcome 1: know different perspectives on death and dying

While some taught input is required for this learning outcome, class discussion around the reasons for the different factors that affect an individual's experience, could enhance understanding. Case studies, from professional magazines such as *The Nursing Times* or produced by the tutor, will support learners in applying topics to individuals. Input from a representative of a faith or secular group could support learners in understanding the importance of attention to religious and spiritual factors.

Learning outcome 2: understand the aims, principles and policies of end of life care

Learners could research websites, for example the NHS, Department of Health, and websites of known voluntary groups including Macmillan Cancer Support and Cruse Bereavement Care, to find relevant information. Guest speakers from, for example a local hospice, could help to underpin understanding.

Learning outcome 3: understand factors regarding communication in end of life care

Input from a guest speaker, such as a manager of a hospice or a counsellor, would enhance learning. Taught input in the form of short lectures, followed by a plenary, will give learners information and help to develop understanding. Learners who are employed in end of life care could be invited to contribute, on the basis of maintaining confidentiality.

Learning outcome 4: know how to access the range of support services available to individuals and others

Internet research on recommended sites, for example NHS Choices, will enable learners to source appropriate information. A visit to a centre, for example a hospital chapel or Citizens Advice Bureau, would enhance understanding.

### Assessment

In accordance with Skills for Care and Development's assessment principles, assessment of knowledge-based learning outcomes may take place in or outside of a real work environment.

The centre will devise and mark the assessment for this unit. Assessment could take a variety of forms, including the production and delivery of presentations on, for example, factors that can affect an individual's perspective on death and dying (learning outcome 1), booklets, for example on the aims, principles and policies of end of life care (learning outcome 2) or sources of support (learning outcome 4).

Other suggestions are written reports, for example on the barriers to accessing end of life care (assessment criteria 4.3 and 4.4), podcasts and individual displays, for example on sources of support (learning outcome 4).

Learners must meet all assessment criteria to pass the unit.

## Suggested resources

**Textbooks**

Morris C, Collier F – *End of Life Care, A Care Worker Handbook* (Hodder Education, 2012) ISBN 9781444163247

Nolan S – *Spiritual Care at the End of Life, The Chaplain as a 'Hopeful Presence'* (Jessica Kingsley Publishers, 2011) ISBN 9781849051996

**Magazines**

*Community Care Magazine*

*The Nursing Times*

**Websites**

www.cruse.org.uk/bereavement-services

www.mbss.org.uk/index.html

www.nhs.uk/Planners/end-of-life-care/Pages/End-of-life-care.aspx

# Unit 2: Understand How to Provide Support When Working in End of Life Care

**Unit reference number:** Y/503/8689

**Level:** 3

**Credit value:** 4

**Guided learning hours:** 33

## Unit aim

The aim of this unit is to support learners in developing the knowledge and understanding needed to be able to provide support for individuals, and others, in end of life situations.

## Unit introduction

This unit introduces learners to the current approaches to end of life care. Learners will examine the impact of national and local drivers on current approaches, and evaluate a range of tools that can support workers in end of life situations.

Learners will consider models of grief and loss, and how they can be used to support individuals as they face death. Learners will gain an understanding of the factors that may affect communication in end of life situations, and examine ways of providing support to individuals.

Learners will investigate the various symptoms that individuals experience, and investigate the different techniques used to relieve these symptoms.

## Assessment guidance

This unit must be assessed in accordance with Skills for Care and Development's QCF Assessment Principles.

## Essential resources

There are no special resources needed for this unit.

## Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 1 | Understand current approaches to end of life care | 1.1 | Analyse the impact of national and local drivers on current approaches to end of life care | ☐ National drivers: government initiatives (National End of Life Care Programme, European Directive on End of Life Care); effects of pressure groups (the Dignity in Care Campaign, BMJ Group);issues highlighted in the media (misuse of the Liverpool Care Pathway in hospitals and residential care settings, numbers of informal carers providing support) |
| | | | | ☐ Local issues: funding (lack of funding for hospices, community care ) |
| | | | | ☐ Impact: government review of end of life care programmes, discontinuation of the use of the Liverpool Care Pathway, changes to funding, introduction of Commissioning Boards, production of clinical guidance for End of Life Care by the Royal College of General Practitioners (RCGP) |
| | | 1.2 | Evaluate how a range of tools for end of life care can support the individual and others | ☐ End of life care tools: Preferred Priorities for Care (PPC) documents, Gold Standards Framework, End of Life Care Pathway Framework, End of Life Care Register, End of Life Care Quality Assessment Tool, advance care plan approaches, Welsh integrated care pathway |
| | | | | ☐ Support: enabling and recording discussion to involve individuals in end of life care, measuring quality of life, adapting care to match the changing condition and progress of individuals |

| Learning outcomes | Assessment criteria | | Unit amplification |
|---|---|---|---|
| | 1.3 | Analyse the stages of the local end of life care pathway | □ Stages: 1 Discussion (discussion as the end of life approaches); 2 Assessment (care planning and review, agreed plan and regular review of care and preferences, assessment of carer needs); 3. Coordination of care (strategic coordination, coordination of patient care, rapid response services); 4 Delivery of care in different settings (community-home, hospital, hospice); 5 Care in the last days of life (identification of the dying phase, review of needs and preferences of place of death, support for patient and carer, recognition of wishes regarding resuscitation and organ donation): 6 Care after death (recognition that care does not end at the point of death, timely verification of time of death or referral to coroner, care and support of family, including emotional and practical bereavement support) |

