



# **Deliver care services using a palliative approach**

## **Assessment 1 of 1**

Short answer questions



## Assessment Details

This section is for SUT VE Quality and Compliance review and feedback and must be deleted in the student version of the assessment.

SECTION 1		
UNIT OF COMPETENCY DETAILS		
Code	Title	
M00573A	Deliver care services using a palliative approach	
COURSE AND MODULE DETAILS		
<i>Assessments may be published in more than one course. Add lines for additional courses as needed</i>		
Course Code (UPed)	Module Number (Order)	Module Code (UPed)
CHCPAL003	15	M00573A
ASSESSMENT TYPE		
<b>Assessment Method:</b> <i>Select all that apply.</i>	<b>Questioning</b>	Choose an item.    Choose an item.

SECTION 2
STUDENT INSTRUCTIONS
<i>The following instructions detail the requirements of the assessment and are captured in the LMS assessment page. This includes a description of the student instructions, associated files and submission instructions.</i>
<b>Student instructions</b>
This is assessment 1 of 2 assessments for CHCPAL003 deliver care services using a palliative approach . There is SWLA requirements to be completed for this unit in SWLA block 2.
This assessment requires you to answer 17 short answer questions to test your knowledge required of this unit.
To be assessed as competent, you must complete all tasks in the spaces required.
You are required to download your assessment by clicking on the assessment document icon below (see Let's begin) and upload your completed assessment for submission.
<b>Supporting documents</b>
Not applicable.
<b>Files for submission</b>
Submit the assessment document with all tasks completed in the spaces provided.
<b>Submission instructions</b>

## **PDF File Submissions**

Please save all Word documents as PDF files before submitting.

**IMPORTANT:** Word documents will **not** be accepted.

Most modern web browsers can open and display a PDF file. If you have an older operating system, however, you may need a PDF reader installed on your device such as the Acrobat Reader, available from Adobe.

*Windows: Word 2013 and newer*

Choose **File > Export > Create PDF/XPS**.

*Windows: Word 2010*

1. Click the **File** tab
2. Click **Save As**
  - To see the Save As dialog box in Word 2013 and Word 2016, you have to choose a location and folder
3. In the **File Name** box, enter a name for the file, if you haven't already
4. In the **Save as** type list, click **PDF (\*.pdf)**.
  - If you want the file to open in the selected format after saving, select the Open file after publishing check box.
  - If the document requires high print quality, click Standard (publishing online and printing).
  - If the file size is more important than print quality, click Minimum size (publishing online).
5. Click **Options** to set the page to be printed, to choose whether markup should be printed, and to select output options. Click **OK** when finished.
6. Click **Save**.

*macOS: Office for Mac*

To save your file as a PDF in Office for Mac follow these easy steps:

1. Click the **File**
2. Click **Save As**
3. Click **File Format** towards the bottom of the window
4. Select **PDF** from the list of available file formats
5. Give your file a name, if it doesn't already have one, then click **Export**

For more detailed instructions refer to [Microsoft Support](#).

## **SECTION 3**

### **ASSESSMENT TASK CRITERIA AND OUTCOME**

This assessment will be graded as Satisfactory (S) or Unsatisfactory (US).

To achieve Satisfactory; valid, sufficient, authentic, and current evidence of meeting the criteria must be submitted.

Refer to the mapping spreadsheet for details for this unit.

## **SECTION 4**

### **ASSESSMENT DETAILS**

*Please refer to SECTION 2 to confirm how the assessment tools will be built and the methods that will be used to collect evidence i.e., Student's will type answers directly into LMS or will upload of files of completed assessment tasks.*

*The STUDENT INSTRUCTIONS above will be added directly into the LMS.*

*All associated files will be accessed via the LMS, as will any Assessor Guides, Matrix, Templates etc.*

*Students and Assessors have restricted permissions in the LMS. Assessor Guides, including model answers, will be available to Assessors ONLY.*

The following pages contain the draft assessment which will be built into the LMS once reviewed. This includes:

- Instructions to students
- Questions /tasks
- Templates /tables where applicable
- Links to supporting files /websites
- Instructions to assessors
- Sample answers /examples of benchmark answers

## SECTION 5

### STAKEHOLDERS AND SIGN OFF

List all that apply for each of the stakeholder roles below.

UPed Learning Designer/Author name	Eduworks Resources
SUT VE Quality Compliance name	Simon H
Date approved	

## Assessment Instructions

### Task overview

This assessment task requires you to answer 17 short answer questions. Read each question carefully before typing your response in the space provided.



### Assessment Information

#### Submission

You are entitled to three (3) attempts to complete this assessment satisfactorily. Incomplete assessments will not be marked and will count as one of your three attempts.

All questions must be responded to correctly to be assessed as satisfactory for this assessment.

Answers must be typed into the space provided and submitted electronically via the LMS. Hand-written assessments will not be accepted unless previously arranged with your assessor.



#### Reasonable adjustment

Students may request a reasonable adjustment for assessment tasks.

Reasonable adjustment usually involves varying:

- the processes for conducting the assessment (e.g. allowing additional time)
- the evidence gathering techniques (e.g. oral rather than written questioning, use of a scribe, modifications to equipment)



However, the evidence collected must allow the student to demonstrate all requirements of the unit.

Refer to the Student Handbook or contact your Trainer for further information.



Please consider the environment before printing this assessment.

## Question 1

This question has four (4) parts you must complete all the parts.

- a) Briefly explain the underlying philosophy of palliative care.

(Approximate word count 35-45 words)

Assessor note: Sample answer provided below Students' answers must align as per sample answers provided below however wording may vary.

The philosophy of palliative care revolves around enhancing the quality of life for individuals with serious illnesses by addressing their physical, emotional, social, and spiritual needs. It emphasizes alleviating suffering and providing support aligned with the patient's values and preferences.

- b) List and explain five (5) key principles of palliative care.

(Approximate word count 95-100 words)

Assessor note: Benchmark answers provided below. Students' answers must align as per sample answers provided below however wording may vary. Students must include five(5) out of seven (7) options provided below.

1. <b>Holistic Approach:</b> Palliative care considers the physical, psychological, social, and spiritual dimensions of a patient's experience.
2. <b>Symptom Management:</b> Effective management of pain and other distressing symptoms is a cornerstone of palliative care.
3. <b>Effective Communication:</b> Open and honest communication between patients, families, and healthcare providers is essential to understand preferences, make informed decisions, and provide psychosocial support.
4. <b>Patient Autonomy:</b> Respecting the patient's wishes and involving them in decisions about their care is crucial.
5. <b>Family-Centered Care:</b> Recognizing the importance of the patient's family and providing support to them as they cope with the patient's illness.
6. <b>Interdisciplinary Team:</b> Palliative care involves collaboration between various healthcare professionals, including doctors, nurses, social workers, psychologists, chaplains, and more.
7. <b>Continuity of Care:</b> Palliative care aims to provide seamless care across different healthcare settings and stages of illness.

- c) List and briefly explain Five(5) key benefits of palliative care.

Assessor note: Benchmark answers provided below. Students' answers must align as per sample answers provided below however wording may vary. Students must include five(5) out of seven (7) options provided below.

1. <b>Improved Quality of Life:</b> Palliative care focuses on alleviating pain and distressing symptoms, leading to a higher quality of life for patients.
2. <b>Enhanced Symptom Management:</b> Palliative care expertise helps manage symptoms that may be challenging to control in other healthcare settings.
3. <b>Emotional and Psychosocial Support:</b> Patients and families receive counselling and emotional support to cope with the challenges of serious illness.
4. <b>Patient-Focused Care:</b> Palliative care respects individual preferences and values, allowing patients to have a say in their care.
5. <b>Coordination of Care:</b> Palliative care teams ensure that care is coordinated across various healthcare providers and settings.
6. <b>Better Decision-Making:</b> Patients and families are supported in making well-informed decisions about treatment options, including end-of-life choices.
7. <b>Reduced Hospitalizations:</b> Effective symptom management and support can lead to fewer hospitalizations and emergency room visits.

- d) List two(2) illnesses that fall within the scope of palliative care and briefly explain five(5) key areas included within the scope of palliative care.

(Approximate word count 70-80 words)

Assessor note: Benchmark answers provided below. Students' answers must align as per sample answers provided below however wording may vary.

Palliative care is applicable to a wide range of serious illnesses, including but not limited to cancer, heart failure, chronic obstructive pulmonary disease (COPD), dementia, amyotrophic lateral sclerosis (ALS), and HIV/AIDS. It can be provided in various settings, such as hospitals, hospices, nursing homes, and even at home. The scope includes:

1. Physical Care: Pain management, symptom control, and addressing side effects of treatments.
2. Psychological Care: Emotional support, counselling, and assistance in coping with anxiety, depression, and existential concerns.
3. Social Support: Addressing social isolation, providing resources for financial and legal concerns, and assisting with care coordination.
4. Spiritual Care: Supporting patients' spiritual needs and helping them find meaning and purpose in their journey.
5. End-of-Life Care: Ensuring a comfortable and dignified dying process, respecting patients' wishes for their final days.
6. Bereavement Support: Assisting families with the grieving process after the patient's passing.

## Question 2

This question has two(2) parts you must complete all the parts?

