

**Education Competency**  
**Framework**

**Specialist Palliative Care**  
**Team**

## **Introduction**

The education framework is designed to be used in conjunction with the competency framework. It provides guidance to enable you to gain the appropriate level of knowledge to support what you do in practice.

## **Levels of practice**

Four levels of competency have been identified that correlate with the current grading system and with proposals from the Nursing and Midwifery Council (NMC) on the development of nursing and the practitioner, specialist and consultant roles.

### **Level 1: Support worker, auxiliary or health care assistant**

Provides basic specialist palliative care with responsibility to a registered nurse. Should have or be working toward NVQ level 2

### **Level 2: Qualified Nurse**

A practitioner with a range of nursing experience who has started training in specialist palliative care, whilst working with responsibility to an experienced practitioner. This corresponds to D grade and junior E grade staff. The practitioner should have a post registration qualification in palliative care at diploma level or working towards

### **Level 3: Experienced qualified nurse**

An experienced practitioner, with a recognised specialist palliative care qualification who routinely uses their specialist skills. This corresponds to senior E grade and F grade staff. The practitioner should be working toward degree level.

#### **Level 4: Senior Qualified Nurse**

An experienced nurse in the field of specialist palliative care, who leads and supports the team whilst developing practice. They should have achieved a specialist degree and be working towards Masters level. This corresponds to G, H and I grade staff.

## COMPETENCY: NAUSEA & VOMITING

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Recognize signs and symptoms of nausea and vomiting</li> <li>• Has a basic understanding of: Causes eg drugs, the cancer treatments, fear &amp; anxiety, fungating wounds.</li> <li>• Has an awareness of the multiple causes and multiple treatments for N&amp;V and related symptoms eg constipation, cough.</li> <li>• Recognise the names of most commonly used anti-emetic drugs</li> <li>• Understands the Importance of assessment e.g. pattern, colour, odour, presence of blood, volume and recording, monitoring effects of administered treatment.</li> <li>• Has awareness of the need for privacy and dignity</li> <li>• Knows when to refer to other members of the team</li> </ul>	<ul style="list-style-type: none"> <li>• Articulates the physiology of N &amp; V and how anti-emetics work including the role of neurotransmitters</li> <li>• Understands the pharmacology of commonly prescribed anti-emetic drugs and the rationale for drug choice and dosage</li> <li>• Understands the contribution of non-pharmacological measures</li> <li>• Differentiates between, nausea, vomiting, regurgitation and dysphagia</li> <li>• Knows how to undertake a comprehensive assessment</li> <li>• Evaluates response to treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Articulates the pharmacology of anti-emetic drugs</li> <li>• Describes how to individualize treatment</li> <li>• Articulates categories and parameters for drug titration</li> <li>• Use of appropriate administration route/reassessment choice of anti-emetic</li> <li>• Aware of the effects of bowel obstruction at different levels and it's effects on the management of N&amp;V</li> </ul>	<ul style="list-style-type: none"> <li>• Able to demonstrate a comprehensive knowledge of the physiology of N &amp; V together with complex management options</li> <li>• Can articulate teaching plans and protocols for managing nausea and vomiting</li> <li>• Advise / prescribe relevant combinations</li> </ul>

## HAEMORRAGE

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Aware of potential causes of haemorrhage e.g. bleeding directly from tumour, tumour invading into blood vessels</li> <li>• Aware of potential sites of bleeding e.g. gastrointestinal bleeding, pelvic bleeding, carotid blow out, fungating wounds</li> <li>• Describes general care of patients and relatives to provide a calm environment</li> <li>• Discusses when to refer to other members of the team</li> </ul>	<ul style="list-style-type: none"> <li>• Knows which patients may be high risk e.g. patients with low platelet count as a result of anti cancer treatment, patients with DIC patients receiving anticoagulants</li> <li>• Discusses differing approaches to the management of bleeding e.g. pharmacological agents, dressings, DXT</li> <li>• Describes appropriate equipment in the event of a massive haemorrhage e.g. dark coloured towels/sheets, emergency drug box</li> <li>• Discusses the DNAR policy</li> </ul>	<ul style="list-style-type: none"> <li>• Knows which patients may be high risk e.g. patients with;- fungating tumours involving soft tissue around major blood vessel, pelvic tumours associated with fistulae involving the vagina and/or rectum, tracheostomal recurrent tumours, anterior, superior mediastinal or tracheal tumours</li> <li>• Demonstrates in-depth knowledge of management approaches</li> <li>• Discusses anticipating, planning and preparing carers patients and staff</li> <li>• Discusses the role of sedation</li> </ul>	<ul style="list-style-type: none"> <li>• Able to demonstrate a comprehensive knowledge of the pathophysiology of haemorrhage and management options</li> <li>• Discusses the value of clinical supervision and critical incident analysis</li> <li>• Able to train, advise and supervise others</li> </ul>