| Learning outcomes | | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|---|
| 2 | Understand an individual's response to their anticipated death | 2.1 | Evaluate models of loss and grief | | ▢ Models of grief and loss: Elizabeth Kubler Ross – Grief Cycle Model (denial, anger, bargaining, depression, acceptance); Worden – four tasks of mourning (to accept the reality of the loss, to work through the pain of grief, to adjust to an environment in which the deceased is missing, to emotionally relocate the deceased and move on with life); Stroebe and Schutt – Dual Process Model (grief is a dynamic process, individuals oscillate between expressing their grief and managing their emotions)<br><br>▢ Change in priorities: (returning to faith, fear of the unknown, need to connect with past, recognition that possessions cannot prevent death, need for security and a framework, searching for meaning) |
| | | 2.2 | Describe how to support the individual throughout each stage of grief | | ▢ Supporting individuals: careful listening skills, use of Preferred Priorities for Care document (PPC) to record discussions; supporting individuals to take as much control as possible over each stage; having a working knowledge of available support and how to access it, enabling individuals to speak about their feelings without pressure; providing privacy when required, acknowledging situations, dealing with symptoms and other issues connected with illness; provide comfort and dignity, provide grief support |
| | | 2.3 | Explain the need to explore with each individual their own specific areas of concern as they face death | | ▢ Provision of person-centred care (meeting precise needs, reducing anxiety, reducing stress, showing respect for the individual, recognition of personhood, supporting the rights of the individual, recognition of individuality) |
| | | 2.4 | Describe how an individual's awareness of spirituality may change as they approach end of life | | ▢ Change in priorities (returning to faith, fear of the unknown, need to connect with past, recognition that possessions cannot prevent death, need for security and a framework, searching for meaning) |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 3 | Understand factors regarding communication for those involved in end of life care | 3.1 | Explain the principles of effective listening and information giving, including the importance of picking up on cues and non-verbal communication | □ Effective listening (paying attention to the speaker, not interrupting, empathy, acknowledgement of the speaker's feelings, use reflective techniques to ascertain the main issues, awareness of non-verbal communication, e.g. body posture, lack of eye contact, awareness of verbal tone, pitch and pace, ascertain any actions); giving information (use of clear speech, avoiding acronyms, appropriate pace, pitch, tone, use of non-threatening posture, avoidance of gestures, use of appropriate eye contact, respect for personal space, including cultural differences) |
| | | 3.2 | Explain how personal experiences of death and dying may affect capacity to listen and respond appropriately | □ Levels of anxiety (due to specific concerns, e.g. effects on family finances, ability of partner/family to cope alone, anticipation of pain and discomfort); loss of interest (in surroundings, daily routines); effects of terminal condition (on cognitive abilities, hearing, vision) |
| | | 3.3 | Give examples of internal and external coping strategies for individuals and others when facing death and dying | □ Emotion-focused (disclaiming, escape-avoidance, accepting responsibility or blame, exercising self-control, positive reappraisal)<br><br>□ External (over-occupation, renewed practice of faith, observation of rituals and traditions) |
| | | 3.4 | Explain the importance of ensuring effective channels of communication are in place with others | □ Others (health and social care professionals, partner, family, friends, community representatives as appropriate, faith representatives)<br><br>□ Importance of effective communication channels (to ensure ongoing support, to gather relevant information, e.g. regarding concerns expressed by the individual, prevent mistakes occurring, minimising barriers) |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 4 | Understand how to support those involved in end of life care situations | 4.1 | Describe possible emotional effects on staff working in end of life care situations | □ Emotional effects (grief at the death of individuals, feelings of inadequacy-unable to change situations, guilty for own life, desire to change situations) |
| | | 4.2 | Evaluate possible sources of support for staff in end of life situations | □ Sources of support (line manager, grief and bereavement counsellor, faith representative, e.g. work-based chaplain, colleagues, End of Life Standards – providing logical advice) |
| | | 4.3 | Identify areas in group care situations where others may need support in end of life care situations | □ Non-care staff (housekeeping, administrative personnel); visiting professionals (occupational therapist, activity coordinator); volunteers, students on work experience |
| | | 4.4 | Outline sources of emotional support for others in end of life care situations | □ Sources of emotional support (grief and bereavement counsellor, faith representative, e.g. setting-based chaplain, end of life care staff, social networks) |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 5 | Understand how symptoms might be identified in end of life care | 5.1 | Identify a range of symptoms that may be related to an individual's condition, pre-existing conditions and treatment itself | □ Physical symptoms: reduced tissue viability, breathlessness, loss of appetite, fatigue, discomfort, pain, incontinence, loss of appetite<br><br>□ Emotional symptoms: sadness, depression, anxiety<br><br>□ Psychological symptoms: auditory and visual hallucinations, fear, panic |
| | | 5.2 | Describe how symptoms can cause an individual and others distress and discomfort | □ Individuals (reduced quality of life, raised stress levels, embarrassment, e.g. due to incontinence, loss of sleep, reduced concentration levels, unhappiness)<br><br>□ Others: partners, family, friends (inability to relieve symptoms, reminder that the individual is dying, guilt at feeling well, sadness, panic) |
| | | 5.3 | Describe signs of approaching death | □ Physical (loss of appetite, apnoea, change in skin colour, reduced body temperature, lowered blood pressure, slow healing of wounds, swelling of hands and feet, gurgling sounds in the throat, excessive fatigue, sleepiness, dark-coloured urine, incontinence)<br><br>□ Social and emotional (withdrawal, confusion, sadness, happiness, expectations of an afterlife) |
| | | 5.4 | Identify different techniques for relieving symptoms | □ Techniques (visualisation, muscle-relaxation exercises, massage, distraction, use of analgesia for pain, counselling, incontinence pads, use of sedatives to reduce anxiety) |

# Information for tutors

## Delivery

Learning outcome 1: Understand current approaches to end of life care

While taught input will be necessary, learners would benefit from accessing the internet to gain knowledge of a range of end of life tools. Class discussions on the role of pressure groups, for example Pensioners Campaign UK, in current approaches to end of life care will support learner understanding.

Learning outcome 2: Understand an individual's response to their anticipated death

Short lectures, for example on models of grief and loss, followed by class discussion, will enable learners to examine these models in detail. Group work, using case studies taken from professional magazines, the internet or produced by the tutor, could enable learners to apply the models and evaluate their appropriateness. Visits from representatives of different faith and secular groups, for example the Humanist Society, could enhance understanding, and promote discussion around the potential effects of dying on spirituality.