- a) In the table below are questions on diverse needs of individuals facing a life-limiting illness. Please read each question carefully and provide your answer.

Assessor note: Benchmark answers provided below. Students' answers must align as per sample answers provided below however wording may vary.

Question	Answer
Briefly explain the physical needs of individual facing a life-limiting illness? (Approximate word count 45-55 words)	The physical needs of someone experiencing a life-limiting illness encompass a range of requirements to address their comfort, symptom management, and overall well-being. These needs may include pain management, symptom control, assistance with daily activities, access to medical care, and support for maintaining comfort and quality of life.
Briefly explain the emotional needs of an individual going through life limiting illness. (Approximate word count 50-60 words)	Emotional needs can vary widely from person to person, and support should be tailored to the individual's preferences and circumstances. Emotional needs often include psychological support, coping strategies, and assistance in managing anxiety, depression, fear, and grief. Individuals may require opportunities to express their feelings and fears in a supportive environment.



Briefly explain the financial needs that might arise for individuals dealing with a life-limiting illness?  
(Approximate word count 45-55 words)

Financial needs can vary widely depending on the individual's specific diagnosis, treatment plan, insurance coverage, and personal circumstances. Financial needs may include medical expenses, home care costs, and loss of income due to illness. Individuals may benefit from financial counseling, assistance programs, and planning for end-of-life expenses.

b) Briefly explain the emotional impact on an individual upon receiving a diagnosis of a life-limiting illness?

Assessor note: Benchmark answers provided below. Students' answers must align as per sample answers provided below however wording may vary.

(Approximate word count 55-65 words)

Individuals receiving a diagnosis of a life-limiting illness often experience a range of emotional responses, including shock, fear, anxiety, sadness, anger, confusion, and sometimes a sense of numbness or disbelief. These emotions can vary widely depending on the individual and the nature of the diagnosis. It's essential to remember that everyone's emotional response is unique.

### Question 3

This question has two(2) parts you must complete all the parts.

a. Briefly explain how cultural, religious, and spiritual differences influences perceptions of death and dying?

Assessor note: Benchmark answers provided below. Students' answers must align as per sample answers provided below however wording may vary.

(Approximate word count 30-40 words)

Cultural, religious, and spiritual differences play a significant role in shaping how individuals perceive and approach death and dying. These differences influence beliefs, rituals, practices, and attitudes toward the end of life.

b. Below are three (3) distinct cultures briefly explain the cultural, religious, and spiritual differences of how each culture's view death and dying.

(Approximate word count 235-255 words)

Assessor note: Sample answers provided below students answers must be as per the sample answer however the wording may vary.

Aspect	Hinduism	Buddhism	Christianity
Cultural Beliefs	Belief in reincarnation and cycle of birth and death. Cultural practices vary by region and sect. Diverse funeral	Emphasis on impermanence and change. Diverse practices influenced by cultures. Cultural	Belief in an afterlife and resurrection Mourning traditions vary by denomination Varied funeral practices, Burial

	practices, often cremation. Dying is viewed as a transition of the soul from one physical body to another	variations in funeral practices Death is seen as a transition to another form of existence. Funerals and memorials in Buddhist cultures often involve chanting, meditation, and rituals that help guide the deceased on their spiritual journey. Dying is seen as a transition to another form of existence, and the process of death is seen as a natural progression.	or cremation; religious ceremonies.
Religious Beliefs	Transition of the soul after death based on karma and spiritual progress.	Emphasis on the Four Noble Truths and eight fold path Acknowledgment of death's inevitability and teaching on non-attachment	Salvation through faith in Jesus Christ Belief in heaven, hell, and final judgment Unction for the dying Prayer for the dead, Mass for the departed
Spiritual Beliefs	Death seen as a transition, not an end Liberation from cycle of rebirth is the ultimate spiritual goal	Contemplation of death as part of meditation. Reflection on impermanence and suffering Emphasis on letting go of attachments	Hope in resurrection and eternal life. Comfort in faith during the dying process Belief in God's mercy and forgiveness

#### Question 4

Briefly explain what is unconscious bias, and how does it impact the provision of care?

(Approximate word count 60-70 words)

Assessor note: Sample answer provided below students answers must be as per the sample answer however the wording may vary.

Unconscious bias refers to the automatic, ingrained attitudes or stereotypes we hold about certain groups based on factors like race, gender, age, or socioeconomic status. These biases can shape our perceptions, decisions, and behaviours without our conscious awareness. In the context of care, unconscious bias can lead to unequal treatment, miscommunication, and reduced quality of care for certain individuals or groups

Question 5

This question has two(2) parts you must complete all the parts.

Assessor note: Benchmark answers provided below. Students' answers must align as per sample answers provided below however wording may vary

- a) Briefly explain the seven stages of grief as per the Kübler-Ross model of stages of grief.

(Approximate word count 300-310 words)

1. <b>Shock and Denial:</b> This initial stage involves shock and a sense of disbelief. Individuals may have trouble accepting the reality of the loss, and they may feel numb or in a state of denial.
2. <b>Pain and Guilt:</b> As the shock wears off, the pain of grief begins to set in. Feelings of sadness, anger, and guilt may emerge. People may question whether they could have done something differently or feel guilty for not doing more.
3. <b>Anger and Bargaining:</b> During this stage, individuals may experience intense anger. They might direct their anger at themselves, others, or even the person who has died. Bargaining may involve making deals or promises in an attempt to reverse or mitigate the loss.
4. <b>Depression:</b> In this stage, the full weight of the grief becomes apparent, leading to deep sadness and a sense of despair. People may withdraw from social interactions, experience changes in appetite and sleep patterns, and lose interest in activities they once enjoyed.
5. <b>The Upward Turn:</b> As time passes, the intensity of grief may begin to subside. Individuals may start to adjust to life without the person or thing they have lost. This stage can involve small glimpses of hope and the ability to envision a future without constant pain.
6. <b>Reconstruction and Working Through:</b> During this stage, individuals work on rebuilding their lives. They may find new ways of living without the presence of what they've lost. This can involve creating new routines, establishing new relationships, or finding meaning in the loss.
7. <b>Acceptance and Hope:</b> In the final stage, individuals come to terms with the reality of the loss and find a way to move forward. While the pain may never completely disappear, they learn to live with it. They can also experience a renewed sense of hope for the future.

- b) List and explain six (6) personal strategies that are helpful for managing reactions to grief and loss?

Assessor note: Sample answer provided below students answers must include six (6) out of ten (10) strategies as per the sample answer.

(Approximate word count 140-150 words)

1. <b>Acknowledge Emotions:</b> Allow yourself to feel the emotions that arise, whether it's sadness, anger, or confusion. Suppressing emotions can prolong the healing process.
2. <b>Seek Support:</b> Reach out to friends, family, or a support group. Talking about your feelings and memories can be therapeutic and provide a sense of connection.
3. <b>Self-Care:</b> Engage in activities that promote physical, emotional, and mental well-being. This could include exercise, proper nutrition, getting adequate sleep, and engaging in hobbies.
4. <b>Express Yourself:</b> Find healthy ways to express your emotions, such as through journaling, art, music, or other creative outlets.
5. <b>Professional Help:</b> If the grief becomes overwhelming or leads to prolonged distress, consider seeking professional help from therapists or counselors experienced in grief counseling.
6. <b>Establish Routines:</b> Maintaining some level of routine can provide a sense of stability and control during a tumultuous time.
7. <b>Mindfulness and Meditation:</b> Practices like meditation and mindfulness can help manage anxiety and stress by promoting relaxation and self-awareness.

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| 8. <b>Celebrate and Remember:</b> Create rituals or ways to celebrate the life of the person you lost. This can provide a positive way to remember and honor them.   |
| 9. <b>Give Yourself Time:</b> Grief doesn't have a set timeline. Be patient with yourself and allow the healing process to unfold naturally.   |
| 10. <b>Avoid Major Decisions:</b> Try to avoid making major life decisions during the immediate aftermath of a loss. Grief can cloud judgment, and it's best to make significant choices when you're in a clearer emotional state. |

Question 6:

There are two parts to this question you must complete both parts.

Assessor note: Students must answer all the questions correctly and in line with the benchmark sample answers provided below however there wording may vary.

a) Briefly explain what an advance care directive is and what is the primary role of advance care directives

(Approximate word count:110-120 words)

An advance care directive is a legal document that outlines an individual's preferences and instructions for their medical treatment and care in case they become unable to make decisions for themselves due to illness, injury, or incapacity. It provides guidance to healthcare providers, family members, and caregivers about the individual's wishes regarding medical interventions, end-of-life care, and other healthcare decisions. The primary role of advance care directives is to ensure that an individual's medical and healthcare preferences are respected and followed, even when they are unable to communicate or make decisions. These directives empower individuals to maintain control over their medical treatment and protect their dignity and autonomy during times of incapacity.

b) Briefly explain the purpose of advance care directives.

Assessor note: Students answers must be based on sample answer provided below however the wording may vary.

