

VTCT Level 4 Diploma in Providing Therapies for Clients with Cancer or other Life Limiting Conditions

Operational start date: **1 February 2016**
Total qualification time (TQT): **263**
Guided learning (GL): **186**
Qualification number: **601/8314/7**

Statement of unit achievement

By signing this statement of unit achievement you are confirming that all learning outcomes, assessment criteria and range statements (if/where applicable) have been achieved under specified conditions, and that the evidence gathered is authentic.

This statement of unit achievement table must be completed prior to claiming certification.

Unit code	Date achieved	Learner signature	Assessor initials	IV signature (if sampled)
Mandatory units				
UCT11M				
UCT13M				
UCT14M				
UCT10M				

The qualification

Introduction

The VTCT Level 4 Diploma in Providing Therapies for Clients with Cancer or Other Life Limiting Conditions qualification will prepare you to work within a healthcare setting providing complementary therapies for clients who are suffering life limiting conditions or who are critically frail.

Complementary therapies are widely available to people with cancer and increasingly to patients with a range of long term medical and life limiting conditions. These therapies are delivered alongside orthodox treatments, often within the healthcare setting, with the aim of providing psychological and emotional support through the relief of symptoms. This qualification is designed to give you the essential knowledge to assist you to provide your therapeutic skills within a clinical setting. All units within this qualification are mandatory. Units in this qualification have been mapped to the relevant NOS (where applicable).

Prerequisites

To be eligible for registration on this qualification, it is a requirement that you are a qualified complementary therapist holding a Level 3 (or equivalent) qualification in at least one of the three main disciplines of complementary therapies, namely – aromatherapy, reflexology and massage. Anatomy and physiology knowledge at Level 3 or equivalent is also a mandatory requirement.

Additional information

This qualification requires you to organise a work placement within a healthcare setting where you can work with both clients/patients and carers in a realistic working environment (RWE).

Whilst it is intended that you acquire, over time, a broad understanding of pathologies, treatments and implications for the client/patient, this does not imply that you will or could become an expert in relation to these in the absence of an additional health professional qualification.

Note - there is no specific requirement within this qualification for therapists to study a specific range of cancer and other pathologies. Therapies may be provided for the client wherever they are located: in a hospital, hospice, care home, or other care or support facility, in their own home or visiting the therapy room.



Progression

This qualification is designed to lead to employment within a hospital, hospice or other healthcare environment.

Further advanced study at Level 4 is also an opportunity, the following VTCT qualifications are available:

- VTCT Level 4 Diploma in Complementary Therapies
- VTCT Level 4 Diploma in Aromatherapy for the Complementary Therapist
- VTCT Level 4 Diploma in Reflexology for the Complementary Therapist
- VTCT Level 4 Diploma in Massage for the Complementary Therapist

Qualification structure

Total TQT required - 263

All mandatory units must be completed to achieve this qualification.

Mandatory units

VTCT unit code	Ofqual unit reference	Unit title	Level
UCT11M	K/507/8520	Interpersonal skills for the complementary therapist	3
UCT13M	H/507/9567	Provide complementary therapies for people with life limiting conditions	4
UCT14M	R/507/9273	Working with healthcare professionals	4
UCT10M	T/507/8519	Principles of providing complementary therapies in a healthcare setting	4

Guidance on assessment

This book contains the mandatory units that make up this qualification. Optional units will be provided in additional booklets (if applicable). Where indicated, VTCT will provide assessment materials. Assessments may be internal or external. The method of assessment is indicated in each unit.

Internal assessment

(any requirements will be shown in the unit)

Assessment is set, marked and internally quality assured by the centre to clearly demonstrate achievement of the learning outcomes. Assessment is sampled by VTCT external quality assurers (EQAs).

External assessment

(any requirements will be shown in the unit)

Externally assessed question papers completed electronically will be set and marked by VTCT.

Externally assessed hard-copy question papers will be set by VTCT, marked by centre staff and sampled by VTCT EQAs.

Assessment explained

VTCT qualifications are assessed and internally quality assured by centre staff. Work will be set to improve your practical skills, knowledge and understanding. For practical elements, you will be observed by your assessor. All your work must be collected in a portfolio of evidence and cross-referenced to requirements listed in this record of assessment book.

Your centre will have an internal quality assurer (IQA) whose role is to check that your assessment and evidence is valid and reliable and meets VTCT and regulatory requirements.