Learning outcome 3: Understand factors regarding communication for those involved in end of life care

Input from a professional, for example a grief and bereavement counsellor, on communication in end of life care situations would support understanding. Speakers, from, for example, charities such as the Samaritans or Macmillan, could provide a valuable insight into strategies used by individuals.

Learning outcome 4: Understand how to support those involved in end of life care situations

A class plenary, with contributions from learners who are already working in end of life care, would be appropriate. However, it is essential that full confidentiality is maintained with regard to settings and the names of individuals and others.

The use of relevant video clips could promote useful discussion.

Learning outcome 5: Understand how symptoms might be identified in end of life care a series of short lectures, followed by group work, with learners applying information to case studies, would meet the requirements of this learning outcome.

## Assessment

Learners must meet all assessment criteria to pass the unit.

Evidence for this unit could be presented in a variety of ways. For example, evidence for learning outcome 1 could be in the form of an information pack for staff new to end of life care.

For learning outcome 2, evidence could be in the form of a short essay, or an article for a care magazine.

For learning outcome 3, evidence could be in the form of a seminar, with individual learners involving their peers in a discussion; assessment evidence would be in the form of notes, and a completed observation record, signed and dated by the tutor.

Evidence for learning outcome 4 could be an article for a broadsheet newspaper, or a PowerPoint presentation, which would enable learners to develop their presentation skills and assess understanding.

For learning outcome 5, evidence could be a booklet for new members of staff.

Other forms of evidence could include podcasts and visual displays.

## Suggested resources

### Textbooks

Machin L – *Working with Loss and Grief, A Theoretical and Practical Approach,* (Second Edition) (Sage Publications, 2013) ISBN 9781446248881

Worden J W – *Grief Counselling and Grief Therapy: A Handbook for Mental Health Practitioner* (Brunner-Routledge, 2003) ISBN 9781583919415

### Magazines

*Community Care magazine*

*The Nursing Times*

### Websites

www.cpa.org.uk/cpa/End_of_Life_Care_Strategy.pdf

www.dying.about.com/od/filmsandvideos

# Unit 3: Understand How to Support Individuals during the Last Days of Life

**Unit reference number:** J/503/8137

**Level:** 3

**Credit value:** 3

**Guided learning hours:** 28

## Unit aim

The aim of this unit is to assess the learner's knowledge and understanding of how to support individuals during the last days of life, using the relevant care pathways to support individuals and others.

## Unit introduction

The unit introduces learners to the common features of support in the last days of life. They will examine the signs common to approaching death, define the circumstances when life-prolonging treatment can be stopped or withheld, and investigate the signs that indicate death has occurred. Learners will also consider the importance of advance care planning.

The unit will enable learners to investigate the impact of the last days of life on individuals and others, including psychological effects, the impact on relationships and the changing needs of individuals who are in the last days of life.

Learners will examine ways of supporting individuals and others, how to use the relevant care pathways, and methods of caring for significant others following the death of an individual. Learners will consider how to manage their own feelings in relation to an individual's dying or death.

## Assessment guidance

For AC2.1, **individuals** are the people receiving support or care in the work setting.

**Others** may include:

- care or support staff
- colleagues
- managers
- non direct care or support staff
- carers
- families

- visitors

- volunteers

- health professionals

- other organisations

- social workers

- occupational therapists

- GPs

- speech and language therapists

- physiotherapists

- pharmacists

- nurses

- Macmillan Nurses

- independent mental capacity advocates

- clinical nurse specialists

For AC3.4, **agreed ways of working** include policies and procedures where these exist.

## Essential resources

There are no special resources needed for this unit.

