

Working with Individuals with Cancer, their Families and Carers

Professional Development Framework for Nurses and Allied Health Professionals

Core Level



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This document builds on and incorporates previous core competency work undertaken by NHS Education for Scotland, and the contribution of the Core Competency Steering Group is acknowledged with thanks. Valuable comments that have not only informed the development of this framework but will also be useful in future initiatives were made by the Patient Focus Groups, and their contribution is also acknowledged with thanks.

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FOREWORD

Cancer is one of the main clinical priorities in NHS Scotland. Action to prevent, detect and treat cancer is progressing across a wide range of fronts, driven by Scotland's cancer plan, *Cancer in Scotland*. Encouraging signs are being reported, with better public health measures such as the ban on smoking in public places in Scotland, early detection through screening programmes and more effective treatments leading to reductions in deaths across a range of cancers, including lung, breast and bowel. More people are surviving cancer.

But while many people understandably focus on statistics for cancer morbidity and mortality, we must never forget the importance of the individual and their family's experience of living with cancer, and the impact the diagnosis and treatment has upon them.

People's experience of cancer is mediated by a range of important factors: their inner sources of strength, their resilience, the family and community support on which they can draw, the input of patient-focused voluntary organisations and the impact of the media all play vitally important roles.

But we must not underestimate the support healthcare professionals provide. Their attitudes, behaviours, knowledge, skills and capabilities—and their common humanity and decency—have significant impacts on individuals with cancer and their families.

This core framework will ensure that nurses and allied health professionals working with people who have cancer, wherever they are, provide a sensitive, holistic and modern approach in all that they do.

The framework, which fulfils a commitment set out in *Nursing People with Cancer in Scotland: a Framework* to develop a structure to benchmark education and clinical practice, defines the core qualities that should underpin every practitioner's interactions with every individual and family member affected by cancer.

It also chimes strongly with wider health and social care policy in Scotland which aims to deliver services closer to people's homes when safe to do so, develop anticipatory care services and support individuals' and families self-care capabilities.

Scotland is making significant progress in tackling the physical, social and emotional challenges cancer poses. This framework makes an excellent contribution to developing the already-important part nurses and AHPs play in enriching people's experiences of cancer and improving outcomes.

Paul Martin

Chief Nursing Officer for Scotland

1 INTRODUCTION

Nurses and allied health professionals (AHPs) undertake many diverse roles in their work with individuals with cancer, their families and carers. Some are specialists in cancer and work in specialist cancer centres or units, while the majority have contact with individuals with cancer as part of a wider role in the community and other non-cancer specific areas. Irrespective of their role or place of work, all these professionals have continuing professional development needs related to caring for individuals with cancer, their families and carers.

The configuration of health services and definitions of professional roles and boundaries are changing rapidly, with an increased emphasis on care being delivered closer to home. Changes in current ways of working are driving collaboration among health care professionals across geographical boundaries to facilitate the development of an integrated service that is responsive to patient needs, irrespective of where they access the service (SEHD, 2005a).

Demographic changes are expected to influence future cancer care. People are living longer and, as the incidence of cancer increases with age, there are likely to be greater numbers of people living with cancer in the future (CRUK, 2006). It is estimated that 36,500 new cases per year will be diagnosed in Scotland by 2020 (SEHD, 2004a), many of whom will also have co-morbid conditions. Cancer is increasingly viewed as a long-term condition; involving individuals with cancer, their families and carers in their care and developing self care and rehabilitation processes are viewed as crucial components in developing future services (SEHD, 2005a; 2005b; 2006a; 2007).

These and other future changes have implications for education and training (Price, 2004). The benefits of benchmarking clinical practice and education against a competency framework were advocated in *Nursing People with Cancer in Scotland: A Framework* (SEHD, 2004b). NHS Education for Scotland explored the development of a competency framework for nurses following publication of this document, an initiative that subsequently evolved to encompass AHPs.

Competency frameworks increased in popularity between 2004–06 and were produced across the healthcare sector. Despite being valued by practitioners, the sheer volume of standards, guidelines and frameworks has proved confusing, with practitioners often uncertain about which frameworks to use (Hendry *et al*, 2005). From an education perspective, it was recognised that a competency framework for practitioners working with individuals with cancer needed to be built into a comprehensive professional development framework addressing capability as well as competence (Fraser & Greenhalgh, 2001). Capability combines the current competence needed to do the job with the potential to develop future competence (Price, 2004) and is a key component of Scotland's nursing, midwifery and allied health professions' action plan, *Delivering Care, Enabling Health* (SEHD, 2006a).

