



Palliative Care
NEW SOUTH WALES

Guidance Manual

for Palliative Care Volunteer Training

A Companion to *Palliare: A Handbook for Palliative Care
Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018)



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Foreword

Better palliative care. That's the goal of palliative care volunteering.

Better palliative care comes from making the most of the opportunities to engage with our community. It requires us to be mindful of how we invest in each person and each role. It requires that we develop information that is accessible, relevant and practical.

Volunteers in palliative care come from our community. They have been selected for training because of their emotional skills, lived experience and community awareness. They have the potential to improve the quality of life for people receiving palliative care.

Training cannot substitute for the necessity of these human qualities in a volunteer candidate, but training is critical in the orientation, familiarisation and acculturation of the candidate to the setting and context of palliative care and training is important when it comes to instilling confidence in clinicians who refer volunteers to work with their vulnerable patients.

The task of volunteer management in palliative care is now a specialised field in its own right.

Volunteer Managers are skilled in recruitment, screening, training, mentoring, review and on-going professional development of volunteers. Their networks extend across the clinical team, into executive management and into the community. Volunteer Managers bring to life the relational values of palliative care.

Just as every palliative care service has a nuanced and varied response to their local communities, so each palliative care volunteer service has a particular focus or operating context. For this reason, there is no formulaic training approach. Yes, there are common areas of interest, and yes, there are terms, phrases, underpinning knowledge and ways of problem solving, but typically though, each Volunteer Manager will develop their own unique training materials that best responds to the context of their own service.

This manual is cross-referenced to the second edition of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018) and is supplemented by quizzes and other downloads on our website (www.volunteerhub.com.au). These resources collectively provide an excellent starting point for the Volunteer Manager to review and develop their training programme.

We dedicate this *Guidance Manual for Palliative Care Volunteer Training* to Volunteer Managers and their efforts to improve the lives of people receiving palliative care.

Thank you for all that you do.



Professor Deb Parker

President, Palliative Care NSW
Professor of Nursing Aged Care (Dementia), Faculty of Health,
The University of Technology Sydney

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Frameworks and Standards documents

The fields of volunteering and palliative care each have well-established frameworks and standards in place in Australia. These publications provide an insight into the defining elements of each discipline (volunteer management and palliative care service delivery).

The goals of the *NSW Health Framework for Engaging, Supporting and Managing Volunteers* (2016) are intended to engender respect and dignity for volunteers, to strengthen and guide volunteer management and to optimise the experience of volunteering within NSW Health. They also aim to ensure that NSW Health's approach to volunteering aligns with State and Commonwealth priorities for inclusive social communities.

The *National Standards for Volunteer Involvement* (Volunteering Australia 2015) describe 8 domains of a 'best practice' systems-based approach for managing volunteers. These domains include leadership and management, commitment to volunteer involvement, volunteer roles, recruitment and selection, support and development, workplace safety and wellbeing, volunteer recognition, as well as quality management and continuous improvement.

In Victoria the *Palliative Care Volunteer Standards* (Department of Human Services 2007) provide valuable guidance on aspects of volunteer management including establishing a volunteer program, volunteer recruitment and orientation, volunteer performance (including health and safety, grievances, discipline and dismissal), volunteer training and recognition as well as volunteer supervision and volunteer responsibilities.

The *Standards for Providing Palliative Care for All Australians* published by Palliative Care Australia (2005) is accepted as a key reference document in the ongoing planning and development of palliative care services in Australia. The Standards embody the philosophy of palliative care and include references to the provision of care, the dignity and respect for patients, the values and culture of the organisation and the accessibility of services. Also valued is the development of a community capacity to care for patients and families through effective collaboration and partnerships (Standard 9).

The NSW Ministry of Health has developed the *End of Life and Palliative Care Framework 2019-2024* (2019). The Framework will articulate NSW Health's vision of an integrated approach to end of life and palliative care planning and services within the NSW health system.

In NSW, the recommended approaches to palliative care service delivery have been articulated by the Agency for Clinical Innovation. Their online resource *Palliative and End of Life Care – A Blueprint for Improvement* (Agency for Clinical Innovation 2020) aims to guide services and Local Health Districts in constructing their own, localised models of care. It emphasises that everyone can have a role to play in supporting or providing care to people approaching and reaching the end of life.

The *National Consensus Statement* (2015) published by the National Commission on Safety and Quality in Health Care highlighted a number of principles to guide service delivery which included highlighting that dying is a normal part of life and a human experience, not just a biological or medical event, that safe and high-quality end-of-life care requires the availability of appropriately qualified, skilled and experienced interdisciplinary teams, and that providing for cultural, spiritual and psychosocial needs is as important as meeting physical needs.

How to use this Guidance Manual

What's in this manual?

This manual is a resource for people who provide instruction to palliative care volunteers.

The content reflects the material in *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018). It provides guidance for trainers and presenters who will also be guided by their organisation's requirements, their professional knowledge and the prior learning of the volunteers.

The sequence of *Units*, and of topics within *Units*, are arbitrary and for guidance only.

What other induction training may be required?

In addition to this material your organisation or health service may require that the volunteers undertake other induction training. Here are some examples of possible topics: infection control; fire safety and response; privacy, confidentiality & record keeping; manual handling/back care; feeding assistance; and overview of equipment (wheelchairs, walkers).


Volunteer managers should check the policy and procedures relevant to volunteers to ensure that all training elements are completed.

Assessment of units of learning

Guidelines are given for assessment of each unit of learning if required.

The volunteer manager may waive the requirement that the candidate attend a group session where it is not possible or convenient for a volunteer to attend, or where the candidate is an experienced clinician, or for some other reason.

One useful question is to ask '*am I confident that the candidate could teach the key elements of this unit to the next group of volunteers?*' If so, then the candidate could be deemed suitable to proceed to the next stage.



This manual is a resource for people who provide instruction to palliative care volunteers.

Essential outcomes

This unit describes the skills and knowledge required of a palliative care volunteer to participate within the boundaries of a palliative care multidisciplinary team and to form appropriate relationships with people, carers and family members.

It is expected that these skills are exercised within the requirements of state/commonwealth legislation, organisational policy, and appropriate standards of practice.

Terms used in this manual

- Palliative Care – for the purposes of this manual includes supportive care and specialist palliative care.
- Supportive Care – refers to the care offered to support and improve the quality of life of a person living with a life limiting illness, their carer and their family.
- Specialist Palliative Care – typically includes a combination of medical, nursing, allied health, social work and pastoral care working together in a multidisciplinary team
- Aged Care – refers to formal services and settings (including Residential Aged Care Facilities) that support people in aged care.
- Grief and Bereavement support – activities or roles performed by a service that attend to their local need to support people experiencing grief and/or bereavement.
- Spirituality – refers to the way in which individuals respond to and perceive the meanings of life.
- Volunteer Manager – a role performed by a person who has oversight of the volunteer program and may include the job titles Volunteer Coordinator, Volunteer Leader, Volunteer Supports Coordinator.
- Candidate – refers to a person who has been accepted as a candidate for volunteer training but has not yet successfully completed their induction.
- Volunteer – refers to a person who has fulfilled the requirements to be an unpaid participant in a palliative care volunteer service as defined by the service.