(Approximate word count:85-95 words)

The purpose of advance care directives is to provide peace of mind to both the individual and their loved ones, knowing that their wishes will be honored in critical moments. These directives reduce the emotional burden on family members by relieving them of the responsibility of making difficult medical choices without clear guidance. Moreover, advanced care directives offer healthcare providers valuable insights into the patient's preferences, enabling them to provide care that is not only medically appropriate but also aligned with the patient's personal beliefs and wishes.

Question 7

In the table below are question based on end-of-life care strategies. You must complete all the questions in the table.

Assessor note: Students answers must be based on sample answer provided below however the wording may vary.

<p>What is the primary goal of end-of-life care strategies? (Approximate word count 30-40 words)</p>	<p>The primary goal of end-of-life care strategies is to provide comfort, relieve pain and suffering, and enhance the quality of life for individuals with terminal illnesses or those nearing the end of their lives.</p>
<p>Explain why is effective pain and symptom management considered a crucial strategy in end-of-life care? (Approximate word count 25-35 words)</p>	<p>Effective pain and symptom management is crucial because it ensures that patients are comfortable and experience minimal distress, enhancing their overall quality of life during their final days.</p>
<p>Explain how does open and honest communication strategy benefit both patients and healthcare providers in end-of-life care? (Approximate word count 35-45 words)</p>	<p>Open and honest communication benefits patients by providing them with clear information about their condition and treatment options, helping them make informed decisions. It benefits healthcare providers by ensuring they understand the patient's preferences and can tailor care accordingly.</p>
<p>Explain how does a holistic strategy enhances the overall quality of life for patients receiving end of life care? (Approximate word count 25-35 words)</p>	<p>A holistic strategy enhances quality of life by addressing all dimensions of well-being, allowing patients to experience a sense of fulfillment, connection, and comfort during their end-of-life experience.</p>
<p>How can healthcare professionals ensure dignity and respect are upheld in a holistic strategy for end-of-life care? (Approximate word count 25-35 words)</p>	<p>Healthcare professionals can uphold dignity and respect by acknowledging the patient's autonomy, honouring their choices, and recognizing their individuality and worth throughout the end-of-life care process.</p>
<p>Explain How can interdisciplinary collaboration strategy improve end-of-life care? (Approximate word count 40-50 words)</p>	<p>Interdisciplinary collaboration involves healthcare professionals from various specialties working together to address the physical, emotional, and spiritual needs of patients. It can lead to more comprehensive and holistic end-of-life care, ensuring that patients receive the best possible support and comfort.</p>

Question 8

This question has three(3) parts you must complete all the parts of the question.

Assessor note: Students answers must be based on sample answer provided below however the wording may vary.

a) Briefly explain the role of pain relief in palliative care.

(Approximate word count 40-50 words)

Pain relief is a crucial component of palliative care. The goal is to effectively manage and alleviate pain, enhancing the patient's comfort and overall quality of life. This may involve medication, therapies, and other interventions tailored to the individual's needs.

b) Explain how comfort is promoted in palliative care?

(Approximate word count 35-45 words)

Comfort promotion in palliative care encompasses a wide range of measures beyond pain relief. It includes addressing physical discomfort, managing symptoms, providing emotional support, facilitating communication, and creating a peaceful environment aligned with the patient's preferences.

c) Explain the step-by-step process in the correct order to seek clarification and guidance from a health professional regarding pain relief and comfort provision in relation to palliative care.

(Approximate word count 425-445 words)

Assessor note: Students must provide all 12 twelve steps below in order from 1-12 however the wording may vary.

1.	Identify the Need for Clarification: Recognize when one requires clarification or guidance on pain relief and comfort provision in the context of palliative care. This might involve person experiencing uncontrolled pain, discomfort, or uncertainty about the available options.
2.	Contact Primary Healthcare Provider: Reach out to the persons primary healthcare provider, such as general practitioner (GP) or specialist, who is familiar with the medical history. Explain the situation and concerns about pain relief and comfort provision.
3.	Request a Consultation: Request a consultation specifically focused on discussing pain relief and comfort provision in the context of palliative care. This may involve scheduling an appointment with the healthcare provider or seeking a referral to a palliative care specialist.
4.	Prepare for the Consultation: Before the consultation, gather relevant information about the patient's medical history, current symptoms, and any medications being taken. Prepare a list of questions you have about pain management and comfort in palliative care.
5.	Attend the Consultation: Attend the scheduled consultation with the healthcare provider. During the appointment, share your concerns, ask your questions, and provide any relevant information. Be open about preferences and values.
6.	Discuss Pain Management Options: Engage in a thorough discussion about pain relief options. This may include medications, therapies, and interventions that can help manage pain effectively. Ask about potential side effects and how to adjust treatments based on the patient's response.
7.	Explore Comfort Provision Strategies: Inquire about strategies to enhance comfort provision beyond pain management. This could involve addressing symptoms, emotional support, counselling services, and creating a conducive environment for the patient.
8.	Understand the Care Plan: Request a clear explanation of the care plan tailored to the patient's specific needs and preferences. Understand the roles of different healthcare professionals involved in the palliative care team.
9.	Ask for Additional Resources: Ask for educational resources, pamphlets, or websites that provide more information about palliative care, pain relief, and comfort provision in Australia. This can help make informed decisions.
10.	Discuss Follow-Up Plans: Inquire about follow-up appointments and communication channels. Establish a plan for regular check-ins to assess the effectiveness of pain relief strategies and make any necessary adjustments.
11.	Involve Family Members: If applicable, involve family members or caregivers in the discussion. Ensure that everyone is on the same page regarding the pain relief and comfort provision plan.

12.	Advocate for person's Needs: If you feel that person's concerns are not adequately addressed or need further assistance, don't hesitate to advocate for their needs. Seek a second opinion or request a referral to a palliative care specialist if necessary.
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Question 9

The psychological and emotional impact of palliative or end-of-life care is profound and extends to the person receiving care, their family, caregivers, and friends.

In the table below provide answers to questions explaining the profound psychological and emotional impact of palliative or end-of-life care on the person receiving care, their family, caregivers, and friends?

Assessor note: Students answers must be based on sample answer provided below however the wording may vary.

Question	Answer
<p>Briefly explain the the psychological and emotional experiences that individuals undergoing palliative care go through.</p> <p>(Approximate word count 55-65 words)</p>	<p>Individuals receiving palliative care can experience anxiety, fear, sadness, and reflections on their life's meaning and legacy. The uncertainty of their condition and thoughts about pain can contribute to emotional challenges. The loss of physical autonomy and control over their body due to illness can be distressing. This loss of control may impact their psychological well-being.</p>
<p>Explain the psychological and emotional challenges family members commonly encounter during palliative or end-of-life care?</p> <p>(Approximate word count 55-65 words)</p>	<p>The psychological impact on family members providing palliative care can be profound and multifaceted. Family members often experience a rollercoaster of emotions when their loved one is receiving palliative care. They may grapple with anticipatory grief, sadness, anxiety, and even guilt. The impending loss of their family member and the responsibility of caregiving can be emotionally overwhelming.</p>
<p>How does providing palliative or end-of-life care impact the psychological and emotional state of caregivers?</p> <p>(Approximate word count 55-65 words)</p>	<p>Caregivers may experience emotional exhaustion, feelings of helplessness, and guilt. The challenges of caregiving and witnessing a loved one's decline can lead to emotional strain. The responsibility of providing palliative care, combined with the uncertainty of the situation, can lead to substantial psychological and emotional impact such as heightened levels of anxiety and depression.</p>
<p>Explain how friends and others such as close acquaintances of the person be impacted emotionally and psychologically during palliative or end of life care?</p>	<p>Friends and close acquaintances of a person receiving palliative or end-of-life care can be significantly impacted emotionally and psychologically due to the unique challenges and emotional intensity of the</p>

(Approximate word count 55-65 words)

situation. Friends and acquaintances can feel helpless, sad, and uncertain about how to support the person and their family. They may also experience their own grief about the impending loss.

#### Question 10

This question has three(3) parts you must complete all the parts.

Assessor note: For all parts, students answers must be based on sample answer provided below however the wording may vary.

- a) Briefly explain the importance of addressing nutritional and hydration needs in palliative care.

(Approximate word count 35-45 words)

Nutritional and hydration needs are important in palliative care as they contribute to the patient's overall comfort and quality of life. Proper nutrition and hydration can help manage symptoms, maintain energy levels, and support the body's immune system.

- b) List and briefly explain five (5) key considerations in relation to the nutritional requirements for people receiving palliative care?

(Approximate word count 145-155 words)

1. **Individualised person's needs :** Each patient's nutritional needs are unique. Factors such as their medical condition, symptoms, appetite, and personal preferences must be considered when planning their diet.
2. **Appetite Changes:** Many patients in palliative care experience reduced appetite due to their illness, medications, or emotional state. It's important to respect their desires and not force them to eat if they're not hungry.
3. **Nutrient-Dense Foods:** Focus on providing nutrient-dense foods that offer essential vitamins, minerals, and calories. Small, frequent meals that are rich in protein, healthy fats, and fiber can help meet nutritional requirements.
4. **Hydration through Foods:** In cases where drinking fluids might be difficult, consider offering foods with high water content, such as fruits, soups, and gelatin.
5. **Foods of Choice:** Allow patients to choose the foods they enjoy, as this can contribute to their overall comfort and well-being. Their preferences should guide food selections.