## PAIN

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Recognize signs and symptoms of pain</li> <li>• Has a basic understanding of: Causes of pain</li> <li>• Can outline the concept of total pain</li> <li>• Recognises the names of most commonly used analgesic drugs</li> <li>• Understands the Importance of assessment: observation, pain tools, documentation, site, severity, nature and quality</li> <li>• Knows when to refer to other members of the team</li> </ul>	<ul style="list-style-type: none"> <li>• Outlines pain mechanisms</li> <li>• Describes the WHO analgesic ladder, by the clock, mouth and ladder</li> <li>• Understands the pharmacology of commonly prescribed analgesic drugs</li> <li>• Understands the contribution of non-pharmacological measures to pain management</li> <li>• Differentiates between different types of pain</li> <li>• Knows how to undertake a comprehensive pain assessment incorporating assessment tools</li> <li>• Articulates common side effects of opioids and other analgesic drugs</li> <li>• Knows how to choose appropriate breakthrough doses</li> <li>• Evaluates response to treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Articulates the pharmacology of analgesic drugs</li> <li>• Describes how to individualize treatment</li> <li>• Articulates categories and parameters for drug titration</li> <li>• Use of appropriate administration route/reassessment choice of analgesic</li> <li>• Discusses the use of morphine alternatives</li> </ul>	<ul style="list-style-type: none"> <li>• Able to demonstrate a comprehensive knowledge of the physiology of pain and neurotransmitters together with complex management options</li> <li>• Can articulate teaching plans and protocols for managing pain</li> <li>• Advise / prescribe relevant combinations of analgesic drugs</li> </ul>

## RESTLESSNESS AND AGITATION

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Describes common signs of agitation and restlessness</li> <li>• Lists common causes of Agitation and restlessness &amp; R e.g full bladder, drugs, fear and anxiety</li> <li>• Can outline the concept of orientation to time and place</li> <li>• Recognizes the names of most commonly used drugs</li> <li>• Understands the Importance of assessment and documentation</li> <li>• Knows when to refer to other members of the team</li> <li>• Describes general care of patients and relatives to provide a calm environment</li> <li>• Understands the needs of patient, family and carers</li> </ul>	<ul style="list-style-type: none"> <li>• Describes common and complex signs of agitation, delirium, confusion and aggression</li> <li>• Discusses pharmacological and non-pharmacological approaches to managing A&amp;R</li> <li>• Understands the pharmacology of commonly prescribed drugs</li> <li>• Knows how to undertake a comprehensive assessment including risk assessment</li> <li>• Evaluates response to treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Recognizes causes and individualizes treatment</li> <li>• Articulates categories and parameters for drug titration</li> <li>• Use of appropriate administration route</li> <li>• Articulates the effects on relatives and carers</li> </ul>	<ul style="list-style-type: none"> <li>• Able to demonstrate a comprehensive knowledge of the patho-physiology of Agitation and restlessness together with complex management options</li> <li>• Advise / prescribe relevant combinations of drugs</li> <li>• Understands complex management options</li> </ul>

## SPINAL CORD COMPRESSION

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Aware that Spinal Cord Compression occurs in 5% of patients</li> <li>• Understands the Spinal Cord Compression is a palliative care emergency</li> <li>• Aware of which patients are most at risk e.g. breast, prostate, lung, kidney, thyroid and myeloma as these cancers will spread to the bones</li> <li>• Knows that symptoms include back pain, leg weakness, sensory disturbance, urinary and bowel problems</li> <li>• Aware that diagnosis can be difficult as signs can vary from subtle to gross</li> <li>• Aware of related implications for the patient e.g. moving and handling issues pressure area care skin care elimination mood / psychological support home and social circumstances role / relationship changes body image</li> </ul>	<ul style="list-style-type: none"> <li>• Understands the importance of quick medical assessment</li> <li>• Can describe how Spinal Cord Compression occurs and its prevalence as a symptom</li> <li>• Can recognize signs of bilateral raised or lowered motor neurone weakness, sensory loss, sacral anesthesia and decreased anal tone</li> </ul>	<ul style="list-style-type: none"> <li>• Has developed an in-depth knowledge of pre disposing factors and prevalence of Spinal Cord Compression</li> <li>• Aware of investigations required – physical examination, x-rays and MRI</li> <li>• Understands the path physiology of cauda equina (85% ↓ C2, extension of bone metastases into epidural space Remaining 15% = 10% cervical, 70% thoracic and 20% lumbar sacral)</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates an in-depth knowledge of the diagnostic skills and medical intervention to manage SCC</li> <li>• Describes the pathophysiology of SCC, shares knowledge and teaches colleagues</li> </ul>