Methods of induction training

Induction training involves making sure that each volunteer meets the required competencies for a palliative care volunteer before commencement. This might involve group training, one-on-one coaching, recognition of prior learning, or a combination of one or more approaches.

Here are some options for volunteer induction training:



Induction training involves making sure that each volunteer meets the required competencies for a palliative care volunteer

Group training

Group training involves presentations to small or medium sized groups. This is likely to be the most commonly used method of volunteer training and preparation. The group training format is an efficient way to deliver training to a number of candidates and to involve local clinicians. The format also allows for the observations of interaction between candidates, which can be useful insights into their learning capacity, worldview, insight and empathy. Some of the commonly experienced disadvantages are that group training is resource-intensive, and this is a disincentive to scheduling which means that courses may only be scheduled infrequently, discouraging those volunteers who are keen to start and who would make suitable candidates.

Coaching and mentoring

Coaching and mentoring involves interaction with a small number of candidates at a time, say one or two in an 'on-the-job' training approach. This approach might be appropriate, for example: if only one or two new volunteers are being introduced to the service; or if a current volunteer is being re-inducted after an extended period of service or of leave; or if a particular need can be met by fast-tracking the induction of the volunteer such as a need arising for a particular language or cultural background, gender balance, or skill (art, music, counselling, cooking, driving etc). Coaching and mentoring reduce the time taken to induct the volunteer while still ensuring that the essential elements of the training program have been covered. Disadvantages may accrue from the person not being included in the group dynamic; that the person may not be introduced to other presenters and clinicians that would normally be involved in the group setting.

Recognition of prior learning and skills

The volunteer manager may, depending on their organisation's policies, opt to fast-track one or more candidates who can demonstrate prior learning, skills and competence. This approach might be appropriate where an experienced candidate is being considered and their previous learning and skills can be recognised or confirmed through interview, and/or where a particular characteristic is sought (e.g. gender, language/cultural, speciality). For example, the candidate may have been a clinician in a related field, or they have been a palliative care volunteer in another service, or the service has demand for a suitable male volunteer and group training is not available in the near future.

Recognition of prior learning and skills includes the use of interview and evidence collection, with the intention of weighing-up the person's level of expertise against that desired of a volunteer.

Even if the person is considered adequately skilled then it might be appropriate to prescribe reading tasks with/without further interview/s. As for the coaching approach, disadvantages may accrue from the person not being included in the group dynamic; that the person may not be introduced to other presenters/clinicians within the palliative care service who would normally be involved in training within the group setting.

Empathy and emotional awareness as the essence of the palliative care volunteer

Empathy and emotional awareness are core qualities that a volunteer brings into their role. Even though these may not be articulated as training elements in the Unit structure, the nurturing and valuing of empathy and emotional awareness is inherent in applying the material in the induction training.

A useful resource to reinforce the relevance of empathy and emotional awareness within the health context is the NSW Health video Small Acts of Kindness by KFilms (6.5 mins) or search for 'NSW Health Small Acts of Kindness'.

Unit selection

This table indicates which Units may be most appropriate for each of the intended volunteer roles. Volunteer managers may elect additional units for their volunteers depending on the diversity, location and context of their roles.

The chapters refer to *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).



	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10	Total hours
	About palliative care	Volunteer Practice and Boundaries	Communication skills	Spirituality and cultural identity	About grief & bereavement	Inpatient & residential settings	Home visiting	Young people in palliative care	Supportive care and end of life	Self-care & reflective practice	
Corresponding chapter in Palliare 2018	1, 2	3, 4	5	6, 7	8, 9	10	11	12	13, 14	None	
Nominal Hours ¹	2	2	2	2	2	2	2	2	2	2	20

Recommended units according to volunteer role

Adult inpatient	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	16
Adult community	Yes	Yes	Yes	Yes	Yes		Yes		Yes	Yes	16
Paediatric inpatient	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	18
Paediatric community	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	18
Residential aged care	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	16
Bereavement support	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	16

1. 'Nominal hours' refers to group training and is for guidance only; it is recommended that learning is supplemented by pre-reading of Palliare as indicated.

Unit 1: About Palliative Care

Aims

This introductory unit is intended to give each candidate an understanding of the breadth of palliative care: as an area of practice, as an approach to care and as a public health initiative.



Nominal time
2 hours



Palliare
Chapters 1,2

Take home messages

It is intended that, by the end of this session, the candidate be able to demonstrate relevant knowledge of the following concepts within the context of their role and service (outcomes listed in *italics* denote specialised/advanced knowledge that may or may not be supported by material in Palliare).

Outcomes

Competencies

Be able to discuss the philosophy of palliative care

Relevant knowledge of

- The modern palliative care movement
- The definitions of palliative care (adult, paediatric)
- Integrated palliative care, supportive and palliative care

Be familiar with the way in which palliative care is delivered

Relevant knowledge of

- Specialist and generalist palliative care, palliative approach
- Carers, family, friends, social networks and palliative care
- Community and volunteer contributions to palliative care
- *Aged care and palliative care*
- *Paediatric care and palliative care*

Be aware of the standards to which specialist palliative care is delivered

Relevant knowledge of

- The concept of standards of practice, accreditation
- *The National Palliative Care Standards*

Discuss the role of the palliative care volunteer within the multidisciplinary team

Relevant knowledge of

- Multidisciplinary team approach to care
- The volunteer role within the team

Be aware of the concepts associated with health promoting palliative care

Relevant knowledge of

- *Palliative care and a good death*
- *Palliative care and vulnerable communities*
- *Health and death literacy*
- *Health promoting palliative care, public health palliative care, compassionate communities*
- *Palliative care and the consumer voice*

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

Completion of two of the following activities is recommended:

1. Attendance at a group session
2. Completion of an assigned task (e.g. video, private reading)
3. Demonstrated prior learning
4. Completion of an assessment task