- c) List and briefly explain five (5) key considerations in relation to the hydration requirements for people receiving palliative care?

(Approximate word count 150-160 words)

1. **Hydration Importance:** Adequate hydration is essential to prevent discomfort, alleviate symptoms, and maintain bodily functions. Dehydration can lead to fatigue, confusion, and exacerbation of symptoms.
2. **Individualized Approach:** Like nutritional needs, hydration requirements vary from person to person. Some patients may require less fluid due to reduced physical activity, while others may need more due to fever or increased respiratory rate.



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| 3. <b>Alternative Hydration Methods:</b> For patients who have difficulty swallowing or drinking fluids, alternative hydration methods can be considered, such as offering small sips of water, using moistened swabs, or providing ice chips. |
| 4. <b>Conscious Choices:</b> Discussions about hydration should involve the patient and their family. Some patients may choose to limit fluids intentionally, and their decisions should be respected.   |
| 5. <b>Consideration of Goals:</b> It's important to align hydration decisions with the patient's goals and values. In some cases, aggressive hydration may not align with the patient's desire for comfort.                                    |

### Question 11

Support workers play a crucial role in improving the quality of life for patients and their families during this difficult period. Below, are seven (7) scenarios that pertain to legal and ethical considerations. Provide answer to questions associated with these scenarios based on your legal and ethical responsibilities as a support worker in palliative care.

**Assessor note:** Students answers must be in line with the sample answers provided below however the wording may vary.

- a) Emma, a palliative care patient, expresses her wish to spend her last days at home rather than in the hospice facility. However, her family is concerned about her safety and medical needs. What should you consider as a support worker in this situation regarding the dignity of risk?

(Approximate word count 70-80 words)

In this scenario, it's important to balance Emma's autonomy and right to make decisions about her care with her safety and well-being. While as a support worker I should respect her desire to be at home, it's crucial to assess the risks involved and work collaboratively with Emma, her family, supervisor, and the healthcare team to create a care plan that addresses her wishes while also ensuring her safety and comfort.

- b) You notice that John, a palliative care patient, has developed a severe bedsore due to immobility. As a support worker what actions should you take considering your duty of care?

(Approximate word count 70-80 words)

As a support worker the duty of care requires that I take prompt and appropriate action to prevent harm or alleviate suffering. In this case, I should immediately inform the medical team about John's condition and follow their instructions for wound care. Document the situation accurately and regularly monitors John's progress. Additionally, take steps to prevent further pressure ulcers by assisting with repositioning and ensuring proper skin care.

- c) Margaret, a palliative care patient, is from an indigenous background and prefers to always have a family member present. The hospital has a policy limiting visitors due to infection control guidelines. How can you respect Margaret's human rights in this situation?

(Approximate word count 55-65 words)

Margaret's right to cultural practices, family support, and respectful care should be upheld. While infection control is important, it's necessary to find a balance that considers her emotional and cultural needs. Discuss the situation with the healthcare team, explore alternatives like virtual visits, and advocate for Margaret's right to have a family member present while ensuring safety measures are followed.

- d) While assisting a patient with palliative care you overhear a conversation between two colleagues discussing a patient's sensitive medical information in a public area of the facility. What steps should you take to address this situation in terms of privacy, confidentiality, and disclosure?

(Approximate word count 65-75 words)

Privacy and confidentiality are crucial in healthcare. In this situation, the steps would be to immediately step away from the conversation to avoid inadvertently hearing confidential information, approach the healthcare professionals privately and remind them of the importance of maintaining confidentiality and if there is a serious breach of privacy, report the incident to the manager/ supervisor or the appropriate authority according to the facility's policies.

- e) The family of a palliative care patient asks you to administer additional pain medication beyond the prescribed dosage to alleviate the patient's suffering. What should you do as a support worker, considering your work role boundaries, responsibilities, and limitation?

(Approximate word count 70-80 words)

As a support worker the role is to provide care within the boundaries of my training and expertise while adhering to legal and ethical guidelines. Administering medication beyond the prescribed dosage could have serious consequences and may not align with the patient's best interests. As a support worker my duty would be to communicate the family's concerns to the medical team and follow their recommendations and always prioritize the patient's safety and well-being.

- f) Briefly explain the role support workers play in ensuring that the patient's decision regarding Voluntary Assisted Dying is ethical and aligns with their values and wishes.

(Approximate word count 45-55 words)

Support workers can engage in empathetic and open conversations with the patient, helping them explore their motivations and concerns. They can also assist in facilitating family discussions, connecting patients with counselling resources, and ensuring that all available options for palliative care, including pain and symptom management, are thoroughly understood.

## Question 12

In the table below, list and briefly explain five(5) common organisational policies and procedures for providing care using a palliative approach and provision of palliative care.

(Approximate word count 370-400 words)

Assessor note: Student must list and explain five(5) out of six (6) policy and procedures as per the sample answer provided below however students' wording may vary from the sample answers provided below. Students must list three (3) procedures for implementing the policies from the sample answers provided below.

Name the Policy	Define the policy	Briefly outline three (3) procedures associated with implementing each of the policy
Palliative Care Policy:	This policy outlines the organization's commitment to providing palliative care services. It defines palliative care, emphasizes the importance of compassionate care, and sets the organization's goals and objectives for palliative care delivery.	Procedures include: <ul style="list-style-type: none"><li>Healthcare providers conducting thorough assessments of patients with life-limiting illnesses, evaluating physical, psychological, social, and spiritual needs.</li></ul>

		<ul style="list-style-type: none"> <li>• Developing Individualized care plans collaboratively with the patient and their family,</li> <li>• setting goals for symptom management, pain relief, emotional support, and spiritual care.</li> <li>• Regularly reviewing care plans and updating to ensure patient-centered care is achieved.</li> </ul>
Pain Management Policy:	This policy focuses on pain management strategies within palliative care. It outlines the organization's approach to pain assessment, medication management, non-pharmacological interventions, and monitoring of pain relief.	<p>Procedures include:</p> <ul style="list-style-type: none"> <li>• assessing pain,</li> <li>• prescribing and administering pain medications,</li> <li>• monitoring for side effects,</li> <li>• adjusting pain management plans as needed.</li> </ul>
Safe Medication Management Policy	The policy outlines the organization's commitment to safe medication management, emphasizing patient safety as the top priority specifying which healthcare facilities or units it applies to and the individuals (e.g., healthcare professionals, support staff) it encompasses. Outline the relevant laws, regulations, and standards governing medication management in Australia. Reference the Therapeutic Goods Administration (TGA), Pharmaceutical Benefits Scheme (PBS), and other applicable authorities	<p>Procedures include:</p> <ul style="list-style-type: none"> <li>• rigorous medication storage, labelling, and dispensing processes to prevent mix-ups.</li> <li>• Healthcare providers verify patient identities, check allergies, and confirm medication orders.</li> <li>• Double-checks are performed before administration, and electronic records are maintained for accountability. In case of discrepancies or adverse reactions, protocols for reporting and reviewing incidents are in place.</li> <li>• Regular staff training and updates on medication safety guidelines help maintain a culture of safe medication management, reducing the risk of errors and enhancing patient safety in healthcare settings.</li> </ul>
Records Management Policy	This policy underscores the organization's dedication to robust records management. It highlights the pivotal role records play in achieving organizational goals. It specifies its application to all departments, employees, and record types, outlining their responsibilities. It also emphasizes strict compliance with Australian laws, including the Privacy	<p>Procedures include:</p> <ul style="list-style-type: none"> <li>• maintaining confidential and accurate records of patients.</li> <li>• It involves record creation, classification, storage, retrieval, retention, disposal, and access controls and following record creation guidelines.</li> </ul>

	<p>Act and Archives Act, and industry-specific regulations.</p>	<ul style="list-style-type: none"> <li>Records are classified based on content and purpose, possibly utilizing a classification scheme. Storage and retrieval methods, whether physical or electronic, should be followed for efficient access. Different record types should have defined retention schedules, with secure disposal procedures outlined</li> </ul>
<p>Communication Policy</p>	<p>This policy sets guidelines for effective communication in Australian palliative care settings, involving all stakeholders in end-of-life care decisions. It applies to healthcare professionals, emphasizing compassionate, honest, culturally sensitive communication throughout the palliative care journey.</p>	<p>Procedures include:</p> <ul style="list-style-type: none"> <li>Assessment of Communication Needs: Healthcare professionals will assess the communication needs of patients and their families, considering their emotional state, preferences, and level of understanding.</li> <li>Family Meetings: Scheduled family meetings will be conducted to provide updates on the patient's condition and involve family members in care planning and decision-making.</li> <li>Advance Care Planning: Patients will be encouraged to engage in advance care planning discussions, and documentation of their preferences will be maintained.</li> <li>Interpreter Services: Interpreter services will be readily available to support communication with patients who have limited English proficiency or require assistance with sign language.</li> <li>Documenting Communication: All significant communication, decisions, and patient preferences will be accurately documented in the patient's medical records.</li> <li>f. Feedback and Continuous Improvement: Regular feedback and debriefing sessions will be conducted among healthcare professionals to identify</li> </ul>

		areas for improvement in communication
Quality Assurance and Continuous Improvement Policy	The policy ensures that the organization is dedicated to compassionate, person-centered palliative care. It emphasizes compliance with Australian standards, continuous improvement, and transparency. Objectives include meeting industry standards, fostering learning, ensuring accountability, and evaluating quality through audits, feedback, and staff training.	<p>Procedures include:</p> <ul style="list-style-type: none"> <li>• Develop a set of key performance indicators (KPIs) that align with palliative care goals and objectives.</li> <li>• Collect data on these KPIs and analyze the results to identify trends, areas of concern, and areas for improvement.</li> <li>• Regularly report on performance to stakeholders, including patients and their families, staff, and regulatory bodies.</li> <li>• Provide ongoing education and training to all staff involved in palliative care, ensuring they have the knowledge and skills necessary to deliver high-quality care.</li> <li>• Encourage staff to participate in professional development and continuous learning opportunities.</li> <li>• Involve patients and their families in the care planning process, seeking their input and feedback.</li> <li>• Establish mechanisms for soliciting and addressing patient and family concerns and complaints.</li> <li>• Develop and implement action plans to address identified areas for improvement.</li> <li>• Foster a culture of innovation and continuous improvement by encouraging staff to contribute ideas and solutions.</li> <li>• Ensure that the organization complies with all relevant Australian regulations and accreditation standards.</li> <li>• Collaborate with external agencies for accreditation and audits.</li> </ul>