## SUPERIOR VENA CAVAL OBSTRUCTION

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"><li>• Understands how SVCO may present</li><li>• Understands the distress caused by SVCO</li><li>• Describes how to position a patient with SVCO</li><li>• Knows when to refer</li></ul>	<ul style="list-style-type: none"><li>• Aware of common signs and common tumor sites preceding condition</li><li>• Understands that this is a palliative care emergency and knows when to refer to medical team</li></ul>	<ul style="list-style-type: none"><li>• Able to identify common symptoms and contributing factors</li></ul>	<ul style="list-style-type: none"><li>• Describes clinical presentation</li><li>• Can articulate in depth patho-physiological knowledge</li><li>• Shares information and teaches colleagues</li></ul>

## CONSTIPATION

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Define constipation as difficulty in moving bowels</li> <li>• Aware of it as a potential problem to any patient</li> <li>• Appreciate the sensitivity of the issue</li> <li>• Knows common contributing factors E.g. physical activity, inadequate privacy / time, inadequate fibre, / diet / fluids, drugs (morphine)</li> <li>• Outcomes / consequences e.g. abdominal pain / swelling, urine retention, incontinence overflow</li> <li>• Describes the importance of assessment of stool – patterns, pressure consistency, odour, colour and recording</li> <li>• Recognise names of most commonly used drugs / treatments</li> <li>• Discusses the need for privacy and dignity</li> </ul>	<ul style="list-style-type: none"> <li>• Understands of all contributing factors</li> <li>• Describes relevant anatomy and physiology</li> <li>• Discusses types of laxatives e.g. stimulants, softeners and rectal measures</li> <li>• Importance of prevention /anticipatory</li> <li>• Appropriate drugs</li> <li>• Education of patients</li> <li>• Understands potential for constipation in patients with intestinal stomas</li> <li>• Articulates the management of above</li> </ul>	<ul style="list-style-type: none"> <li>• Can identify less common causes and contributing factors e.g. obstruction cord compression and hypercalcaemia</li> <li>• Knows the principles of digital rectal examination</li> <li>• Evaluate effectiveness of appropriate laxatives</li> <li>• Ongoing review and reassessment</li> <li>• Simple abdominal examination</li> <li>• Debates the role of further investigation e.g. x-ray medical exam</li> </ul>	<ul style="list-style-type: none"> <li>• Discusses the patho-physiology of constipation</li> <li>• Demonstrates an in-depth knowledge and action of laxatives on patho physiology</li> </ul>

## DEATH AND DYING

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Recognize signs of approaching death</li> <li>• Has a basic understanding of causes of death i.e. respiratory failure, cardiac arrest</li> <li>• Has an awareness of the Do Not Attempt Resuscitation policy and it's impact on patients, carers and staff</li> <li>• Understands the Importance of assessment peace, religion and spirituality, culture and ethnicity</li> <li>• Has awareness of the need for privacy and dignity for the dying and their families</li> <li>• Can discuss the principles of last offices</li> <li>• Knows when to refer to members of the team</li> </ul>	<ul style="list-style-type: none"> <li>• Articulates the emotional needs of the dying and their families</li> <li>• Demonstrates an understanding of common symptoms in the dying</li> <li>• Understands the contribution of all team members at the end of life</li> <li>• Discusses relevant approaches to prepare patient and family for impending death</li> <li>• Evaluates response to treatment.</li> <li>• Discusses the DNAR policy</li> </ul>	<ul style="list-style-type: none"> <li>• Discusses the value of the ICP</li> <li>• Articulates the complex spiritual needs of the dying</li> <li>• Understands and articulates complex bereavement risk issues</li> <li>• Understands and discusses principles of verification of death and death certification</li> <li>• Describes how to individualize treatment at the end of life</li> <li>• Debates appropriate methods of staff support during the last stages of life</li> </ul>	<ul style="list-style-type: none"> <li>• Able to demonstrate a comprehensive knowledge of impending death</li> <li>• Evaluates the ICP</li> <li>• Able to articulate principles of verifying and certifying death</li> <li>• Demonstrates a sound understanding of bereavement risk assessment</li> <li>• Debates various approaches to providing bereavement support to relatives</li> <li>• Discusses the value of clinical supervision and critical incident analysis</li> </ul>