Guidance material for presenters

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Time	Topics
1	10 minutes	The origins of palliative care <ul style="list-style-type: none">• The modern palliative care movement• The definitions of palliative care (adult, paediatric)• Integrated palliative care, supportive and palliative care
2	20 minutes	The delivery of palliative care <ul style="list-style-type: none">• Specialist and generalist palliative care and palliative approach across settings• Carers, family, friends, social networks and palliative care• Community and volunteer contributions to palliative care• <i>Aged care and palliative care</i>• <i>Paediatric care and palliative care</i>
3	15 minutes	About specialist palliative care <ul style="list-style-type: none">• The concept of standards of practice, accreditation• <i>The National Palliative Care Standards</i>
4	15 minutes	The role of the volunteer in palliative care <ul style="list-style-type: none">• Multidisciplinary team approach to care• The volunteer role within the team
5	20 minutes	Break
6	40 minutes	Health promoting palliative care <ul style="list-style-type: none">• <i>Palliative care and a good death</i>• <i>Palliative care and vulnerable communities</i>• <i>Health and death literacy</i>• <i>Health promoting palliative care, public health palliative care, compassionate communities</i>• <i>Palliative care and the consumer voice</i>
Total	120 minutes	

2. Suggested learning tasks

- Complete the questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).
- Complete the online Quiz for the relevant Chapter of Palliare at www.volunteerhub.com.au

3. Suggested assessment tasks

- Candidates may complete the Questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018);
- Candidates may be interviewed about the content of the relevant chapter/s of Palliare; and/or
- Candidates may give a presentation on all or on selected parts of this *Unit*.

Activities

Activity 1: Quiz

Select the correct response to each of the following questions:

1. What is meant by the term 'Palliative Approach'?

- a. A specialty qualification for Palliative Care physicians
- b. A speciality type of cancer treatment
- c. A way of treating people which focuses on their comfort
- d. A focus on diagnosis instead of prognosis
- e. None of the above.

2. According to the World Health Organisation, Palliative Care:

- a. Provides relief of suffering
- b. Can occur at the same time with other therapies that are intended to prolong life
- c. Provides careful treatment of pain
- d. All of the above
- e. Only a and c above.

3. 'Futile' treatment:

- a. Masks the symptoms and provides comfort to the person
- b. Aims to shorten life and suffering
- c. Doesn't result in beneficial outcomes for the person
- d. Is used where there is little chance of the person's survival
- e. Both a and c above.

4. For adult patients, which of the following is described by palliative care clinicians as the '12-month question' or the 'surprise'?

- a. 'Has this person had these symptoms for more than 12 months?'
- b. 'Is this person likely to recover within the next 12 months?'
- c. 'Will this person need to go to hospital within the next 12 months?'
- d. 'Would I be surprised if this person died within the next 12 months?'
- e. None of the above.

5. The palliative care team:

- a. Reviews and revises the person's plan of care
- b. Is essential for the delivery of palliative care
- c. Must include a representative of each clinical area
- d. Decides if a person is referred to palliative care
- e. None of the above.

6. A good death:

- a. can only be achieved if a person dies at home
- b. can only be achieved if a person dies in a hospital
- c. is when a person dies quickly
- d. is an aspirational goal that guides the provision of palliative care
- e. none of the above.

7. The goals of health promoting palliative care include:

- a. Building public policies that support dying, death, loss and grief
- b. Creating supportive environments (in particular social supports)
- c. Reviewing clinical pathways
- d. a & b above
- e. None of the above.

Answers: 1c, 2d, 3c, 4d, 5a, 6d, 7d.

Activity 2: Group Discussion – Social determinants of health

Discuss the issues that might determine the health and death experience of a person in your health service's catchment. What role might volunteers play in response?

Unit 2: Volunteer Practice and Boundaries

Aims

This unit is intended to give each candidate an understanding of the scope of, and standards within which, the role of the palliative care volunteer is practiced.



Nominal time
2 hours



Palliare
Chapters 3,4

Take home messages

It is intended that, by the end of this session, the candidate be able to demonstrate relevant knowledge of the following concepts within the context of their role and service (outcomes listed in *italics* denote specialised/advanced knowledge that may or may not be supported by material in Palliare).

Outcomes

Competencies

Understand role of the palliative care volunteer within the multidisciplinary team.

- Relevant knowledge of
- Qualities, skills and attributes of a palliative care volunteer
 - Settings within which volunteers support clients
 - Concepts of holistic care
 - Starting and continuing as a volunteer: what to expect
 - *Leading a small group of volunteers*

Understand boundaries, scope of practice and self-care practices of a palliative care volunteer.

- Relevant knowledge of
- Duty of care
 - Scope of practice/role and boundaries for volunteers
 - Privacy and confidentiality
 - Responding to patient distress (physical/other including palliative care emergencies)
 - Self-care
 - *Ongoing education and development for volunteers*

Demonstrate communication skills appropriate to nurturing relationships with people, carers and family members.

- Relevant knowledge of
- Reflection and relationships
 - Effective, attentive and empathetic relationships
 - Telephone communication
 - Communicating in complicated contexts
- Demonstrated skills in
- Interpersonal communication skills (individual interactions)
 - Small group communication skills (family interactions)

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

Completion of two of the following activities is recommended:

1. Attendance at a group session
2. Completion of an assigned task (e.g. video, private reading)
3. Demonstrated prior learning
4. Completion of an assessment task

Guidance material

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Duration	Topics
1	50 minutes	The role of the palliative care volunteer within the multidisciplinary team. <ul style="list-style-type: none">• Qualities, skills and attributes of a palliative care volunteer• Settings within which volunteers support clients• Concepts of holistic care• Starting and continuing as a volunteer: what to expect• <i>Leading a small group of volunteers</i>
2	20 minutes	Break
3	50 minutes	Boundaries, role, scope of practice and self-care practices of a palliative care volunteer. <ul style="list-style-type: none">• Duty of care• Scope of practice and boundaries for volunteers• Privacy and confidentiality• Responding to patient distress (physical/other including palliative care emergencies)• Self-care• <i>Ongoing education and development for volunteers</i>
Total	120 minutes	End of unit

2. Suggested learning tasks

- Complete the questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).
- Complete the online Quiz for the relevant Chapter of Palliare at www.volunteerhub.com.au

3. Suggested assessment tasks

- Candidates may complete the Questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018);
- Candidates may be interviewed about the content of the relevant chapter/s of Palliare; and/or
- Candidates may give a presentation on all or on selected parts of this *Unit*.

Activities

Activity 1: Question for discussion

We each set boundaries within our relationships and the way in which we keep or maintain those boundaries becomes part of who we are as individuals. One of the challenges is for us to identify the often subtle changes that can signal that we are crossing a boundary line. This may be challenging for palliative care volunteers who are highly orientated towards being supportive and helpful.

1. Did you ever have to say 'no' to someone? How did it make you feel? How did the other person react?
2. How can volunteers protect themselves from accusations of misconduct?
3. A carer starts asking you questions about your personal life and relationships. What is an appropriate way to respond?
4. On social media you receive a request from a patient to connect. How do you respond?
5. You hear a volunteer say 'I'm a huggy-touchy-feely sort of person, I hug everyone'. What is your opinion about physical touch in your role as a volunteer?
6. Within your role as a volunteer you are regularly in contact with a carer. What are some of the signs that the boundaries between each of you are shifting?