## Learning outcomes, assessment criteria and unit amplification

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 1 | Understand common features of support during the last days of life | 1.1 | Describe the common signs of approaching death | □ Pre-active phase: e.g. increased restlessness, confusion, agitation, inability to stay content in one position and insisting on changing positions frequently; other symptoms, e.g. exhausting family and caregivers, withdrawal from active participation in social activities, increased periods of sleep, lethargy, decreased intake of food and liquids, beginning to show periods of pausing in the breathing (apnoea) whether awake or sleeping, individual reports seeing persons who have already died, individual states that they are dying, patient requests family visit to settle `unfinished business' and tie up `loose ends`, inability to heal or recover from wounds or infections, increased swelling (oedema) of either the extremities or the entire body |
| | | | | □ Active phase: e.g. coma or semi-coma, severe agitation, hallucinations, longer pauses in breathing, (apnoea), increased respiratory congestion, refusing food and drink, inability to swallow, incontinence — where this was not present before, reduced urine output, lowered body temperature, lowered blood pressure, cyanosis, cold extremities |
| | | 1.2 | Define the circumstances when life-prolonging treatment can be stopped or withheld | □ Circumstances when life-prolonging treatment can be stopped or withheld: when the treatment is not in the best interests of the individual, (will not improve quality of life, will not extend life); when all brain activity has ceased |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| | | 1.3 | Analyse the importance of any advance care plan in the last days of life | ☐ Importance of any advance care plan in the last days of life: promotion of person-centred care (to deliver care according to an individual's preferences and needs; to ensure an individual's wishes are followed at the end of life; legal requirements) |
| | | 1.4 | Identify the signs that death has occurred | ☐ Signs: e.g. absence of breathing, absence of heartbeat, loss of control of bowel or bladder, no response to awaken, eyelids slightly open, eyes fixed on certain spot, jaw relaxed, mouth slightly open |
| 2 | Understand the impact of the last days of life on the **individual** and **others** | 2.1 | Describe the possible aspects of the last days of life for **individuals** and **others** | ☐ Aspects for individuals: recognition of last stage of life; increasing weakness; loss of interest in surroundings; taking leave of family; continuance of care according to care pathway <br><br> ☐ Aspects for others: realisation of the approaching event; increasing sorrow and sadness; feelings of loss; desperation and anxiety regarding own coping strategies |
| | | 2.2 | Explain the impact of the last days of life on the relationships between **individuals** and **others** | ☐ Impact of the last days of life on relationships: e.g. conflicting emotions, wanting to hold on to the individual, difficulty in knowing how to approach topics, anger due to remembered issues, peaceful reconciliation of differences reassured if individuals believe in a better afterlife; deterioration of relationships as the individual becomes less connected with reality, increased intensity, making the most of the remaining time |
| | | 2.3 | Outline possible changing needs of the individual during the last days of life | ☐ Changing needs of the individual: physical (feeding or needing support with feeding, support for incontinence, increased need for analgesia); emotional and social (may not wish for company, may feel lonely; requiring reassurance, needing contact with spiritual adviser, maintenance of dignity, commanding respect, control of symptoms through medication, increased sleep) |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 3 | Know how to support individuals and others during the last days of life | 3.1 | Describe a range of ways to enhance an individual's wellbeing during the last days of life | ☐ Ways to enhance an individual's wellbeing: appropriate comfort measures in the final hours of life (care of skin, moistening lips if fluids are refused, ensuring bed linen is clean and dry, adjusting lighting, ensuring sufficient clean air); alternative therapies (massage, aromatherapy); equipment and aids (bed cradles, back rests); attention to cultural and religious needs (attendance of minister, imam, or priest) |
| | | 3.2 | Explain the importance of working in partnership with key people to support the individual's wellbeing during the last days of life | ☐ Importance of partnerships: e.g. to deliver coordinated care, to prevent repetition of care, to implement procedures, to ensure a positive skills mix, to make effective use of resources, to minimise the risk of error |
| | | 3.3 | Describe how to use an integrated care pathway according to agreed ways of working | ☐ Use of an integrated pathway, according to agreed ways of working: Stages: 1 Discussion as the end of life approaches; 2 Assessment — care planning and review (agreed plan and regular review of care and preferences, assessment of carer needs); 3 Coordination of care — strategic coordination, coordination of patient care, rapid response services; 4 Delivery of care in different settings (community-home, hospital, hospice); 5 Care in the last days of life (identification of the dying phase, review of needs and preferences of place of death, support for patient and carer, recognition of wishes regarding resuscitation and organ donation); 6 Care after death (recognition that care does not end at the point of death, timely verification of time of death or referral to coroner, care and support of family, including emotional and practical bereavement support) |
| | | 3.4 | Describe key information about the process following death that should be made available to appropriate people according to **agreed ways of working** | ☐ Key information: time of death; who was present; whether resuscitation was attempted; individual's wishes following death; religious requirements; relevant information from advance care plan; next of kin details if not present<br><br>☐ Procedures: e.g. not removing drains and catheters, respect for the deceased, attention to religious and cultural factors, adherence to national, organisational and setting policies and procedures |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 4 | Understand the actions to be taken following an individual's death | 4.1 | Explain national guidelines, local policies and procedures relating to care after death | □ National guidelines, local policies and procedures: completion of certification; recording of death by responsible medical practitioner; informing individual's G.P. of the death; recording the details of death in individual's records; adherence to religious practices and cultural traditions of the deceased; adherence to relevant legislation and regulations regarding transference of the body; transference of body to the mortuary within two hours of death; dealing with property according to organisational rules; responding to organ donation requests; protection of other individuals (closing curtains/ use of screens, reducing overall disturbance to the setting);specific requirements of own setting |
| | | 4.2 | Explain the importance about being knowledgeable about an individual's wishes for their after-death care | □ Importance of being knowledgeable about an individual's wishes: staff are able to comply with individual's wishes; religious and cultural practices are observed; reduction of distress to partner, family and friends |
| | | 4.3 | Explain the importance of acting in ways that respect the individual's wishes immediately after death | □ Importance of acting in ways that respect the individual's wishes: respect for the individual; reduction of stress to relatives, partners and friends; legal implications; respect for religion and culture; adherence to policies of setting |
| | | 4.4 | Describe agreed ways of working relating to prevention and control of infection when transferring a deceased person | □ Prevention and control of infection: use of personal protective equipment (PPE); disposal of linen following agreed procedures; disposal of bodily waste following national and setting guidelines; safe disposal of dressings; use of appropriate hand washing techniques; safe disposal of equipment (wound drains, catheters) |
| | | 4.5 | Describe ways to support others immediately following the death of a close relative or friend | □ Supporting others: partners, relatives and family friends (careful listening, providing privacy to grieve, allowing time to say goodbye to the deceased, appropriate use of touch if culturally acceptable, use of traditional/religious words and phrases, respect for personal space, inviting involvement in preparing the body in line with health and safety regulations, attendance to medical needs, e.g. in case of shock) |