## HYPERCALCAEMIA

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Understands that hypercalcaemia is the most common metabolic disorder</li> <li>• Aware that hypercalcaemia is life threatening</li> <li>• Knows hypercalcaemia occurs most commonly in breast, prostate, lung, kidney, thyroid and multiple myeloma as these cancers spread into bones and in 10-20% of patients</li> <li>• Appreciates difficulty in diagnosis as symptoms are similar to those of end stage disease</li> <li>• Aware diagnosis depends upon a blood test</li> </ul>	<ul style="list-style-type: none"> <li>• Understands why hypercalcaemia occurs in certain cancers due to the production of hypercalcaemia mediating hormones which interfere with normal physiology of bones , kidneys and gut, producing osteoclast over stimulation with large amounts of calcium released into cellular fluid which the kidneys are unable to process resulting in calcium overload</li> <li>• Recognises and relates symptoms of fatigue, anorexia, weight loss, nausea, dehydration, renal insufficiency, bone pain, mental confusion, constipation and raised serum calcium to hypercalcaemia</li> <li>• Understands the needs of patients and carers as hypercalcaemia is associated with poor prognosis and limited survival               <ul style="list-style-type: none"> <li>- Primary prostate/breast with secondary bone = years</li> <li>- Primary lung/kidney with secondary bone = months</li> </ul> </li> <li>• Is aware of usual doses of treatment and so can administer correct prescribed medication and has an overview of how bisphosphonates work by inhibiting osteoclast formation and the importance of rehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Understands prevalence of bone mets, morbidity, quality of life issues e.g. pain/immobility and other skeletal related events e.g. pain requiring RT, Pathological fractures, SCC and bone marrow infiltration</li> <li>• Understands 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> generation bisphosphonates and their appropriate use</li> <li>• Understands common side effects as although bisphosphonates are well tolerated 20% of patients experience flu like symptoms, and/or 20% experience pain flare on 1<sup>st</sup> infusion so require anti pyretics and analgesia</li> <li>• Understands bone physiology and the effects of cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Has understanding of the wider use of bisphosphonates in a palliative care setting e.g. bone pain</li> <li>• Can advise and educate on all the physiology and management options and prevention of skeletal complications</li> </ul>

## PSYCHOSOCIAL CARE

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Recognizes signs of psychological distress e.g. anxiety, fear, sadness, loneliness depression</li> <li>• Recognizes signs of social distress e.g., social isolation, loss of role, financial difficulties</li> <li>• Aware of the principles of general emotional support including kindness, dignity, courtesy, respect</li> <li>• Understands how to form and maintain supportive relationships</li> <li>• Has some awareness of the psychosocial impact at key stages in the patients journey e.g. at diagnosis, end of treatment, at recurrence and end of life stage</li> <li>• Has an awareness of how personal behavior can potentially influence the patients behavior e.g. attitude, beliefs, values, mood</li> <li>• Understands the impact of reassurance</li> <li>• Knows when to refer to other members of the team</li> </ul>	<ul style="list-style-type: none"> <li>• Articulates the impact of life limiting illness on peoples daily lives, family relationships, their mood and work</li> <li>• Knows how to elicit concerns, worries and feelings through psychosocial assessment</li> <li>• Recognizes when and how to give verbal and written information</li> <li>• Knows how to explore emotional issues including sexuality</li> <li>• Knows what supportive services are available and when to refer</li> <li>• Can discuss coping mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>• Has in-depth knowledge of assessment, planning, implementing and evaluating psychosocial care</li> <li>• Demonstrates a knowledge of psychosocial interventions e.g. counseling, anxiety management, problem solving, cognitive behavioral therapies to support clients with psychosocial distress</li> <li>• Recognizes and describes adaptive and maladaptive behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Able to demonstrate a comprehensive knowledge of psychosocial issues affecting patients, relatives and colleagues</li> <li>• Has advanced knowledge to undertake a comprehensive assessment of patient and family psychosocial needs</li> <li>• Has advanced theoretical knowledge of how to recognize, challenge and intercept complex situations</li> <li>• Able to train, advise, and supervise others</li> </ul>

## SYRINGE DRIVERS

This includes: verbal communication, written communication, interpersonal skills, non-verbal communication, interviewing skills and team skills

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<ul style="list-style-type: none"> <li>• Have a basic knowledge of syringe drivers and their indications for use</li> <li>• Know about key safety issues, i.e. avoiding dropping or getting wet, transportation and protection from light etc</li> <li>• Have knowledge of indications for use, i.e. unable to tolerate oral medications, swallowing difficulties vomiting etc.</li> <li>• Know how to recognize skin site reactions and when to report to qualified staff</li> <li>• Know where to locate the operational policy</li> </ul>	<ul style="list-style-type: none"> <li>• Know about the key specifications and difference in models and important safety aspects related to these</li> <li>• Demonstrate knowledge around issues of patient information, education and safety</li> <li>• Know about commonly used drugs, combinations and diluents</li> <li>• Know how to administer and monitor syringe drivers infusions using established protocols, policies and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Can share knowledge and demonstrate through teaching of the principles of syringe driver use</li> <li>• Know drug conversions, contraindicating and titration's of commonly used agents</li> <li>• Know the importance of audit to monitor practice of self and others</li> </ul>	<ul style="list-style-type: none"> <li>• Know the importance of holding safety device registers for regular maintenance and repair</li> <li>• Policy information adaptation and review using an evidence based and integrated approach</li> </ul>