For questions 6 some of the signs might include:

- You start to have strong feelings of attraction or dislike towards the other person;
- You become aware that the other person is increasingly seeking to please you;
- You 'over-share' information about your life;
- You start meeting with them socially; and/or
- You dress more provocatively in advance of seeing them.

Note: For more communications exercises see also Unit 3.

Unit 3: Communications Skills

Aims

This unit is intended to give each candidate an understanding of, and develop competence in, communicating with others within the context of the role of a palliative care volunteer.



Nominal time
2 hours



Palliare
Chapters 5

Take home messages

It is intended that, by the end of this session, the candidate be able to demonstrate relevant knowledge of the following concepts within the context of their role and service (outcomes listed in *italics* denote specialised/advanced knowledge that may or may not be supported by material in Palliare).

Outcomes

Understand the concepts and practice associated with communicating as a volunteer

Competencies

Relevant knowledge of effective communication

- Communication guidelines
- Communicating in complicated contexts
- *Non-verbal communication*

Demonstrated skills in

- Reflection and reflective listening
- Interpersonal communication skills (individual interactions)
- Small group communication skills (family interactions)

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

Completion of two of the following activities is recommended:

1. Attendance at a group session
2. Completion of an assigned task (e.g. video, private reading)
3. Demonstrated prior learning
4. Completion of an assessment task

Guidance material

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Duration	Topics
1	30 minutes	Relevant knowledge of effective communication <ul style="list-style-type: none">• Communication guidelines• Communicating in complicated contexts• <i>Non-verbal communication</i>
2	20 minutes	Demonstrated skills in <ul style="list-style-type: none">• Reflection and reflective listening• Interpersonal communication skills (individual interactions)• Small group communication skills (family interactions)
Break	10 minutes	Break
3	60 minutes	(continued) Demonstrated skills in <ul style="list-style-type: none">• Reflection and reflective listening• Interpersonal communication skills (individual interactions)• Small group communication skills (family interactions)
Total	120 minutes	End of unit

2. Suggested learning tasks

- Complete the questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).
- Complete the online Quiz for the relevant Chapter of Palliare at www.volunteerhub.com.au
- View the NSW Health video *Small Acts of Kindness*, a film commissioned by NSW Health and produced by *KFilms*.

3. Suggested assessment tasks

- Candidates may complete the Questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018);
- Candidates may be interviewed about the content of the relevant chapter/s of Palliare; and/or
- Candidates may give a presentation on all or on selected parts of this *Unit*.

Activities

Activity 1: Quiz

Select the most correct response to each of the following questions:

1. The aim of communicating with a patient is:

- a. To build a supportive relationship with the person.
- b. To avoid insincerity, or being overly intimate, or power struggles.
- c. To become friends with the person and their family.
- d. To identify clinical goals for the person in palliative care.
- e. Both a & b above.

2. Conversation can be inherently intimate, so when working with patients, conversation is probably not the best approach. Is this true or false?

3. Effective communication:

- a. Is attentive to the person's total message, both verbal and non-verbal.
- b. Requires the volunteer to be fully present, not distracted by their thoughts.
- c. Is enhanced by the volunteer being a calm and attentive.
- d. Involves careful attention to the context of the relationship.
- e. All of the above.

4. Which of the following techniques will make your listening more effective:

- a. Don't ever break eye contact.
- b. Try and feel what the speaker is feeling.
- c. Help the speaker finish the sentence.
- d. Try and interpret what the speaker is saying.
- e. All of the above.

5. You have been asked to assist a person with an intellectual disability who is attending a clinic and you find their speech hard to understand. The best approach is to:

- a. Pretend that you can understand them and change the subject.
- b. Ask them to repeat themselves or to use different words.
- c. Communicate solely with their support worker.
- d. Speak more slowly to them, in a loud voice.
- e. None of the above.

6. A person has just been given a grim diagnosis. You are with them in the hours after they get the bad news. A great response would be:

- a. "That's nothing, my husband's cancer was much worse than that"
- b. "Don't worry, you'll be fine, try and not think about it"
- c. "It's probably because you've been a smoker all your life, such an awful habit"
- d. "Poor thing, you look ghastly"
- e. None of the above.

7. People in a coma cannot be roused but may be able to hear and sense your touch. Is this true or false?

Answers: 1e, 2f, 3e, 4d, 5b, 6e, 7t.

Activity 2: Body language

Recognising the cues delivered via body language is an important part of inter-personal communication. Body language can reveal conscious and unconscious attitudes and feelings.

Reflect on your own body language. What gestures do you use? How does your posture change when you speak? How do you show if you are listening to someone?

Reflect on other peoples' body language. How do you know if they are listening to you? How do their responses change the way you feel? Do they look comfortable or uncomfortable - how can you tell?

Unit 4: Spirituality and cultural identity

Aims

This unit is intended to give each candidate an understanding of how an individual's spirituality, their culture and family influence the way in which a volunteer supports people receiving palliative care.



Nominal time
2 hours



Palliare
Chapters 6,7

Take home messages

It is intended that, by the end of this session, the candidate be able to demonstrate relevant knowledge of the following concepts within the context of their role and service (outcomes listed in *italics* denote specialised/advanced knowledge that may or may not be supported by material in Palliare).

Outcomes

Competencies

Understand the concepts and practice associated with spiritual support for a person in palliative care.

- Relevant knowledge of
- Suffering, existential distress and total pain
 - Relief of distress, engendering hope
 - Talking, relating – some verbal signposts
 - Spirituality and spiritual care
 - *Children and spirituality*

Be aware of the concepts by which we understand culture and diversity and share with families in palliative care.

- Relevant knowledge of
- Culture and diversity
 - Cultural bias
 - Families in palliative care
 - *Local cultural groups*

Demonstrate competence in communication appropriate to a volunteer role.