### Question 13

Support workers play a vital role in providing palliative care, but the emotional toll of this work can be significant. In the three (3) scenarios below provide answers on managing your emotional responses including self-care strategies while providing palliative care.

**Assessor note:** Sample answers are provided below however students emotional responses and processes, strategies can be subjective, so assessors should evaluate responses with consideration of individual differences and preferences. Assessors should evaluate the answer based on the student's ability to manage emotional responses effectively and the appropriateness of processes and self-care strategies suggested. They should assess whether the student understands the importance of emotional boundaries and self-care in palliative care.

*Scenario 1:* As a support worker, you've been caring for a patient in palliative care for several months, and you've formed a close bond. Unfortunately, the patient has just passed away. You're overwhelmed with grief.

**Question:** Briefly explain what strategies will you apply to manage your emotional response to the loss of a patient, including self-care strategies you would employ to cope with your grief?

(Approximate word count 70-80 words)

**Answer:** In this situation, I would acknowledge and validate my grief. It's natural to feel sadness when losing someone you've cared for. I would reach out to a trusted colleague or supervisor to discuss my feelings and seek emotional support. Additionally, I would consider attending a support group or counseling to help process my grief. Self-care strategies like journaling, exercise, and spending time with loved ones would also be part of my coping plan.

*Scenario 2:* You've been providing palliative care to several patients simultaneously, and the emotional toll is starting to affect you. You're experiencing symptoms of stress and compassion fatigue.

(Approximate word count 85-95 words)

**Question:** What strategies will you apply to manage the emotional responses to symptoms of stress and compassion fatigue in your role as a support worker in palliative care, and what self-care strategies would you implement?

**Answer:** To manage stress and compassion fatigue, I would first recognize the signs and acknowledge that it's okay to feel this way. I would communicate my feelings with my supervisor or a peer, seeking their guidance and support. I'd also review my workload and seek ways to balance it more effectively. Self-care strategies would include setting boundaries, practicing relaxation techniques such as deep breathing, and ensuring I have time for activities outside of work that rejuvenate me, like hobbies or spending time with family and friends.

*Scenario 3:* You've been providing palliative care to a patient who reminds you of a close family member you lost to a similar illness. Your emotions are affecting your ability to provide care objectively.

(Approximate word count 65-75 words)

**Question:** When faced with a situation where your personal emotions are interfering with your ability to provide objective care, how would you manage your emotional responses and establish and maintain emotional boundaries? What self-care strategies might help you in such cases?

**Answer:** To establish and maintain emotional boundaries, I would first acknowledge my personal connection and emotions related to the situation. I would then remind myself of my professional role and responsibilities. It might be helpful to discuss this with a supervisor to get guidance and support. Self-care strategies would include regular supervision or debriefing sessions to process emotions, mindfulness exercises to stay grounded, and practicing self-compassion to reduce self-judgment.

#### Question 14

Below question is based on various signs of imminent death and deterioration. Students please read the Trigger warning before attempting the question.

**Student note: Trigger Warning:**

The following question pertains to the various signs of imminent death and dying, this may trigger some emotions due to the sensitive topic related to death, loss, and end-of-life. This is part of the assessment requirements. Please approach the question with sensitivity and consider your emotional well-being before proceeding. If you find these topics distressing or triggering, you may want to seek support from your Trainer/Assessor. Your mental and emotional health is important.

**Assessor note:** When marking or assessing questions related to the imminent signs of death and deterioration, it's essential to approach the task with sensitivity and empathy. We have provided the students with a trigger warning before they attempt to answer these questions so, please be Mindful of the Trigger Warning: Acknowledge that the questions in this section may contain sensitive content and student might approach you for a debriefing session before attempting the question.

Imminent death and deterioration often come with a range of physical and behavioural signs. List and briefly explain ten(10) common signs of death and deterioration as the person approaches end of life?

(Approximate word count 240-250 words)

**Assessor note:** Students answers must be as per sample answers provided below however the wording may vary. Student must identify and list 10 common signs from the 14 signs provided below.

1. Profound Weakness: A significant loss of strength and muscle tone, often leading to immobility.
2. Extreme Fatigue: An overwhelming sense of tiredness and exhaustion, with increased sleepiness.
3. Loss of Appetite: A decline in food and fluid intake, often leading to dehydration and malnutrition.
4. Deteriorating Cognitive Function: A decrease in mental alertness, which may manifest as confusion, disorientation, or an inability to respond.
5. Changes in Vital Signs: These may include lowered blood pressure, slower heart rate (bradycardia), and irregular breathing patterns.
6. Changes in skin colour: An extreme paleness of the skin, indicating poor circulation. Mottling: The appearance of a bluish or purplish marbled pattern on the skin, particularly on the extremities, due to decreased blood flow.
7. Cool Extremities: Hands and feet may become cool to the touch as blood flow to the peripheries decreases.

8. Respiratory Changes: Irregular or shallow breathing, often accompanied by periods of apnoea (short pauses in breathing). This pattern is known as Cheyne-Stokes breathing.
9. Increased Restlessness: Some individuals may become agitated or restless, while others may become increasingly withdrawn and unresponsive.
10. Decreased Urine Output: A decline in the production of urine is common and may signal decreased kidney function.
11. Inability to Swallow: Difficulty swallowing may lead to choking and aspiration, making it challenging to maintain adequate hydration and nutrition.
12. Decreased Communication: Patients may have difficulty speaking or lose the ability to communicate verbally.
13. Changes in Breathing: Gurgling Sounds: The accumulation of saliva or fluids in the throat can lead to gurgling sounds, known as the "death rattle."
14. Decreased reflexes: Reflexes may diminish as the body's nervous system becomes less responsive.

Question 15

Below are a series of questions that are based on processes for care of the deceased person's body including taking care of the persons preferences? You must complete all the questions from a-f below.

**Student note: Trigger Warning:**

The following questions pertain to processes for the care of a deceased person's body, which may include discussions about sensitive topics related to death, loss, and preferences regarding end-of-life care. This is part of the assessment requirements. Please approach these questions with sensitivity and consider your emotional well-being before proceeding. If you find these topics distressing or triggering, you may want to seek support from your Trainer/Assessor. Your mental and emotional health is important.

**Assessor note:** When marking or assessing questions related to processes for the care of a deceased person's body, including taking care of the person's preferences, it's essential to approach the task with sensitivity and empathy. We have provided the students with a trigger warning before they attempt to answer these questions so, please be Mindful of the Trigger Warning: Acknowledge that the questions in this section may contain sensitive content related to death, loss, and end-of-life care preferences. Take into consideration the trigger warning provided and be prepared to support and assess responses that may involve emotional or personal perspectives and student might approach you for a debriefing session before attempting the question.

- a. Provide a brief explanation of how you would incorporate cultural, spiritual, and religious considerations into the care processes for a deceased person's body?  
(Approximate word count 115-125 words)

Assessor note: Sample answer provided below however student wording may vary.

It is essential to respect the cultural, spiritual, and religious beliefs of the deceased person and their family. The caring process for the deceased person's body would involve communicating with the family or designated representative to understand their preferences and any specific rituals or customs that need to be observed. Review the person's advance care directive to understand the individual wishes and discuss these with the person's family, next of kin, and others. Cultural considerations may include practices like body washing, dressing, and positioning, as well as specific burial or cremation customs and may include consulting with religious leaders so they can provide guidance on matters relating to funeral services that align with their cultural, religious, or spiritual values.



- b. Explain eight (8) key infection control processes one must follow when caring for a deceased person's body?  
(Approximate word count 115-125 words)

Assessor note: Sample answer provided below however student wording may vary. Student must list the eight (8) processes for infection control however the answer can be in any order.