| Learning outcomes | | Assessment criteria | | Unit amplification |
|---|---|---|---|---|
| 5 | Know how to manage own feelings in relation to an individual's dying or death | 5.1 | Define possible impact of individual's death on own feelings | ☐ Impact on own feelings: grief, remorse, guilt, questioning whether care was effective/sufficient; querying own beliefs and values |
| | | 5.2 | Identify available support systems to manage own feelings in relation to an individual's death | ☐ Support systems to manage own feelings: grief and bereavement counselling service; work-based chaplain; representatives of own faith; line manager; occupational health personnel |

# Information for tutors

## Delivery

Learning outcome 1: Understand common features of support during the last days of life

Input from a guest speaker, for example a palliative care nurse/ specialist or a hospice manager will give learners valuable insights into the topic. Opportunities for class discussion will enable learners to express opinions and feelings in a safe environment. Taught input on advance care planning and signs of death will be appropriate.

Learning outcome 2: Understand the impact of the last days of life on the **individual** and **others**

Short lectures on relevant topics, and group work using case studies taken from the internet or relevant professional magazines, will enable learners to place information in context.

Learning outcome 3: Know how to support individuals and others during the last days of life

Input from a care manager on working within agreed procedures will enhance learning. Information gained from local NHS trust websites will support taught input, and provide useful resources for learner assessment.

Learning outcome 4: Understand the actions to be taken following an individual's death

Taught input on relevant guidelines, regulations and procedures will support learning. Learners may wish to find supplementary information from appropriate websites, for example Macmillan Cancer Support.