- Demonstrated skills in (*may be addressed in Unit 3*)
- Interpersonal communication skills (individual interactions)
 - Small group communication skills (family interactions)
 - Reflection and reflective listening

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

Completion of two of the following activities is recommended:

1. Attendance at a group session
2. Completion of an assigned task (e.g. video, private reading)
3. Demonstrated prior learning
4. Completion of an assessment task

Guidance material

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Duration	Topics
1	45 minutes	Understand the concepts and practice associated with spiritual support for a person in palliative care. Relevant knowledge of <ul style="list-style-type: none">• Suffering, existential distress and total pain• Relief of distress, engendering hope• Talking, relating – some verbal signposts• Spirituality and spiritual care• <i>Children and spirituality</i>
2	45 minutes	Be aware of the concepts by which we understand and share experiences of grief and bereavement. Relevant knowledge of <ul style="list-style-type: none">• Culture and diversity• Cultural bias• Families in palliative care• <i>Local cultural groups and ritual</i>
Break	10 minutes	Break
3	20 minutes	Demonstrate competence in communication appropriate to a volunteer role. Demonstrated skills in (<i>may be addressed in Unit 3</i>) <ul style="list-style-type: none">• Interpersonal communication skills (individual interactions)• Small group communication skills (family interactions)• Reflection and reflective listening
Total	120 minutes	End of unit

2. Suggested learning tasks

- Complete the questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).
- Complete the online Quiz for the relevant Chapter of Palliare at www.volunteerhub.com.au

3. Suggested assessment tasks

- Candidates may complete the Questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018);
- Candidates may be interviewed about the content of the relevant chapter/s of Palliare; and/or
- Candidates may give a presentation on all or on selected parts of this *Unit*.

Activities

Activity 1: Quiz

Select the most correct response to each of the following questions:

1. Total pain refers to

- a. The experience of pain as a stimulus-response
- b. The experience of pain as a balancing-response
- c. The worst pain they could imagine
- d. Both a & b
- e. None of the above.

2. Existential Distress

- a. Arises from suffering
- b. Is a common human experience
- c. Cannot be treated with medication
- d. All of the above
- e. None of the above.

3. Some keys to being present with a person in distress

- a. Build bridges, listen for hope
- b. Don't try to find or fix the problem
- c. Validate their experiences and emotions
- d. Respect their choices even if they want silence
- e. All of the above.

4. Spiritual care is relevant to how we communicate because it is an approach that

- a. Engages with human meaning, purpose and connection
- b. Aims to proselytise and influence
- c. Is person-centred and relational in nature
- d. Both a & b
- e. Both a & c.

5. In Australia the percentage of people with at least one parent born overseas in 2016 was?

- a. Less than 10%
- b. Between 10% and 20%
- c. Between 20% and 40%
- d. Between 40% and 60%
- e. More than 60%.

6. What percentage of households in Australia had two or more languages in 2016?

- a. Less than 5%
- b. Between 5% and 13%
- c. Between 13% and 25%
- d. Between 25% and 33%
- e. More than 33%.

7. The most effective way to change cultural bias is

- a. Cultural awareness training
- b. Maintaining normative values
- c. Immersion in culture
- d. a & c above
- e. None of the above.

8. Family interactions in palliative care may be affected by

- a. Profound changes in the way the family sees the role and status of the dying person
- b. Changing internal dynamics and roles between members
- c. Cultural imperatives about decision making and tacit authority
- d. All of the above
- e. None of the above.

Answers: 1d, 2d, 3e, 4e, 5d, 6c, 7d, 8d.

Note: For more communications exercises see also Unit 3.

Unit 5: About Grief & Bereavement

Aims

This unit is intended to give each candidate an understanding of the basic concepts associated with grief and bereavement as relevant to their support of the patient approaching the end of life, and their carer.



Nominal time
2 hours



Palliare
Chapters 8,9

Take home messages

It is intended that, by the end of this session, the candidate be able to demonstrate relevant knowledge of the following concepts within the context of their role and service (outcomes listed in *italics* denote specialised/advanced knowledge that may or may not be supported by material in Palliare).

Outcomes

Be aware of the concepts by which experiences of grief and bereavement are understood.

Demonstrate an understanding of communication, safety and reporting considerations.

Competencies

Relevant knowledge of

- Understandings of grief, loss and bereavement
- Anticipatory grief
- Healthy experiences and expressions of grief
- Communicating with people in grief
- *Bereavement risk factors*
- The volunteer involvement in bereavement support
- *Grief experiences involving children, siblings*

Demonstrated skills in

- Interpersonal communication skills
- Short reporting of concerns or observations

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

Completion of two of the following activities is recommended:

1. Attendance at a group session
2. Completion of an assigned task (e.g. video, private reading)
3. Demonstrated prior learning
4. Completion of an assessment task

Guidance material

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Duration	Topics
1	70 minutes	Be aware of the concepts by which experiences of grief and bereavement are understood. Relevant knowledge of <ul style="list-style-type: none">• Understandings of grief, loss and bereavement• Anticipatory grief• Healthy experiences and expressions of grief• Communicating with people in grief• <i>Bereavement risk factors</i>• The volunteer involvement in bereavement support• <i>Grief experiences involving children, siblings</i>
2	10 minutes	Break
3	40 minutes	Demonstrate an understanding of communication, safety and reporting considerations. Demonstrated skills in (<i>may be addressed in Unit 3</i>) <ul style="list-style-type: none">• Interpersonal communication skills• Short reporting of concerns or observations
Total	120 minutes	End of unit

2. Suggested learning tasks

- Complete the questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).
- Complete the online Quiz for the relevant Chapter of Palliare at www.volunteerhub.com.au

3. Suggested assessment tasks

- Candidates may complete the Questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018);
- Candidates may be interviewed about the content of the relevant chapter/s of Palliare; and/or
- Candidates may give a presentation on all or on selected parts of this *Unit*.

Activities

Activity 1: Quiz

Select the most correct response to each of the following questions:

1. Grief:

- a. Is anticipatory in nature if it involves the person's reaction to impending loss.
- b. Is complicated in nature if it involves support from multiple clinicians.
- c. Is social in nature if it significantly impacts on the wellbeing of the community.
- d. Is pathological if the person exhibits anger or guilt toward the deceased.
- e. None of the above.

2. A person is experiencing grief over their recent bereavement. You might respond by saying:

- a. "Don't worry you'll find another husband".
- b. "Always look on the bright side of life".
- c. "It's time to get on with your life".
- d. "I know how you feel".
- e. None of the above.

3. The experience of bereavement by young people:

- a. Can be reduced by actively interviewing the young person to explore their feelings.
- b. Can be significantly impacted by their experiences of changes to family dynamics.
- c. Is heavily influenced by their developmental stage.
- d. Is very similar in all respects to the experience of bereavement by adults.
- e. All of the above.
- f. Both b and c above.

4. As a volunteer, you should encourage the person to talk about their grief but in the role of supportive friend rather than counsellor. Is this statement true or false?

5. Encouraging a person to feel permission to grieve may be particularly important if:

- g. The death was socially problematic, such as suicide or miscarriage.
- h. The child who was bereaved was not sensitively included in the death rituals.
- i. There are feelings of ambivalence toward the deceased.
- j. The bereaved person feels like they are a burden on friends and family.
- k. All of the above.