1. Follow your organisation's infection control precautions when handling a deceased person's body.
2. Wear appropriate PPE (personal protective equipment) such as disposable gloves, water repellent gown or apron, mask, and eye protection (goggles or face shield).
3. Avoid contact with blood or body fluids and cover any wounds or abrasions (yours) with waterproof bandages.
4. Do not eat or drink during the process.
5. Avoid touching face and especially eyes.
6. Follow strict personal hygiene including washing hands with soap and water or alcohol rub before and after touching the body, avoiding sharps injury, and disposing of sharps and contaminated bedding.
7. Dispose of PPE afterwards according to organisations policies and procedures
8. Always wash hands thoroughly afterwards.

- c. Briefly explain how emotional support can be provided to others and family of the deceased person.  
(Approximate word count 70-80 words)

Assessor note: Sample answer provided below however student wording may vary.

Emotional support can be provided by offering condolences, listening empathetically to their feelings and concerns, and allowing them to grieve in their own way and at their own pace. Providing a compassionate presence and being available to talk or provide comfort can be immensely valuable. If you have been a regular carer or support for the person, you will probably be in a good position to offer emotional support to family and friends.

- d. Briefly explain how the personal effects and belongings of the deceased person should be handled after their passing.  
(Approximate word count 45-55 words)

Assessor note: Sample answer provided below however student wording may vary.

Personal effects and belongings of the deceased person should be handled as per organisations policies and procedures along with care and respect. Depending on the family's preferences and legal requirements, these items can be returned to the family, preserved for sentimental reasons, or handled in accordance with the deceased person's wishes.

- e. To answer this question, refer to your relevant state/territory based medico-legal requirements and lists and explain six(6) processes when caring for a deceased person's body in Australia?

Assessor note: Student must refer to their state/territory guidelines and write the name of the document and include six(6) medico legal processes when caring for deceased person's body as per sample answers provided below.

(Approximate word count 150-160 words)

State	Medico legal requirement for handling deceased person body
NSW	<p>The NSW Health Guideline for the Management of the Deceased Patient provides guidance on care and handling of deceased person body. Medico legal requirements include:</p> <ol style="list-style-type: none"> <li>1. <b>Confirmation of Death:</b> <ul style="list-style-type: none"> <li>• A qualified medical professional, such as a doctor or nurse, confirms the death. In some cases, this may require multiple assessments to ensure accuracy.</li> </ul> </li> <li>2. <b>Documentation:</b> <ul style="list-style-type: none"> <li>• Complete necessary documentation, including the death certificate. Accurate and thorough record-keeping is essential for legal and administrative purposes.</li> </ul> </li> <li>3. <b>Cause of Death Determination:</b> <ul style="list-style-type: none"> <li>• Determine and document the cause of death. This may involve a post-mortem examination or autopsy, depending on the circumstances and legal requirements.</li> </ul> </li> <li>4. <b>Infection Control Measures:</b> <ul style="list-style-type: none"> <li>• Implement appropriate infection control measures to protect those handling the deceased body. This includes using personal protective equipment (PPE) and following established protocols.</li> </ul> </li> <li>5. <b>Preservation Techniques:</b> <ul style="list-style-type: none"> <li>• If the body will not be immediately released for burial or cremation, preserve it using proper techniques, such as refrigeration or embalming. Preservation helps maintain the body's condition.</li> </ul> </li> <li>6. <b>Transportation Precautions:</b> <ul style="list-style-type: none"> <li>• Take precautions during the transportation of the deceased body to prevent contamination or injury. This may involve placing the body in a secure and sealed container.</li> </ul> </li> </ol>

	<p><b>7. Cultural and Religious Sensitivity:</b></p> <ul style="list-style-type: none"> <li>• Be aware of and respect cultural and religious practices related to death and the deceased body. This includes considerations for handling, preparation, and rituals.</li> </ul> <p><b>8. Autopsy Procedures:</b></p> <ul style="list-style-type: none"> <li>• If an autopsy is required, follow established procedures for conducting a thorough examination. Autopsies are often performed to determine the cause of death or gather forensic evidence.</li> </ul> <p><b>9. Tissue and Organ Donation:</b></p> <ul style="list-style-type: none"> <li>• In cases where the deceased person has expressed a desire for organ or tissue donation, facilitate the donation process in accordance with legal and ethical guidelines.</li> </ul> <p><b>10. Forensic Requirements:</b></p> <ul style="list-style-type: none"> <li>• If the death is under investigation or deemed suspicious, follow forensic procedures. This may involve collaboration with law enforcement and forensic experts.</li> </ul> <p><b>11. Legal Compliance:</b></p> <ul style="list-style-type: none"> <li>• Ensure compliance with local, state, and national laws governing the handling of deceased bodies. This includes obtaining necessary permits and authorizations.</li> </ul> <p><b>12. Communication with Family:</b></p> <ul style="list-style-type: none"> <li>• Communicate sensitively with the family of the deceased, providing information about medical procedures, cause of death, and any relevant findings.</li> </ul>
Victoria	<p>The Victorian Institute of Forensic Medicine provides guidelines for the handling of deceased persons. Medico legal requirements include:</p> <ol style="list-style-type: none"> <li><b>1. Post-Mortem Examinations:</b> <ul style="list-style-type: none"> <li>• Protocols for conducting post-mortem examinations, including the examination process and documentation of findings.</li> </ul> </li> <li><b>2. Death Verification:</b> <ul style="list-style-type: none"> <li>• Procedures for confirming and verifying the death of an individual.</li> </ul> </li> <li><b>3. Documentation and Records:</b> <ul style="list-style-type: none"> <li>• Guidance on accurate and thorough documentation of post-mortem examinations, including necessary forms and records.</li> </ul> </li> </ol>

	<ol style="list-style-type: none"> <li>4. <b>Evidence Collection:</b> <ul style="list-style-type: none"> <li>• Protocols for the collection, preservation, and documentation of evidence during post-mortem examinations.</li> </ul> </li> <li>5. <b>Release of the Body:</b> <ul style="list-style-type: none"> <li>• Procedures for the release of the deceased person's body to relevant authorities or funeral directors.</li> </ul> </li> <li>6. <b>Family and Cultural Considerations:</b> <ul style="list-style-type: none"> <li>• Recognition of the need for sensitivity to the cultural and religious practices of the deceased person and their family.</li> </ul> </li> <li>7. <b>Communication:</b> <ul style="list-style-type: none"> <li>• Guidance on communicating findings to relevant authorities, law enforcement, and family members.</li> </ul> </li> <li>8. <b>Staff Training and Professionalism:</b> <ul style="list-style-type: none"> <li>• Requirements for ongoing staff training and maintaining a high level of professionalism in the handling of deceased individuals.</li> </ul> </li> </ol>
Queensland	<p>Queensland Health provides guidelines for the care of deceased persons. Medico legal requirements include:</p> <ol style="list-style-type: none"> <li>1. <b>Death Verification:</b> <ul style="list-style-type: none"> <li>• Procedures for confirming and verifying the death of an individual.</li> </ul> </li> <li>2. <b>Post-Mortem Examinations:</b> <ul style="list-style-type: none"> <li>• Protocols for conducting post-mortem examinations, including examination procedures and documentation requirements.</li> </ul> </li> <li>3. <b>Documentation and Records:</b> <ul style="list-style-type: none"> <li>• Guidance on accurate and thorough documentation of post-mortem examinations and related records.</li> </ul> </li> <li>4. <b>Release of the Body:</b> <ul style="list-style-type: none"> <li>• Procedures for the release of the deceased person's body to relevant authorities or funeral directors.</li> </ul> </li> <li>5. <b>Family and Cultural Considerations:</b> <ul style="list-style-type: none"> <li>• Recognition of the need for sensitivity to the cultural and religious practices of the deceased person and their family.</li> </ul> </li> <li>6. <b>Communication:</b> <ul style="list-style-type: none"> <li>• Guidelines on communicating findings to relevant authorities, law enforcement, and family members.</li> </ul> </li> <li>7. <b>Staff Training and Professionalism:</b></li> </ol>

	<ul style="list-style-type: none"> <li>• Requirements for ongoing staff training and maintaining a high level of professionalism in the handling of deceased individuals.</li> </ul>
Western Australia	<p>The Department of Health provides guidelines for funeral directors and the handling of deceased persons.</p> <ol style="list-style-type: none"> <li><b>1. Death Verification:</b> <ul style="list-style-type: none"> <li>• Training on the procedures and criteria for verifying and confirming a person's death.</li> </ul> </li> <li><b>2. Cultural Sensitivity:</b> <ul style="list-style-type: none"> <li>• Understanding and respecting diverse cultural and religious practices related to death and mourning.</li> </ul> </li> <li><b>3. Documentation:</b> <ul style="list-style-type: none"> <li>• Training on the accurate and comprehensive documentation of post-mortem examinations and related procedures.</li> </ul> </li> <li><b>4. Communication Skills:</b> <ul style="list-style-type: none"> <li>• Developing effective communication skills when interacting with grieving families and relevant authorities.</li> </ul> </li> <li><b>5. Legal and Ethical Considerations:</b> <ul style="list-style-type: none"> <li>• Understanding the legal and ethical obligations related to the handling of deceased persons.</li> </ul> </li> <li><b>6. Post-Mortem Procedures:</b> <ul style="list-style-type: none"> <li>• Specific training on post-mortem examination procedures, including techniques and safety measures.</li> </ul> </li> <li><b>7. Grief Support:</b> <ul style="list-style-type: none"> <li>• Providing support and empathy to grieving families and individuals.</li> </ul> </li> <li><b>8. Occupational Health and Safety:</b> <ul style="list-style-type: none"> <li>• Ensuring that staff are aware of and adhere to occupational health and safety guidelines when handling deceased persons.</li> </ul> </li> </ol>
South Australia	<p>SA Health provides guidelines for the care and handling of deceased persons.</p> <ol style="list-style-type: none"> <li><b>1. Death Certification:</b> <ul style="list-style-type: none"> <li>• Proper procedures for certifying the cause of death.</li> </ul> </li> <li><b>2. Post-Mortem Procedures:</b> <ul style="list-style-type: none"> <li>• Training on conducting post-mortem examinations, if applicable.</li> </ul> </li> <li><b>3. Cultural Sensitivity:</b> <ul style="list-style-type: none"> <li>• Understanding and respecting cultural and religious practices</li> </ul> </li> </ol>