Rapid changes in professional roles make determining competencies for a particular role difficult. It is also difficult to change education provision quickly to reflect developments within health services (Price, 2004). The diversity of roles undertaken by nurses and AHPs adds to the complexity of constructing a professional development framework. A capability framework, however, facilitates flexibility and adaptability in education and training, allowing practitioners to develop to meet the future demands of health care delivery (Price, 2004). Such a framework therefore appeared the more appropriate option as the basis for a professional development framework for nurses and AHPs working with individuals with cancer, their families and carers.

Who is the Framework For?

The **Core-Level** professional development framework presented in this document is primarily aimed at registered nurses and AHPs who have contact with individuals with cancer, their families and carers on a regular basis. Elements of the framework may also be relevant to other health care professionals. The framework focuses on the care of adults with cancer. Palliative care is an integral part of cancer care and is included within the framework, but the intention is not to provide a comprehensive palliative care framework.

The Core Level provides the 'ground level' of the professional development framework. The framework will be further developed to encompass practitioners working at different levels and with increasing expertise to articulate with the Careers Framework for NHS Scotland.

Further work will also need to be undertaken for health care support workers.

Figure 1 shows a diagrammatic representation of how the framework might look.

Figure 1

Proposed professional development framework for nurses and AHPs working with individuals with cancer, their families and carers, articulated with Careers Framework for NHS Scotland (www.skillsforhealth.org.uk)



2 DEVELOPING THE CAPABILITY FRAMEWORK

This professional development framework is based on the concept of **capability**. It has been informed by, and is adapted from, previous work undertaken by the Sainsbury Centre for Mental Health (2001), the Department of Health (2004) and the Combined Sheffield Universities Interprofessional Learning Unit (2004).

Capability is associated with facilitating the continuing development of practitioners' ability and potential and is an essential element of lifelong learning and personal and professional development. It differs from competence in that:

- **competence** describes what individuals know or are able to do in terms of knowledge, skills and attitudes at a particular point in time;
- **capability** describes the extent to which an individual can apply, adapt and synthesise new knowledge from experience and continue to improve his or her performance (Fraser & Greenhalgh, 2001).

It has been argued that competencies do not take into account complexity (Wilson & Holt, 2001), and that effective practitioners need more than a prescribed set of competencies to carry out their roles effectively (Sainsbury Centre for Mental Health, 2001). The ability to adapt to frequent change incorporates professional judgement, decision-making skills and experiential knowledge gained from many different (but similar) situations. The more expert the practitioner, the more likely he or she is able to adapt in complex, unpredictable and unfamiliar circumstances (Benner, 1984).

Capability frameworks focus on:

- realising people's full potential;
- developing the ability to adapt and apply knowledge and skills;
- learning from experience;
- envisaging the future and contributing to making it happen.

These elements are congruent with continuing professional development, lifelong learning and personal development goals, each of which is a vital part of the make-up of current and future healthcare practitioners.

The Essential Practitioner Framework (Sainsbury Centre for Mental Health, 2001) aimed to identify the skills, knowledge and attitudes needed for a multi-professional workforce to provide safe and effective care. It sought to define the required education input to deliver effective care, rather than focusing on particular professional groups. These ideas have been adapted within this professional development framework for nurses and AHPs working with individuals with cancer, their families and carers.

Capabilities incorporate several components (Sainsbury Centre for Mental Health, 2001):

- a performance component – identifies what people need to possess and what they need to achieve in the workplace;
- an ethical component – concerned with integrating knowledge of culture, values and social awareness into professional practice;
- a component that emphasises reflective practice in action;
- the capability to effectively implement evidence-based interventions in the changing context of health services;
- a commitment to working with new models of professional practice and accepting responsibility for lifelong learning.

A capability framework is a broad outline of what practitioners should be able to do in practice. Capability frameworks are usually supported by discipline-specific competency frameworks detailing the level of expertise required. As there are no existing nationally accepted interdisciplinary competency frameworks for nurses and AHPs working with individuals with cancer, their families and carers, this framework incorporates practice learning outcomes to detail what practitioners should be able to achieve and to capture the notion of capability as current competence combined with the development of future potential competence.