6. Mourning takes a lot of time and grief may never go away entirely. Is this statement true or false?

- a. The role of bereavement support programmes is generally to:
- b. Support people who are experiencing normal grief
- c. Resolve issues of complex grief
- d. Offer long term support to people who have lost a loved one
- e. Terminate relationships with the health system
- f. None of the above

7. When inviting people to attend a memorial service, an invitation should be sent:

- a. Only to people who are experiencing normal grief
- b. To all who are 1 to 12 months post-bereavement
- c. To all who are 6 to 24 months post-bereavement
- d. Selectively, as for some people the memories may be too raw for them
- e. None of the above.

8. When inviting people to attend a memorial service, an invitation should be sent:

- a. Only to people who are experiencing normal grief
- b. To all who are 1 to 12 months post-bereavement
- c. To all who are 6 to 24 months post-bereavement
- d. Selectively, as for some people the memories may be too raw for them
- e. None of the above

Answers: 1a, 2e, 3f, 4t, 5e, 6t, 7a, 8c.

Activity 2: Exercises for reflection

You may choose to complete either Part A or Part B, or both Parts A and B.

- a. Each participant is asked to watch a movie about themes of grief and loss (search online for 'movies about grief and loss'). Their choice can be confirmed with the presenter beforehand. Ask each person to reflect on how the experience of grief and loss is portrayed through the characters.
- b. Each person is asked to reflect on their earliest memory of grief. What were the circumstances? (What stands out most profoundly in their memory? Do they feel a sense of closure about the situation and if so, why? Encourage them to listen to the words that they use and how the intensity of the experience affected their relationship/worldview.

Note: For more communications exercises see also Unit 3.

Unit 6: Inpatient & Residential Settings

Aims

This unit is intended to give each candidate an understanding of the role and context of support offered by the volunteer across a range of in-patient settings.



Nominal time
2 hours



Palliare
Chapters 10

Take home messages

It is intended that, by the end of this session, the candidate be able to demonstrate relevant knowledge of the following concepts within the context of their role and service (*italics* refers to specialised/advanced knowledge that may or may not be supported by material in Palliare).

Outcomes

Understand the role of the volunteer within the inpatient team, team communication and reporting.

Demonstrate an understanding of communication, safety and reporting considerations.

Competencies

Relevant knowledge of

- Different inpatient settings and approaches to care
- Meeting the expectations of the team
- Relationships between clinicians and volunteers
- Balancing practical support with empathetic presence

Demonstrated skills in

- Interpersonal communication skills (individual interactions)
- Short reporting of concerns or observations

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

Completion of two of the following activities is recommended:

1. Attendance at a group session
2. Completion of an assigned task (e.g. video, private reading)
3. Demonstrated prior learning
4. Completion of an assessment task

Guidance material

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Duration	Topics
1	60 minutes	Understand the role of the volunteer within the inpatient team, team communication and reporting. Relevant knowledge of <ul style="list-style-type: none">• Different inpatient settings and approaches to care• Meeting the expectations of the team• Relationships between clinicians and volunteers• Balancing practical support with empathetic presence• <i>Teamwork in paediatric palliative care inpatient settings</i>
2	10 minutes	Break
3	50 minutes	Demonstrated skills in (<i>may be addressed in Unit 3</i>) <ul style="list-style-type: none">• Interpersonal communication skills (individual interactions)• <i>Short reporting of concerns or observations</i>• <i>Communicating in paediatric palliative care settings</i>
Total	120 minutes	End of unit

2. Suggested learning tasks

- Complete the questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).
- Complete the online Quiz for the relevant Chapter of Palliare at www.volunteerhub.com.au

3. Suggested assessment tasks

- Candidates may complete the Questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018);
- Candidates may be interviewed about the content of the relevant chapter/s of Palliare; and/or
- Candidates may give a presentation on all or on selected parts of this *Unit*.

Activities

Activity 1: Quiz

1. Typically, as a volunteer you should ensure that you know:

- a. Who you report to and who to ask when you need guidance or when you have questions to be answered.
- b. The daily routine for checking in, reviewing your role for the day, and what to do if and when you are leaving the setting.
- c. The scope of your role and the expectations about how you interact with the other multidisciplinary team members.
- d. All of the above.
- e. None of the above.

2. The multidisciplinary team typically includes:

- a. Only staff employed by the palliative care service
- b. Members across several professional disciplines including those from other specialties
- c. Only staff from palliative care and cancer care (oncology)
- d. Three professional groups: medical, nursing and physiotherapy
- e. None of the above

3. Residential aged care facilities:

- a. Are not required to provide end of life care to residents
- b. Always have their own specialist palliative care staff for residents
- c. Are required to send residents to hospital at their end of life
- d. Provide end of life support to residents, with specialist input if needed
- e. None of the above

4. Contingent worker means:

- a. A contractor or volunteer who is designated a level of security and online access
- b. A worker who is on probation
- c. A volunteer who is on a pathway to become a paid worker
- d. A paid worker who also volunteers
- e. None of the above

5. A hospice is different to a Multi-Purpose Service because:

- a. Hospices are located in rural areas
- b. A hospice is focused on end of life and respite care only
- c. Only a Multi-Purpose Service has nursing staff
- d. A Multi-Purpose Service is generally a very large facility
- e. None of the above

Answers: 1d, 2b, 3d, 4a, 5b.

Activity 2: Question for reflection

In what ways do you think that the experience of a volunteer in a hospital setting might be different to that of a volunteer in a residential aged care facility?

Note: For more communications exercises see also Unit 3.

Unit 7: Community / Home Visiting

Aims

This unit is intended to give each candidate an understanding of the role and context of support offered by the volunteer in a community / home visiting service.



Nominal time
2 hours



Palliare
Chapters 11

Take home messages

It is intended that, by the end of this session, the candidate be able to demonstrate relevant knowledge of the following concepts within the context of their role and service (outcomes listed in *italics* denote specialised/advanced knowledge that may or may not be supported by material in Palliare).

Outcomes

Be aware of the role of the volunteer in palliative and supportive care within the community / home setting.

Be aware of safety considerations in visiting and travelling in the community.