	<p>related to death and handling deceased individuals.</p> <ol style="list-style-type: none"> <li>4. <b>Legal and Ethical Considerations:</b> <ul style="list-style-type: none"> <li>• Knowledge of relevant laws and ethical guidelines regarding the handling of deceased persons.</li> </ul> </li> <li>5. <b>Communication Skills:</b> <ul style="list-style-type: none"> <li>• Effective communication with families, law enforcement, and other relevant parties.</li> </ul> </li> <li>6. <b>Infection Control:</b> <ul style="list-style-type: none"> <li>• Adherence to strict infection control measures to ensure the safety of staff and others.</li> </ul> </li> <li>7. <b>Documentation:</b> <ul style="list-style-type: none"> <li>• Proper documentation of post-mortem examinations and related procedures.</li> </ul> </li> <li>8. <b>Occupational Health and Safety:</b> <ul style="list-style-type: none"> <li>• Training on maintaining a safe and healthy work environment.</li> </ul> </li> </ol>
Northern Territory	<p>The Department of Health provides guidelines for mortuary services.</p> <ol style="list-style-type: none"> <li>1. <b>Confirmation of Death:</b> <ul style="list-style-type: none"> <li>• A qualified medical professional, such as a doctor or nurse, confirms the death. In some cases, this may require multiple assessments to ensure accuracy.</li> </ul> </li> <li>2. <b>Documentation:</b> <ul style="list-style-type: none"> <li>• Complete necessary documentation, including the death certificate. Accurate and thorough record-keeping is essential for legal and administrative purposes.</li> </ul> </li> <li>3. <b>Cause of Death Determination:</b> <ul style="list-style-type: none"> <li>• Determine and document the cause of death. This may involve a post-mortem examination or autopsy, depending on the circumstances and legal requirements.</li> </ul> </li> <li>4. <b>Infection Control Measures:</b> <ul style="list-style-type: none"> <li>• Implement appropriate infection control measures to protect those handling the deceased body. This includes using personal protective equipment (PPE) and following established protocols.</li> </ul> </li> <li>5. <b>Preservation Techniques:</b> <ul style="list-style-type: none"> <li>• If the body will not be immediately released for burial or cremation, preserve it using proper techniques, such as refrigeration or embalming.</li> </ul> </li> </ol>

	<p>Preservation helps maintain the body's condition.</p> <ol style="list-style-type: none"> <li>6. <b>Transportation Precautions:</b> <ul style="list-style-type: none"> <li>• Take precautions during the transportation of the deceased body to prevent contamination or injury. This may involve placing the body in a secure and sealed container.</li> </ul> </li> <li>7. <b>Cultural and Religious Sensitivity:</b> <ul style="list-style-type: none"> <li>• Be aware of and respect cultural and religious practices related to death and the deceased body. This includes considerations for handling, preparation, and rituals.</li> </ul> </li> <li>8. <b>Autopsy Procedures:</b> <ul style="list-style-type: none"> <li>• If an autopsy is required, follow established procedures for conducting a thorough examination. Autopsies are often performed to determine the cause of death or gather forensic evidence.</li> </ul> </li> <li>9. <b>Tissue and Organ Donation:</b> <ul style="list-style-type: none"> <li>• In cases where the deceased person has expressed a desire for organ or tissue donation, facilitate the donation process in accordance with legal and ethical guidelines.</li> </ul> </li> <li>10. <b>Forensic Requirements:</b> <ul style="list-style-type: none"> <li>• If the death is under investigation or deemed suspicious, follow forensic procedures. This may involve collaboration with law enforcement and forensic experts.</li> </ul> </li> <li>11. <b>Legal Compliance:</b> <ul style="list-style-type: none"> <li>• Ensure compliance with local, state, and national laws governing the handling of deceased bodies. This includes obtaining necessary permits and authorizations.</li> </ul> </li> <li>12. <b>Communication with Family:</b> <ul style="list-style-type: none"> <li>• Communicate sensitively with the family of the deceased, providing information about medical procedures, cause of death, and any relevant findings.</li> </ul> </li> </ol>
ACT	<p>ACT Health provides guidelines for mortuary services.</p> <ol style="list-style-type: none"> <li>1. <b>Confirmation of Death:</b> <ul style="list-style-type: none"> <li>• A qualified medical professional, such as a doctor or nurse, confirms the death. In some cases, this may</li> </ul> </li> </ol>

require multiple assessments to ensure accuracy.

**2. Documentation:**

- Complete necessary documentation, including the death certificate. Accurate and thorough record-keeping is essential for legal and administrative purposes.

**3. Cause of Death Determination:**

- Determine and document the cause of death. This may involve a post-mortem examination or autopsy, depending on the circumstances and legal requirements.

**4. Infection Control Measures:**

- Implement appropriate infection control measures to protect those handling the deceased body. This includes using personal protective equipment (PPE) and following established protocols.

**5. Preservation Techniques:**

- If the body will not be immediately released for burial or cremation, preserve it using proper techniques, such as refrigeration or embalming. Preservation helps maintain the body's condition.

**6. Transportation Precautions:**

- Take precautions during the transportation of the deceased body to prevent contamination or injury. This may involve placing the body in a secure and sealed container.

**7. Cultural and Religious Sensitivity:**

- Be aware of and respect cultural and religious practices related to death and the deceased body. This includes considerations for handling, preparation, and rituals.

**8. Autopsy Procedures:**

- If an autopsy is required, follow established procedures for conducting a thorough examination. Autopsies are often performed to determine the cause of death or gather forensic evidence.

**9. Tissue and Organ Donation:**

- In cases where the deceased person has expressed a desire for organ or tissue donation, facilitate the donation process in accordance with legal and ethical guidelines.

**10. Forensic Requirements:**



	<ul style="list-style-type: none"> <li>• If the death is under investigation or deemed suspicious, follow forensic procedures. This may involve collaboration with law enforcement and forensic experts.</li> </ul> <p><b>11. Legal Compliance:</b></p> <ul style="list-style-type: none"> <li>• Ensure compliance with local, state, and national laws governing the handling of deceased bodies. This includes obtaining necessary permits and authorizations.</li> </ul> <p><b>12. Communication with Family:</b></p> <ul style="list-style-type: none"> <li>• Communicate sensitively with the family of the deceased, providing information about medical procedures, cause of death, and any relevant findings.</li> </ul>
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f. List five(5) key documentation requirements typically required when caring for a deceased person's body in Australia?

(Approximate word count 35-45 words)

Assessor note: Students answers must be as per the sample answer provided below however student wording may vary.

The documentation requirements include:
1. Death certificate or medical certificate of the cause of death.
2. Consent forms for post-mortem examinations, if applicable.
3. Burial or cremation permits.
4. Any documentation related to organ donation, if applicable.
5. Identification and personal information of the deceased person.

### Question 16

Below are three (3) scenario-based questions related to communication strategies in palliative care to build trust, show empathy, demonstrate support, and empower the person, their family, carer, and others. You are required to provide answers outlining the communication strategies that you would apply for the best outcomes in palliative care settings as per the scenario.

Assessor note: Sample answers are provided below. Students answers must be as per the sample answers however the wording may vary.

*Scenario 1- You are a palliative care support worker meeting a new patient for the first time. The patient seems anxious and sceptical. Explain the communication strategies you would use to establish trust and rapport with the patient?*

(Approximate word count 55-65 words)

I would start by introducing myself and ensuring a welcoming and compassionate demeanour. To build trust, I'd actively listen to the patient's concerns, validate their feelings, and offer a safe space for them to express their fears and anxieties. I'd also be transparent about our care plan, ensuring they understand the process and are involved in decision-making.

*Scenario 2- On one of the occasions a family member of a terminally ill patient approaches to talk to you about how they are struggling to cope with their loved one's condition. Explain the communication strategies will you apply to communicate with the family member to demonstrate empathy and provide emotional support to the family during this challenging time?*

(Approximate word count 85-95 words)

I would approach the situation with empathy and sensitivity and acknowledge the family's emotions. I'd offer information about available support services, such as counseling, support groups, or chaplain services, and encourage them to utilize these resources. Additionally, I'd reassure them that we're here to assist not only the patient but also the family in any way we can, whether it's answering questions, addressing concerns, or simply being a compassionate presence. I would also give them an option to contact my supervisor if they are looking for specific information or support services.

