End of Life, Palliative Care and Terminal Illness				
Task / Activity	**Self-Assessment / Date**	**Competency Assessed Y / N**	**Competency Achieved**	**Signed off by Clinical Assessor / Date**
Knowledge and Education • Demonstrate an understanding of the holistic care of the patient at the end of their life or requiring palliative care[342] • Demonstrate an understanding of the pathophysiology of dying • Demonstrate an understanding of identification of the patient at the end of their life or requiring palliative care[343] • Demonstrate an understanding of the holistic assessment of the patient at the end of their life or requiring palliative care[344] • Demonstrate an understanding of the pharmacological treatments used to control symptoms for patients at the end of their life or requiring palliative care[345] [346] • Demonstrate an understanding of the importance of supporting families and carers through end of life or palliative care[347]				

[342] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations

[343] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations#identifying-adults-who-may-be-approaching-the-end-of-their-life-their-carers-and-other-people

[344] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations#assessing-holistic-needs

[345] https://bnf.nice.org.uk/medicines-guidance/prescribing-in-palliative-care/

[346] https://cks.nice.org.uk/topics/palliative-care-general-issues/management/terminal-phase/#care-adjustments-in-the-terminal-phase

[347] https://cks.nice.org.uk/topics/palliative-care-general-issues/management/management-approach/#addressing-needs-of-family-carers

• Demonstrate an understanding of advanced care planning in end of life and palliative care[348]
• Demonstrate an understanding of the need to review current treatments and medicines optimisation in end of life and palliative care[349]
 	
Patient Care
• Be able to elicit the patients understanding of, their current condition and what palliative and end of life care is, and provide information support resources as appropriate[350]
• Be able to establish the communication needs and expectations of the patient[351]
• Be able to refer patients to specialist palliative care teams in accordance with local provision[352]
• Be able to have a shared decision-making discussion with the patient to help them think about:
  ○ Advanced care planning[353]
  ○ Medication optimisation[354]
  ○ Identifying preferred place of death[355]				

[348] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations#advance-care-planning

[349] https://bnf.nice.org.uk/medicines-guidance/medicines-optimisation/

[350] https://www.mariecurie.org.uk/help/support/diagnosed/recent-diagnosis/palliative-care-end-of-life-care?msclkid=0050f6c51adc1f30a88992fecbd8bfd5

[351] https://cks.nice.org.uk/topics/palliative-care-general-issues/management/management-approach/#assessing-managing-psychological-needs

[352] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations#providing-multipractitioner-care

[353] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations#advance-care-planning

[354] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations#reviewing-current-treatment

[355] https://www.mariecurie.org.uk/media/press-releases/marie-curie-responds-to-research-on-patients-being-denied-wish-to-die-at-home/103382

○ Out of hours care[356] • Be able to work with an advanced care plan ensuring any communication with the patient is well documented and easily accessible[357] • Be able to facilitate the anticipatory prescribing (by a suitable prescribing clinician) of medications for the control of symptoms common in end of life and palliative care including but not limited to: ○ Constipation[358] ○ Cough[359] ○ Dyspnoea[360] ○ Malignant skin ulcer[361] ○ Nausea and vomiting[362] ○ Oral symptoms[363] ○ Pain[364] ○ Secretions[365]				

[356] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations#providing-out-of-hours-care

[357] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations#advance-care-planning

[358] https://cks.nice.org.uk/topics/palliative-care-constipation/

[359] https://cks.nice.org.uk/topics/palliative-care-cough/

[360] https://cks.nice.org.uk/topics/palliative-care-dyspnoea/

[361] https://cks.nice.org.uk/topics/palliative-care-malignant-skin-ulcer/

[362] https://cks.nice.org.uk/topics/palliative-care-nausea-vomiting/

[363] https://cks.nice.org.uk/topics/palliative-care-oral/

[364] https://cks.nice.org.uk/topics/palliative-cancer-care-pain/

[365] https://cks.nice.org.uk/topics/palliative-care-secretions/

• Be able to assess the patient to manage their psychological needs and signpost to appropriate support[366] [367] • Be able to assess the patients social, religious, spiritual and cultural needs and signpost to the appropriate support[368] [369] • Be able to assess the needs of the family and carers and signpost to appropriate support[370] [371] • Be able to work collaboratively with community nursing and palliative care teams to ensure a co-ordinated approach to care[372] • Be able to recognise when patient complexity exceeds competence and refer on to suitable senior clinician or specialist service				

[366] https://cks.nice.org.uk/topics/palliative-care-general-issues/management/management-approach/#assessing-managing-psychological-needs

[367] https://www.mariecurie.org.uk/help/support/terminal-illness/wellbeing/depression-anxiety

[368] https://www.mariecurie.org.uk/help/support/terminal-illness/wellbeing/emotional-spiritual-pain

[369] https://www.mariecurie.org.uk/help/support/terminal-illness/wellbeing/emotional-spiritual-pain

[370] https://cks.nice.org.uk/topics/palliative-care-general-issues/management/management-approach/#addressing-needs-of-family-carers

[371] https://www.mariecurie.org.uk/help/support/being-there

[372] https://www.nice.org.uk/guidance/ng142/chapter/Recommendations#communicating-and-sharing-information-between-services