Learning outcome 5: Know how to manage own feelings in relation to an individual's dying or death

Input from a guest speaker, for example a grief and bereavement counsellor, would enable learners to place taught information in a relevant context. Opportunities to discuss their own feelings in a safe environment will support learner understanding. It is essential that learners understand the reasons for discussing their own feelings at the death of an individual service user, and that the grieving process is a natural, human attribute, rather than evidence of weakness.

## Assessment

Learners must meet all assessment criteria to pass the unit.

Evidence for assessment may be presented in a variety of ways for this unit, for example the whole assessment could be presented as an information pack, containing leaflets, booklets and information sheets. Alternatively, the following methods are suggested.

Learning outcome 1 could be delivered as a PowerPoint presentation, followed by a discussion with peers.

For learning outcome 2, a magazine article for a care magazine would be a suitable method of presentation. For learning outcome 3, learners could produce an information pack designed for use as part of the induction materials for new staff.

Learning outcomes 4 and 5 could be presented either as newspaper articles for a series on end of life care, or booklets to be given to new staff.

## Suggested resources

### Textbooks

Jordan M, Kauffmann J C – *End of Life Care — The Essential Guide* (Hammersmith Health Books, 2010) ISBN 9781905140275

Thomas K, Lobo B (Editors) – *Advance Care Planning in End of Life Care* (Oxford University Press, 2011) ISBN 9780199561636

### Magazines

*Community Care Magazine*

*The Nursing Times*

### Websites

www.cancerresearchuk.org/cancer-help/coping-with-cancer/dying/

www.macmillan.org.uk/Cancerinformation/Endoflife

# 13 Further information and useful publications

To get in touch with us visit our 'Contact us' pages:

- Edexcel, BTEC and Pearson Work Based Learning contact details: qualifications.pearson.com/en/support/contact-us.html

- books, software and online resources for UK schools and colleges: www.pearsonschoolsandfecolleges.co.uk

Key publications:

- *Adjustments for candidates with disabilities and learning difficulties, Access and Arrangements and Reasonable Adjustments, General and Vocational qualifications* (Joint Council for Qualifications (JCQ))

- *Supplementary guidance for reasonable adjustments and special consideration in vocational internally assessed units* (Pearson)

- *General and Vocational qualifications, Suspected Malpractice in Examination and Assessments: Policies and Procedures* (JCQ)

- *Equality Policy* (Pearson)

- *Recognition of Prior Learning Policy and Process* (Pearson)

- *UK Information Manual* (Pearson)

- *BTEC UK Quality Assurance Centre Handbook*

All of these publications are available on our website.

Publications on the quality assurance of BTEC qualifications are also available on our website.

Our publications catalogue lists all the material available to support our qualifications. To access the catalogue and order publications, please visit our website.

## Additional resources

If you need further learning and teaching materials to support planning and delivery for your learners, there is a wide range of BTEC resources available.

Any publisher can seek endorsement for their resources and, if they are successful, we will list their BTEC resources on our website.

# 14 Professional development and training

Pearson supports UK and international customers with training related to Pearson BTEC qualifications. This support is available through a choice of training options offered in our published training directory, or through customised training at your centre.

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- planning for assessment and grading

- developing effective assignments

- building your team and teamwork skills

- developing learner-centred learning and teaching approaches

- building Functional Skills into your programme

- building in effective and efficient quality assurance systems.

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- Ask the Expert: submit your question online to our Ask the Expert online service and we will make sure your query is handled by a subject specialist.

Please visit our website at qualifications.pearson.com/en/support/contact-us.html

# Annexe A

## Mapping with National Occupational Standards (NOS)

The grid below maps the knowledge covered in the Pearson BTEC Level 3 Award in Awareness of End of Life Care against the underpinning knowledge of the National Occupational Standards in End of Life Care.

**KEY**

\# indicates partial coverage of the NVQ unit

| NOS | BTEC Specialist unit | Unit 1 | Unit 2 | Unit 3 |
|---|---|---|---|---|
| SCDHSC0385 | Support individuals at the end of life | # | # | # |