Essential Shared Capabilities

The Ten Essential Shared Capabilities (DoH, 2004) were developed by a partnership involving the National Institute for Mental Health England and the Sainsbury Centre for Mental Health Joint Workforce Support Unit, in conjunction with the NHS University. They describe the values and principles that should underpin practice in services in England for people who have mental health problems. They are relevant to all practitioners irrespective of professional group or role in mental health care, and represent the minimum requirements.

The capabilities have been adapted for cancer care and to reflect the core values of nursing, midwifery and the allied health professions described in *Delivering Care, Enabling Health* (SEHD, 2006a). It is anticipated that the capabilities will be appropriate for practitioners working with individuals with cancer, their families and carers at all levels of the professional development framework.

Essential Capabilities for Cancer Care

The essential capabilities for cancer care are based on, and adapted from, the mental health capabilities. There is no implied ranking of importance according to the order in which they are presented – all are equally important.

Practitioners working with individuals with cancer, their families and carers as part of multi-professional teams are expected to develop their ability in the following areas.

1 Working in partnership

Developing and maintaining constructive working relationships with individuals with cancer, their families and carers and multi-professional colleagues to design, deliver and evaluate care and treatment across organisational, geographical and professional boundaries.

2 Respecting diversity

Providing care and treatment in ways that respect and value diversity in, for example, age, race, culture, disability, gender, spirituality and sexuality.

3 Practising ethically

Recognising the rights of individuals with cancer, their families and carers, and providing information to increase understanding, inform choices and support decision making. Providing care and treatment based on professional, legal and ethical codes of practice.

4 Challenging inequality

Identifying where care could be improved and devising solutions, where possible, to ensure individuals with cancer, their families and carers have access to the best quality care, irrespective of the type and stage of cancer, their personal circumstances or geographical location.

5 Identifying the needs of individuals with cancer, their families and carers

Working in partnership to identify health, well-being and social care needs of individuals, their families and carers.

6 Providing safe and responsive patient-centred care

Providing safe, effective and responsive care and interventions that meet the identified holistic needs of individuals with cancer, their families and carers within the parameters of the role and in accordance with professional codes of conduct and clinical governance.

7 Promoting best practice

Continually reviewing and evaluating to ensure quality assured, evidence-based, values-based care designed to meet the individual needs of individuals with cancer, their families and carers is offered.

8 Promoting rehabilitation approaches

Recognising the relevance of rehabilitation for all individuals with cancer at all stages of disease and treatment. Working in partnership with individuals, their families and carers and multi-professional colleagues to set realistic goals, foster hope, and develop and evaluate realistic, sustainable programmes of rehabilitation that emphasise self care.

9 Promoting self care and empowerment

Taking active steps to work with, involve and support people in addressing their own healthcare needs, maximising their potential within the limits of their illness and enabling them to live as independently as possible.

10 Pursuing personal development and learning

Keeping up to date with changes in practice, seeking opportunities to extend knowledge, skills and experience and participating in lifelong learning activity. Pursuing personal and professional development for self and others through supervision and reflection in and on practice.

Communication is not identified as an essential capability but is recognised as key to all aspects of health care and is integrated into all aspects of the framework.

STRUCTURE OF THE FRAMEWORK

3 STRUCTURE OF THE FRAMEWORK

The framework was initially developed from core competency work carried out by NHS Education for Scotland, in partnership with a wide range of nurses and allied health professionals engaged in working with individuals with cancer, their families and carers. The draft framework was analysed at a workshop for stakeholders held at the Beardmore Conference Centre, Clydebank on 24–25 July 2006, and subsequent drafts were examined, amended and approved by a national steering group (see Appendix 1 for membership) before going out to wide consultation with patient and professional groups.

The framework is presented under four domains:

- Knowledge for Practice;
- The Multi-professional Approach;
- Practising Ethically;
- Care and Intervention.

Each of the domains contains:

- **capabilities**—broad statements of intent;
- **practice learning outcomes**—detailing the knowledge, skills, attitudes and behaviours professionals should be capable of demonstrating in practice;
- **key content**—depicting an outline knowledge base required to achieve practice learning outcomes.

The Essential Capabilities for Cancer Care are incorporated within, and reflected throughout, the framework. Achievement of the capabilities and practice learning outcomes in each domain contributes to achievement of the Essential Capabilities.