Competencies

Relevant knowledge of

- Palliative and supportive care at home
- Meeting the expectations of the team and the family
- Relationships between carers, family and volunteers
- *Boundaries and privacy/confidentiality (revisited)*
- Balancing practical support with empathetic presence
- *Paediatric palliative care volunteering*

Relevant knowledge of

- Risk assessments and risk identification
- Practical and safety considerations in travelling
- Practical and safety considerations in the home
- Reporting and documenting the visit

Demonstrated skills in

- Short reporting of concerns or observations

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

Completion of two of the following activities is recommended:

1. Attendance at a group session
2. Completion of an assigned task (e.g. video, private reading)
3. Demonstrated prior learning
4. Completion of an assessment task

Guidance material

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Duration	Topics
1	60 minutes	Be aware of the role of the volunteer in palliative and supportive care within the community/home setting. Relevant knowledge of <ul style="list-style-type: none">• Palliative and supportive care at home• Meeting the expectations of the team and the family• Relationships between carers, family and volunteers• <i>Boundaries and privacy/confidentiality (revisited)</i>• Balancing practical support with empathetic presence• <i>Paediatric palliative care volunteering</i>
2	10 minutes	Break
3	50 minutes	Be aware of safety considerations in visiting and travelling in the community. Relevant knowledge of <ul style="list-style-type: none">• Risk assessments and risk identification• Practical and safety considerations in travelling• Practical and safety considerations in the home• Reporting and documenting the visit Demonstrated skills in <ul style="list-style-type: none">• Short reporting of concerns or observations
Total	120 minutes	End of unit

2. Suggested learning tasks

- Complete the questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).
- Complete the online Quiz for the relevant Chapter of Palliare at www.volunteerhub.com.au

3. Suggested assessment tasks

- Candidates may complete the Questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018);
- Candidates may be interviewed about the content of the relevant chapter/s of Palliare; and/or
- Candidates may give a presentation on all or on selected parts of this *Unit*.

Activities

Activity 1: Quiz

Select the most correct response to each of the following questions:

1. Home and community visiting volunteers:

- a. Are required to be more autonomous than volunteers in inpatient settings.
- b. Collaborate closely with community nursing.
- c. Generally, perform their roles with less supervision than inpatient volunteers.
- d. May also provide bereavement follow-up.
- e. All of the above.

2. Whether or not a risk assessment has been done, all community visiting volunteers are encouraged to gather-talk-think-assess before visiting a home. Is this true or false?

3. volunteer visiting a person's home must:

- a. Wear their volunteer identification vest.
- b. Carry a mobile phone.
- c. Give their personal contact details to the patient and family.
- d. Stay overnight if required.
- e. Both b and c above.

4. In general, the volunteer may decline any requests to perform duties outside of those agreed in advance with the manager. Is this true or false?

5. Being alert to your own safety when arriving at a new home visit includes:

- a. Asking for large pets to be restrained.
- b. Keeping your mobile phone and keys on hand.
- c. Leaving your car where it can be easily accessed.
- d. Leaving your other personal effects in the car.
- e. All of the above.

6. Volunteers who use their own vehicles must:

- a. Comply with their service's policy on vehicle use.
- b. Hold a current driver's licence.
- c. Attend to the roadworthiness of their vehicle.
- d. Hold adequate vehicle insurance.
- e. All of the above.

7. It is highly unlikely that the community visiting volunteer will need to contact either the volunteer manager or the community nurse for any reason in the course of their duties. Is this true or false?

Answers: 1e, 2t, 3b, 4t, 5e, 6e, 7f

Unit 8: Young people receiving Palliative Care

Aims

This unit is intended to give each candidate an understanding of the role and context of support offered by the volunteer to young people receiving palliative care, their siblings and family.



Nominal time
2 hours



Palliare
Chapters 12

Take home messages

It is intended that, by the end of this session, the candidate be able to demonstrate relevant knowledge of the following concepts within the context of their role and service (outcomes listed in *italics* denote specialised/advanced knowledge that may or may not be supported by material in Palliare).

Outcomes

Be aware of the service context of paediatric palliative care, the aims of service delivery and the experiences of children, siblings and family.

Demonstrate an understanding of the role of the volunteer in paediatric palliative care.

Demonstrate an understanding of communication, safety and reporting considerations.

Competencies

Relevant knowledge of

- Definitions, incidence and trajectories of paediatric palliative care
- Models of paediatric care
- Relationships between carers, family and volunteers
- *Conditions which may lead to palliation for children*

Relevant knowledge of

- Supportive care at home
- Caring for young people at end of life at home
- Meeting the expectations of the team and the family
- Relationships between siblings, family and volunteers
- *Boundaries and self-care (revisited)*
- Balancing practical support with empathetic presence
- Reporting and recording the visit

Demonstrated skills in

- Interpersonal communication skills
- Short reporting of concerns or observations

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

Completion of two of the following activities is recommended:

1. Attendance at a group session
2. Completion of an assigned task (e.g. video, private reading)
3. Demonstrated prior learning
4. Completion of an assessment task

Guidance material

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Duration	Topics
1	50 minutes	<p>Be aware of the service context of paediatric palliative care, the aims of service delivery and the experiences of children, siblings and family.</p> <p>Relevant knowledge of</p> <ul style="list-style-type: none">• Definitions, incidence and trajectories of paediatric palliative care• Models of paediatric care• Relationships between carers, family and volunteers• Conditions which may lead to palliation for children
2	10 minutes	Break
3	60 minutes	<p>Demonstrate an understanding of the role of the volunteer in paediatric palliative care.</p> <p>Relevant knowledge of</p> <ul style="list-style-type: none">• Supportive care at home• Caring for young people at end of life at home• Meeting the expectations of the team and the family• Relationships between siblings, family and volunteers• Boundaries and self-care (revisited)• Balancing practical support with empathetic presence• Reporting and recording the visit
2	10 minutes	Break
4	50 minutes	<p>Demonstrate an understanding of communication, safety and reporting considerations.</p> <p>Demonstrated skills in</p> <ul style="list-style-type: none">• Interpersonal communication skills• Short reporting of concerns or observations
Total	180 minutes	End of unit

2. Suggested learning tasks

- Complete the questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).
- Complete the online Quiz for the relevant Chapter of Palliare at www.volunteerhub.com.au

3. Suggested assessment tasks

- Candidates may complete the Questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018);
- Candidates may be interviewed about the content of the relevant chapter/s of Palliare; and/or
- Candidates may give a presentation on all or on selected parts of this *Unit*.

Activities

Activity 1: Questions for discussion

Answers to the following questions can be found within Chapter 12 of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018):

1. Conditions affecting children with life-limiting conditions are grouped into 4 categories. What are they?
2. Name the 4 criteria which are considered before a child is referred to Palliative Care.
3. How might you approach a discussion about spirituality with a child?
4. Briefly describe 4 of the key points for consideration when communicating with children.
5. What are some of the challenges for adolescents in Palliative Care?
6. Being involved in paediatrics provides a unique experience for volunteers. Why?

Unit 9: Supportive Care and End of Life

Aims

This unit is intended to give each candidate an understanding of comfort care and death as relevant to the role of the volunteer.



Nominal time
2 hours



Palliare
Chapters 13, 14

Take home messages

It is intended that, by the end of this session, the candidate be able to demonstrate relevant knowledge of the following concepts within the context of their role and service (outcomes listed in *italics* denote specialised/advanced knowledge that may or may not be supported by material in Palliare).