*Scenario 3: You are working with a family member who is the primary caregiver for their loved one receiving palliative care at home. Briefly explain three (3) communication strategies you will use to empower and support the carer?*

(Approximate 100-110 words)

**Assessor note:** Student must write three (3) out of five(5) communication strategies provided below in the sample answer however the wording may vary.

**Answer:** To empower and support a career in this scenario, I would employ the following communication strategies:

- |   |
|---|
| 1. <b>Acknowledging the Caregiver's Role:</b> I would recognize the caregiver's dedication and commitment by saying, "Your role as a caregiver is invaluable, and we appreciate all that you do for your loved one."  |
| 2. <b>Providing Resources and Training information:</b> I would offer them to attend training and workshops and information about the specific care tasks they may need to perform, ensuring they are well-prepared and confident in their caregiving role. |
| 3. <b>Involving the carer in developing the Care Plan:</b> I would involve the carer in developing a care plan that considers the patient's preferences and the carer's capabilities. This ensures a collaborative approach to care.                        |
| 4. <b>Respite and Self-Care:</b> I would emphasize the importance of self-care for the carer, encouraging them to take breaks and seek support when needed. "Remember to take care of yourself as well, both physically and emotionally."                   |
| 5. <b>Regular Check-Ins:</b> I would establish open lines of communication and schedule regular check-ins to assess the carer's well-being, address concerns, and make any necessary adjustments to the care plan.  |

#### Question 17

To answer this question, refer to your relevant state/territory legislation on voluntary assistive dying and name the legislation and provision under the legislation on voluntary assistive dying?

(Approximate word count 165-175 words)

STUDENT NOTE: If you are from NT or ACT where there are no legislations in place for voluntary assistive dying to answer this question, please put N/A against the state and please provide a state/legislation and provision for one another state from below i.e. NSW, WA, SA, OR QLD

Assessors note: Sample answers are provided below that include all state and territory legislations and the provisions. Student must refer to their own state/territory legislation and provide the answers as per below.

Assessors please note the source of the information is - [QUT - Voluntary Assisted Dying](#)

State	Legislation	Provision under the legislation
Victoria	Voluntary Assisted Dying Act 2017.	<p>A person will be eligible to access VAD if he or she:</p> <ul style="list-style-type: none"> <li>• is aged 18 or over.</li> <li>• is an Australian citizen or permanent resident, ordinarily resident in Victoria, and, at the time of making a first request for VAD, has been resident in Victoria for at least 12 months.</li> <li>• has decision-making capacity, meaning the person can: <ul style="list-style-type: none"> <li>• understand information relevant to the decision to access VAD, and the effect of the decision,</li> <li>• retain that information to the extent necessary to make the decision,</li> <li>• use or weigh the information as part of the decision-making process, and</li> <li>• communicate the decision and the person’s views and needs about the decision in some way; and</li> </ul> </li> <li>• is diagnosed with a disease, illness or medical condition that is: <ul style="list-style-type: none"> <li>• incurable.</li> <li>• advanced, progressive and will cause death.</li> <li>• expected to cause death within six months (or, in the</li> </ul> </li> </ul>

		<p>case of a person with a neurodegenerative disease, illness or condition, within 12 months); and</p> <ul style="list-style-type: none"> <li>• causing suffering to the person that cannot be relieved in a manner that the person finds tolerable.</li> </ul>
WA	Voluntary Assisted Dying Act 2019.	<p>A person will be eligible to access VAD if the person:</p> <ul style="list-style-type: none"> <li>• is aged 18 or over.</li> <li>• is an Australian citizen or permanent resident, and at the time of making a first request for VAD was ordinarily resident in Western Australia for at least 12 months.</li> <li>• is diagnosed with at least one disease, illness, or medical condition that: <ul style="list-style-type: none"> <li>• is advanced, progressive and will cause death.</li> <li>• will, on the balance of probabilities, cause death within 6 months (or, in the case of a neurodegenerative disease, illness or condition, within 12 months); and</li> <li>• is causing suffering to the person that cannot be relieved in a manner that the person considers tolerable.</li> </ul> </li> <li>• has decision-making capacity for VAD, meaning they can: <ul style="list-style-type: none"> <li>• understand any information or advice that must be provided to the person about a 'VAD decision' (meaning a request</li> </ul> </li> </ul>

		<p>for access to VAD, or a decision to access VAD),</p> <ul style="list-style-type: none"> <li>• understand the matters involved in a VAD decision,</li> <li>• understand the effect of a VAD decision,</li> <li>• weigh up those factors in order to make the VAD decision, and</li> <li>• communicate the VAD decision in some way.</li> </ul> <ul style="list-style-type: none"> <li>• is acting voluntarily and without coercion; and</li> <li>• has an enduring request for VAD.</li> </ul>
South Australia	Voluntary Assisted Dying Act 2021.	<p>A person is eligible for VAD if they:</p> <ul style="list-style-type: none"> <li>• are aged 18 or over.</li> <li>• are an Australian citizen or permanent resident of Australia and have been ordinarily resident in South Australia for 12 months before making a first request.</li> <li>• have decision-making capacity in relation to VAD, meaning the person can: <ul style="list-style-type: none"> <li>• understand the information relevant to the decision to access VAD and the effect of the decision,</li> <li>• retain that information to the extent necessary to make the decision,</li> <li>• use or weigh that information as part of the process of making the decision, and</li> <li>• communicate the decision and the person's views and needs about the decision in some way; and</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• have a disease, illness, or medical condition that is: <ul style="list-style-type: none"> <li>• incurable, advanced, progressive, and will cause death.</li> <li>• expected to cause their death within 6 months (or in the case of a person with a neurodegenerative disease, illness, or condition, within 12 months).</li> </ul> </li> <li>• are suffering intolerably because of the disease, illness, or medical condition; and</li> <li>• are acting freely and without coercion.</li> </ul>
Queensland	Voluntary Assisted Dying Act 2021.	<p>A person is eligible for VAD if they:</p> <ul style="list-style-type: none"> <li>• are aged 18 or over.</li> <li>• have a disease, illness, or medical condition that is: <ul style="list-style-type: none"> <li>• advanced, progressive, and will cause death.</li> <li>• expected to cause their death within 12 months.</li> </ul> </li> <li>• are suffering intolerably because of the disease, illness, or medical condition.</li> <li>• have decision-making capacity in relation to VAD, meaning the person is capable of <ul style="list-style-type: none"> <li>• understanding the nature and effect of decisions about access to VAD,</li> <li>• freely and voluntarily making decisions about access to VAD, and</li> <li>• communicating decisions about VAD in some way.</li> </ul> </li> <li>• are acting voluntarily and without coercion.</li> <li>• are an Australian citizen, permanent resident of</li> </ul>

		<p>Australia, have been ordinarily resident in Australia for at least 3 years prior to making the first request, or they are granted an Australian residency exemption; and</p> <ul style="list-style-type: none"> <li>• have been ordinarily resident in Queensland for 12 months before making a first request, or they are granted a Queensland residency exemption.</li> </ul>
NSW	The Voluntary Assisted Dying Act 2021.	<p>A person will be eligible for VAD if they:</p> <ul style="list-style-type: none"> <li>• are aged 18 or over.</li> <li>• have at least one disease, illness, or medical condition that: <ul style="list-style-type: none"> <li>• is advanced, progressive and will cause death.</li> <li>• will, on the balance of probabilities, cause death within 6 months (or within 12 months if the person has a neurodegenerative disease, illness, or medical condition).</li> <li>• is causing suffering that cannot be relieved in a way the person considers tolerable.</li> </ul> </li> <li>• have decision-making capacity in relation to VAD, meaning the person can: <ul style="list-style-type: none"> <li>• understand information or advice about VAD that the Act requires be given to the person,</li> <li>• remember that information or advice to the extent necessary to make the decision,</li> <li>• understand the matters involved in a VAD decision, and</li> </ul> </li> </ul>

		<p>the effect of a VAD decision,</p> <ul style="list-style-type: none"> <li>• weigh up the factors referred to above to make a VAD decision, and</li> <li>• communicate a VAD decision in some way.</li> </ul> <ul style="list-style-type: none"> <li>• are acting voluntarily.</li> <li>• are not acting because of pressure or duress (this may include abuse, coercion, intimidation, threats, and undue influence).</li> <li>• have an enduring (i.e. ongoing) request for access to VAD; and</li> <li>• at the time of making a first request: <ul style="list-style-type: none"> <li>• are an Australian citizen or permanent resident, or have been resident in Australia for at least 3 continuous years; and</li> <li>• have been ordinarily resident in New South Wales for at least 12 months. A residency exemption may be granted if the person has a substantial connection to New South Wales and there are compassionate grounds for granting it.</li> </ul> </li> </ul>
NT	N/A	N/A
ACT	N/A	N/A

**Assessment checklist:**

Students must have completed all short answer questions within this assessment before submitting. This includes:



1	17 short answer questions to be completed in the spaces provided.	<input type="checkbox"/>
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**Congratulations you have reached the end of Assessment 1!**

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