How can the framework be used?

The framework can be used:

- for self-assessment;
- as a means of planning personal development;
- as a means of planning team development;
- as a guide to developing education and training;
- as a guide to developing work-based learning.

It is anticipated that those using the framework for professional development purposes would be supported and guided by an experienced mentor.

Domain 1 Knowledge for Practice

Capability 1.1 The practitioner continually develops and updates his or her knowledge of research evidence and policy initiatives relevant to caring for individuals with cancer, their families and carers to promote and develop effective, evidence-based care.

Practice learning outcomes	Agenda for Change dimensions	Key content
1.1.1 Knows how to access relevant local and national policies/guidelines and collaborates with other members of the multi-professional team to incorporate them into their practice.	C5	<ul style="list-style-type: none"> • Key government and local policies and guidelines. • Key research findings. • Early warning signs. • Common terminology associated with cancer development and spread of specific cancers. • Common investigations used in screening, diagnosis and staging. • Principles of main treatment modalities, surgery, chemotherapy and radiotherapy. • Local care and treatment plans for specific cancers. • Awareness of psychological impact of diagnostic and staging investigations.
1.1.2 Is aware of relevant research findings and collaborates with other members of the multi-professional team to incorporate them into their practice.	C5	
1.1.3 Shows awareness of presenting signs and symptoms of cancers commonly encountered in own area of practice and informs individuals, their families and carers of appropriate sources of advice.	HWB1	
1.1.4 Is aware of the common investigations used to diagnose and stage cancer and the impact they can have on individuals with cancer, their families and carers.	HWB7	
1.1.5 Can describe the fundamental principles of disease processes and the care associated with cancers commonly encountered in own area of practice to help individuals with cancer, their families and carers understand what to expect within their care and treatment plan.	C1, HWB7	
1.1.6 Contributes to meeting the information needs of individuals with cancer, their families and carers by explaining common terms used in relation to cancer diagnosis and treatment.	C1	
1.1.7 Is aware of the fundamental principles of treatment intent, modes of delivery and role of the main treatment options for cancers commonly encountered in own area of practice, including clinical trials, and uses this knowledge to anticipate care needs.	HWB5	

Domain 2 The Multi-professional Approach

Capability 2.1 The practitioner actively contributes to a team approach within the multi-professional and multi-agency context of care to ensure effective communication and continuity and consistency of patient-focused care within and across care settings.

Practice learning outcomes	Agenda for Change dimensions	Key content
2.1.1 Is aware of formal and informal channels of communication within a multi-professional and multi-agency context and relates and relays relevant information within and across care settings and to external agencies.	C1	<ul style="list-style-type: none"> • Contact details of key individuals in multi-professional oncology and palliative teams. • Formal and informal communication channels and record keeping.
2.1.2 Recognises, respects and values the contributions of others within the multi-professional team, employing sensitive, responsive and non-judgemental communication.	C1	
2.1.3 Participates in multi-professional team meetings, discussions and reviews and, where appropriate and within the parameters of their role, takes the lead in initiating communications.	C1	
2.1.4 Consistently and succinctly records and reports information offered to individuals, their families and carers to ensure consistency and continuity of care.	C1	

Domain 2 The Multi-professional Approach

Capability 2.2 Uses knowledge of the available roles and services within the multi-professional and multi-agency context to participate in care and initiate appropriate supportive services (when required) to ensure continuity and consistency of care.

Practice learning outcomes	Agenda for Change dimensions	Key content
2.2.1 Is aware of the role of, and services provided by, the multi-professional team, including the role of Managed Clinical Networks (MCNs).	C5	<ul style="list-style-type: none"> • Role and services provided by multi-professional teams and agencies. • Role of Managed Clinical Networks and key people involved. • Contact details and function of local and national sources of support and information, including support groups and sources of financial support. • Patient information and education.
2.2.2 Can access advice/support from relevant teams and services and promotes and supports consistency of care by appropriately referring individuals with cancer, their families and carers to other members of the multi-professional team and external agencies.	C1, C5	
2.2.3 Identifies where access to and equity of services could be improved and works collaboratively with the multi-professional team to address these issues.	C4, C6	
2.2.4 Promotes consistency of care by supporting individuals to source appropriate information and to develop relevant questions for the specialist team.	HWB5, C1	
2.2.5 Recognises that information offered to individuals with cancer, their families and carers may need to be repeated and creates opportunities to discuss and reinforce information.	C1	

Domain 3 Practising ethically

Capability 3.1 The practitioner continually develops his or her knowledge of culture, diversity and ethical, professional and legal frameworks and uses this knowledge to support interactions with individuals with cancer, their families and carers and to promote their participation in care.

