## O6 'End of life' and palliative care considerations

Assessment of these competencies is via Mini-CEX, CbD (formative or summative) or ACAT-EM and a reflective log. In addition, key aspects of communication and professionalism can be captured through MSF.

Potential presentations in which these competencies could be assessed include the following:

- End stage cancer or disease
- Care of dying patient requiring symptom control

Trainees are expected to achieve EPA level 2 (Direct active – full supervision by senior clinician, with prompting/ verbal and actual guidance and help throughout) in these competencies.

Knowledge/	Detail of competency
Skill/ Behaviour	
Knowledge	Is able to explain signs of a patient who is dying and common
	emergency presentations, including pain, nausea and vomiting,
	hypercalcaemia, bleeding, seizures, spinal cord compression
	Can outline the management of common symptoms of patients
	presenting towards end of life or dying including nausea &
	vomiting, anorexia, breathlessness, pain, psychological distress,
	incontinence, oral health care
Skills- History	Understands the importance of taking an accurate history of
	medications and issues that may arise from polypharmacy
	Is able to assess patients and identify those towards the end of life.
	Understand the importance of assessment of social, psychological
	and spiritual requirements
Skills -	Carries out full examination, including assessment of mental state,
Examination	nutritional and hydration status
	Is able to carry out an assessment and implement management of
	pain, including in patients with cognitive impairment, utilising pain
	scores and analgesic ladder
Skills-	Initiates investigations and management, taking into account
investigation	appropriateness of invasive investigations and treatments in the
and treatment	dying patient
Skills- Clinical	Discusses the patients' needs and preferences regarding care in
decision	the last days of life, including preferred place of death,
making and	investigations and treatments and resuscitation orders
judgement	
(In addition to	
CC1)	

Knowledge/	Detail of competency
Skill/ Behaviour	
Behaviour-	Is able to sensitively communicate with patients and family/carers
Communication	who present in last days of life, to elicit preferences for care and
&	wishes in terms of treatment
professionalism	Is able to explain issues, symptoms that may arise towards the end
(In addition to	of life for the frail and unwell and can to explain these to patient
CC7 & CC8)	and carers and outline management plans
	Is able to listen with sympathy and understanding to concerns of
	family / carers and patient
	Is able to communicate with other clinicians and act as an
	advocate for patient who is frail or dying
Paediatric	No additional competencies
competencies	No additional competencies