Outcomes

Be aware of the practice of supportive care volunteering in end stage care

Demonstrate an understanding of hygiene and infection control

Competencies

Relevant knowledge of

- Principles of good end of life care
- When the person is actively dying
- *Dementia*
- *The volunteer's role in the care team*

Demonstrated skills in

- Interpersonal communication skills
- Short reporting of concerns or observations

Demonstrated skills in

- Infection control procedures

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

Completion of two of the following activities is recommended:

1. Attendance at a group session
2. Completion of an assigned task (e.g. video, private reading)
3. Demonstrated prior learning
4. Completion of an assessment task

Guidance material

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Duration	Topics
1	70 minutes	Be aware of the practice of supportive care volunteering in aged care settings. Relevant knowledge of <ul style="list-style-type: none">• Principles of good end of life care• When the person is actively dying• <i>Dementia</i>• <i>The volunteer's role in the care team</i> Demonstrated skills in <ul style="list-style-type: none">• Interpersonal communication skills• Short reporting of concerns or observations
2	20 minutes	Break
4	30 minutes	Demonstrate an understanding of communication, safety and reporting considerations. Demonstrated skills in <ul style="list-style-type: none">• Interpersonal communication skills• Short reporting of concerns or observations
Total	120 minutes	End of unit

2. Suggested learning tasks

- Complete the questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018).
- Complete the online Quiz for the relevant Chapter of Palliare at www.volunteerhub.com.au

3. Suggested assessment tasks

- Candidates may complete the Questions for Review in the relevant chapters of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018);
- Candidates may be interviewed about the content of the relevant chapter/s of Palliare; and/or
- Candidates may give a presentation on all or on selected parts of this *Unit*.

Activities

Activity 1: Questions for discussion

Answers to the following questions can be found within Chapter 13 and 14 of *Palliare: A Handbook for Palliative Care Volunteers in NSW 2nd ed.* (Palliative Care NSW 2018):

1. Some people with chronic or terminal illness can experience their symptoms in a more profound way than others. List six factors that can increase the person's perception of their symptoms.
2. "Pain is whatever the patient says it is." Briefly describe how this understanding might affect the way in which you communicate with a person who is experiencing pain.
3. "If a person takes narcotic medication, they will become addicted." What are the implications of this belief for your role as a volunteer?
4. You are at home with a person who is ill and they are distressed. Describe how you might work with the person to provide comfort and support and what you might do if their distress becomes more elevated.
5. List the 'Five Moments for Hand Hygiene' promoted by NSW Health.
6. What would you describe as a 'good death'? You might like to reflect on what you think a 'good death' would mean for you.
7. Describe six of the common indicators of an approaching death.
8. Describe some of the indicators that death has occurred.
9. "Your role may be to act as a 'mentor' to those sharing the vigil." What are the implications of this statement for your role as a volunteer?
10. Describe how you will care for yourself after providing support to a person at their end of life.

Unit 10: Self-care and Reflective Practice

Aims

This unit encourages the candidate to adopt self-care and reflective practices. It is intended that this session is experiential rather than didactic. For this reason, there is no supporting material in Palliare and the exercise-based format may be adopted as best suits the situation by the facilitator.



Nominal time
2 hours



Palliare
None

Take home messages

By the end of this session the candidate will have participated in one or more relaxation techniques, as well as a reflective exercise as relevant to their intended volunteer role.

Attendance and assessment

How can the candidate demonstrate that they have satisfied the requirements for this unit?

- By participation in the activities

Guidance material

1. Suggested group session outline
2. Suggested learning tasks
3. Suggested assessment tasks

1. Suggested group session outline

The following outline is intended for the guidance of presenters:

Sequence	Duration	Topics
1	50 minutes	Reflective practice exercises
2	10 minutes	Break
3	60 minutes	Relaxation exercises
Total	120 minutes	End of unit

2. Suggested learning tasks

The facilitator may suggest recommended reading to candidates on relaxation and reflection.

3. Suggested assessment tasks

This unit is not assessable except by participation.

Activities

Activity 1: Reflective Practice exercise

Photos or pictures are laid on the table or floor. These might simply be a collection of free postcards each of which carry an obvious image. The group is asked to select one or perhaps two pictures each from the selection. A theme may be selected by the facilitator or by group consensus ('my feelings about becoming a volunteer', 'my feelings about the first death I experienced') or the theme may be omitted and the participants simply encouraged to select an image that most resonates with them. Give the participants ample time to choose an image or two. Once seated each participant is invited (but not required) to share why they chose the image/s. The facilitator should aim to create an emotionally safe space so as to draw out reflection from each participant and encourage reflective comments from others. Why did they choose their selected image? In what way does it resonate with them? What implications are there for their volunteer role? Respectful and exploratory interaction between group members is encouraged. The exercise concludes when as many participants as are comfortable to speak to their selected image have done so and when participants have had an insight into the value of reflective practice.

For facilitator: For Activity 2 and 3 you may prefer to use a recorded soundtrack to guide this session. Do the activity yourself using the CD so you know it is appropriate to the group.

Activity 2: Mindfulness exercise

Participants are encouraged to sit quietly, legs and arms uncrossed, and to focus on the sounds around them, noticing the sounds but not allowing their mind to dwell on any particular sound. The facilitator may encourage them to notice their breathing and the effort that their breathing takes in their body. Encourage participants to notice background noises like traffic, birds, machinery, passing voices – but to shift their focus, focussing on one, then shifting to another. This is not an attempt to 'empty the mind' but rather to 'bring things into mindfulness'. The facilitator may continue the exercise for 10 minutes and then ask the participants to discuss the effect and their experience. Do they feel more relaxed? Did they notice sounds that they hadn't noticed before? Did they feel that 10 minutes had passed / more than 10 / less than 10? The exercise concludes when the facilitator feels that the participants have had an insight into the value of mindfulness.

Activity 3: Relaxation exercise

Participants are encouraged to sit quietly, legs and arms uncrossed, or to lie down if appropriate. Using a smart phone or device the facilitator plays a relaxation audio designed to encourage alternate muscle relaxation by participants, progressively moving their attention to relax their body one muscle group at a time. The exercise concludes when the facilitator feels that the participants have had an insight into the value of deliberate relaxation.

Alternate or additional exercises that may be adopted include journaling, artistic interpretation, breathing or chanting exercises.

End Notes & References

The Volunteer Support Services Programme

This paper has been prepared as part of the Volunteer Support Services Programme which is hosted by Palliative Care NSW and funded by NSW Health.

The Volunteer Support Services Programme seeks to champion the work and interests of Palliative Care Volunteer Services and volunteers in NSW (www.volunteerhub.com.au).

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