Practice learning outcomes	Agenda for Change dimensions	Key content
3.1.1 Reflects on own values and beliefs and how they may affect his or her attitudes towards individuals with cancer, their families and carers.	C2, C6	<ul style="list-style-type: none"> • Attitudes to cancer. • Ethical and legal considerations including: accountability; duty of care. • Personal and professional role development. • Individual, family and carer involvement in choice and decision making, informed consent and clinical trials. • Reflection and self development. • Cultural and diversity issues, including spirituality.
3.1.2 Consistently engages with individuals with cancer, their families and carers, recognising and respecting their views, values and beliefs, and uses all available opportunities to involve them as partners in care.	C6	
3.1.3 Assesses information needs and collaborates with the multi-professional team to provide individuals with cancer, their families and carers with relevant information and education appropriately.	C1, C6	
3.1.4 Helps individuals understand information provided to support choice and decision making and facilitate informed consent to proposed management measures, which may include clinical trials.	C1, HWB5	
3.1.5 Continually reflects on and evaluates the information and education provided for individuals with cancer, their families and carers to inform and develop future practice.	C2, C5	
3.1.6 Recognises that different value systems and beliefs may impact on the extent to which individuals wish to be partners in care and uses this knowledge to explore issues with individuals with cancer, their families and carers.	C6	
3.1.7 Uses effective verbal and written communication skills to share information with the multi-professional team about individuals' preferences and choices regarding participation in care.	C1, C6	
3.1.8 Identifies the complexities associated with cancer care for the individual that may have ethical implications, and acts to safeguard the best interests of individuals with cancer, their families and carers by seeking appropriate advice on their management.	C6	
3.1.9 Uses knowledge of professional and legal accountability and responsibility to ensure safe and effective practice that meets the needs of individuals with cancer, their families and carers.	C3, C5	

Domain 4 Care and Intervention

Capability 4.1 The practitioner uses professional judgement and knowledge of the potential impact of cancer and its treatment to assess the holistic needs of individuals with cancer, their families and carers and to provide and evaluate evidence-based care.

Practice learning outcomes	Agenda for Change dimensions	Key content
4.1.1 Is aware of the potential impact of uncertainty at different times in the patient pathway and demonstrates skills in sensitively assessing the needs and concerns of individuals with cancer, their families and carers.	HWB2, HWB5	<ul style="list-style-type: none"> Potential impact on individual and different family members including children and young adults, particularly at the time of diagnosis, recurrence, disease progression, end of treatment or end of life. Assessment of individual needs. Communication skills: active listening skills; handling difficult questions; coping with different emotions such as shock, distress, anger and aggression; probing questions; clarifying; responding sensitively and empathetically; assertiveness. Common evidence-based interventions for treatment side-effects: nausea and vomiting; mucositis; alopecia; fatigue; myelosuppression; altered bowel habits; effects on fertility; altered body image; sexuality. Simple symptom management across the patient pathway. Quality of life during and after completion of treatment. Common signs of impending emergencies, including spinal cord compression, hypercalcaemia, superior vena cava syndrome, neutropenic sepsis, acute/sub-acute bowel obstruction. Psychological issues: dealing with uncertainty.
4.1.2 Is aware of the potential impact of cancer on family members, particularly children and young adults, and refers for support where appropriate.	HWB1, HWB2, HWB3	
4.1.3 Contributes to the process of discussing significant news and providing support for individuals with cancer, their families and carers.	C1	
4.1.4 Identifies and responds sensitively and appropriately to verbal and non-verbal cues from individuals, their families and carers that may indicate psychological and spiritual distress.	C1	
4.1.5 Provides support to minimise distress and refers for specialist support appropriately.	HWB7	
4.1.6 Collaborates with the multi-professional team to plan care based on the best available evidence and national and local guidelines to ensure consistent, safe and effective care.	HWB7, C5	
4.1.7 Is aware of the common side-effects of specific cancer treatments and provides appropriate interventions to prevent, minimise or eliminate these.	HWB7	
4.1.8 Uses evidence-based assessment instruments to contribute to patient management plans.	C5, HWB7	
4.1.9 Works collaboratively with specialist services to provide effective symptom management, psychological, social and supportive care for individuals, their families and carers.	C1, HWB7	
4.1.10 Identifies changes in the individual's behaviour or condition that may indicate a side-effect of treatment or disease progression and seeks timely and appropriate advice.	C1, HWB7	
4.1.11 Identifies unpredicted or unusual symptoms that may indicate a developing disease or treatment-related emergency and seeks advice quickly.	C1, HWB7	
4.1.12 Consistently acts to address care issues, monitors and evaluates interventions and records outcomes accurately and reviews outcomes with patients.	C1, HWB7	

Domain 4 Care and Intervention

Capability 4.2 The practitioner works collaboratively as part of the multi-professional team to optimise general health and well-being by promoting empowerment and supporting the development of supported self-care capacity.

Practice learning outcomes	Agenda for Change dimensions	Key content
4.2.1 Assesses individuals with cancer, their families and carers and provides opportunities to discuss their desire, ability and role in supported self care.	C1, HWB5	<ul style="list-style-type: none"> Principles of supported self care. Local resources and services for self care. Common risk factors associated with cancer. Lifestyle changes, smoking cessation. Teaching and patient education.
4.2.2 Consistently identifies opportunities for providing appropriate encouragement and/or interventions to support individuals, their families and carers to develop self management strategies.	HWB7	
4.2.3 Outlines the common risk factors associated with cancer and incorporates health enhancement into their practice.	HWB1	
4.2.4 Provides information and education relating to cancer and common potential symptoms and side-effects of cancer treatments to support and empower individuals with cancer, their families and carers.	C1	
4.2.5 Helps individuals with cancer, their families and carers to access accurate information, advice and support appropriate to their needs to enhance their self-care capabilities.	C1, HBW5	
4.2.6 Teaches, encourages and supports individuals with cancer to develop techniques for optimising their general health and well-being.	C1, HBW5	
4.2.7 Teaches, encourages and supports individuals with cancer, their families and carers to enable them to anticipate, prevent and minimise side-effects and recognise when they should seek advice from health care professionals.	C1, HBW5	
4.2.8 Provides information about how to contact health care professionals and whom to contact for specific advice and support.	C1, HBW5	
4.2.9 Provides support, advice, encouragement and appropriate education to empower families and informal carers to confidently support individuals with cancer.	C1, HBW5	

Domain 4 Care and Intervention

Capability 4.3 The practitioner recognises that rehabilitation is relevant throughout the patient pathway and contributes to rehabilitation, quality of life and follow-up planning for individuals with cancer, their families and carers.

Practice learning outcomes	Agenda for Change dimensions	Key content
4.3.1 Works collaboratively with individuals with cancer, their families and carers and the multi-professional team to identify and negotiate appropriate rehabilitation goals.	HWB5	<ul style="list-style-type: none"> Principles of rehabilitation. Local rehabilitation resources and services.
4.3.2 Uses knowledge of available rehabilitation services to facilitate activities of daily living, promote independence and maximise the potential of the person with cancer.	HWB5	
4.3.3 Works collaboratively with the multi-professional team to ensure smooth transitions between different care settings by timely participation in the formulation and implementation of transfer/discharge plans.	C1, HWB5, HWB7	
4.3.4 Assesses individuals' own capabilities and demonstrates skill in supporting them to return to everyday activities during and following completion of treatment.	HWB5	

Domain 4 Care and Intervention

Capability 4.4 The practitioner continually develops, promotes and demonstrates understanding of and respect for different cultures and belief systems in caring for individuals who are dying or who are bereaved.

Practice learning outcomes	Agenda for Change dimensions	Key content
4.4.1 Recognises the significance of loss, grief, hope and coping mechanisms for individuals from different cultures with diverse beliefs and values and incorporates this knowledge into his or her practice.	C6, HWB7	<ul style="list-style-type: none"> Approaches to communicating with dying and bereaved people. Different cultural practices associated with death and dying. Nationally and locally approved frameworks for end of life care, e.g. Liverpool Care Pathway, Macmillan Gold Standards Framework. Preferred place of care. Care of the dying and bereaved. Grief and loss.
4.4.2 Sensitively applies appropriate physical, psycho-social, emotional and spiritual interventions in the care of individuals who are dying and in meeting the needs of their family and carers.	C6, HWB7	
4.4.3 Recognises that bereavement may begin before death and prepares individuals for bereavement and loss.	C6, HWB5	
4.4.4 Accesses and appropriately utilises information and sources of support for bereaved family and carers, based on assessed need.	C1, C6, HWB2	
4.4.5 Demonstrates skills in providing support and/or information appropriately and sensitively to bereaved family and carers.	C1, C6	
4.4.6 Demonstrates sensitivity and empathy in their interpersonal interactions with individuals who are dying, their family and carers.	C1, C6	
4.4.7 Uses nationally and locally recognised frameworks and pathways for end-of-life care.	C5, C6, HWB5	

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Useful Sources of Further Information

Cancer Research UK	www.cancer.org
Cancerbackup	www.cancerbackup.org.uk
Macmillan Cancer Support	www.macmillan.org.uk
Scotland's Health on the Web	www.show.scot.nhs.uk
NHS Scotland e-library	www.elib.scot.nhs.uk
Cancer in Scotland	www.cancerinscotland.scot.nhs.uk
Department of Health	www.doh.gov.uk
SCAN Cancer Information network	www.scan.scot.nhs.uk
Cancer Help UK	www.cancerhelp.org.uk

APPENDIX 1

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Claire Tester, Lead AHP Consultant OT in Cancer, Cancer Strategies Team, Scottish Executive Health Department

Sandra White, Consultant Nurse, Cancer, Crosshouse Hospital, Kilmarnock

APPENDIX 2

Essential Capabilities	Practice Learning Outcomes
Working in partnership	1.1.1, 1.1.2, 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 3.1.1, 3.1.2, 3.1.3, 3.1.5, 3.1.7, 4.1.2, 4.1.3, 4.1.5, 4.1.6, 4.1.9, 4.1.10, 4.4.2, 4.2.3, 4.2.4, 4.2.5, 4.2.6, 4.2.7, 4.2.8, 4.3.1, 4.3.3, 4.4.4
Respecting diversity	1.1.5, 3.1.1, 3.3.3, 3.1.5, 3.1.7, 3.1.8, 3.1.9, 4.1.4, 4.1.5, 4.2.4, 4.4.1, 4.4.2, 4.4.3, 4.4.4, 4.4.6
Practising ethically	1.1.2, 2.1.2, 2.1.4, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.1.6, 3.1.7, 3.1.8, 3.1.9, 4.2.2, 4.2.3, 4.2.4
Challenging inequality	2.2.3, 3.1.4, 3.1.6, 3.1.7, 3.1.8, 4.3.3, 4.4.1, 4.4.2
Identifying the needs of individuals with cancer, their families and carers	1.1.3, 1.1.4, 1.1.5, 1.1.6, 1.1.8, 2.2.3, 2.2.4, 3.1.2, 3.1.7, 3.1.9, 4.1.1, 4.1.2, 4.1.3, 4.2.4
Providing safe and responsive patient-centred care	2.1.4, 2.2.2, 2.2.4, 3.1.7, 3.1.8, 3.1.9, 4.1.3, 4.1.4, 4.1.5, 4.1.6, 4.1.7, 4.1.8, 4.1.9, 4.1.10, 4.1.11, 4.1.12, 4.1.13, 4.2.2, 4.2.3, 4.2.5, 4.2.6, 4.2.7, 4.3.2, 4.3.3, 4.3.4, 4.4.1, 4.4.2, 4.4.3, 4.4.4, 4.4.5, 4.4.6, 4.4.7
Promoting best practice	1.1.1, 1.1.2, 3.1.5, 3.1.6, 3.1.7, 4.1.6, 4.1.7, 4.1.13, 4.4.7
Promoting rehabilitation approaches	4.3.1, 4.3.2, 4.3.3, 4.3.4
Promoting self care and empowerment	1.1.4, 1.1.6, 2.2.4, 2.2.5, 3.1.2, 3.1.3, 4.2.1, 4.2.2, 4.2.3, 4.2.4, 4.2.5, 4.2.6, 4.2.7, 4.2.8, 4.3.4, 4.4.4, 4.4.5
Pursuing personal development and learning	1.1.2, 3.1.4, 3.1.6

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