An EQA, appointed by VTCT, will visit your centre to sample and quality-check assessments, the internal quality assurance process and the evidence gathered. You may be asked to attend on a different day from usual if requested by the EQA.

This record of assessment book is your property and must be in your possession when you are being assessed. It must be kept safe. In some cases your centre will be required to keep it in a secure place. You and your course assessor will together complete this book to show achievement of all learning outcomes, assessment criteria and ranges.



Creating a portfolio of evidence

As part of this qualification you are required to produce a portfolio of evidence. A portfolio will confirm the knowledge, understanding and skills that you have learnt. It may be in electronic or paper format.

Your assessor will provide guidance on how to prepare the portfolio of evidence and how to show practical achievement and understanding of the knowledge required to successfully complete this qualification. It is this booklet along with the portfolio of evidence that will serve as the prime source of evidence for this qualification.

Evidence in the portfolio may take the following forms:

- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies

All evidence should be documented in the portfolio and cross-referenced to unit outcomes. Constructing the portfolio of evidence should not be left to the end of the course.

Useful information about VTCT qualifications is detailed in the Learner FAQ section of the VTCT website www.vtct.org.uk.

Other questions should be raised with your tutor, lecturer or assessor.

Case studies

To achieve this qualification you must carry out and document evidence of the following case studies:

UCT13M - Provide complementary therapies to clients with cancer or other life limiting conditions: You must carry out and document evidence for a minimum of eight case studies for clients in a realistic working environment. At least three of these should have a minimum of two follow-ups. You should aim to provide complementary therapy to a variety of different clients with life limiting medical conditions or those who are clinically frail.

Unit assessment methods

This section provides an overview of the assessment methods that make up each unit in this qualification. Detailed information on assessment is provided in each unit.

Mandatory units				
		External	Internal	
VTCT unit code	Unit title	Question paper(s)	Observation(s)	Portfolio of Evidence
UCT11M	Interpersonal skills for the complementary therapist	0	✓	✓
UCT13M	Provide complementary therapies for people with life limiting conditions	0	✓	✓
UCT14M	Working with healthcare professionals	0	✗	✓
UCT10M	Principles of providing complementary therapies in a healthcare setting	0	✗	✓

Unit glossary

	Description
VTCT product code	All units are allocated a unique VTCT product code for identification purposes. This code should be quoted in all queries and correspondence to VTCT.
Unit title	The title clearly indicates the focus of the unit.
National Occupational Standards (NOS)	NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence.
Level	Level is an indication of the demand of the learning experience; the depth and/or complexity of achievement and independence in achieving the learning outcomes. There are 9 levels of achievement within the Qualifications and Credit Framework (QCF).
Guiding learning (GL)	The activity of a learner in being taught or instructed by - or otherwise participating in education or training under the immediate guidance or supervision of - a lecturer, supervisor, tutor or other appropriate provider of education or training.
Total qualification time (TQT)	The number of hours an awarding organisation has assigned to a qualification for Guided Learning and an estimate of the number of hours a learner will reasonably be likely to spend in preparation, study, or any other form of participation in education or training. This includes assessment, which takes place as directed but, unlike Guided Learning, not under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.
Observations	This indicates the minimum number of competent observations, per outcome, required to achieve the unit.
Learning outcomes	The learning outcomes are the most important component of the unit; they set out what is expected in terms of knowing, understanding and practical ability as a result of the learning process. Learning outcomes are the results of learning.
Evidence requirements	This section provides guidelines on how evidence must be gathered.
Observation outcome	An observation outcome details the tasks that must be practically demonstrated to achieve the unit.
Knowledge outcome	A knowledge outcome details the theoretical requirements of a unit that must be evidenced through oral questioning, a mandatory written question paper, a portfolio of evidence or other forms of evidence.
Assessment criteria	Assessment criteria set out what is required, in terms of achievement, to meet a learning outcome. The assessment criteria and learning outcomes are the components that inform the learning and assessment that should take place. Assessment criteria define the standard expected to meet learning outcomes.

UCT11M

Interpersonal skills for the complementary therapist

Through this unit you will learn to improve the client's treatment experience through the application of effective communication skills. Good communication is vital in assessing the client's expectations for treatment outcomes.

It has always been the case that discussion on a wide range of issues occurs when touch therapies are applied. The reason a client is seeking complementary therapy treatments may be obscure or the stresses and strains that affect them may be difficult to pinpoint. The manner in which you, the therapist, communicate with the client is as important as the treatment itself. You will work within the limitations of professional complementary therapy practice and know when to advise that further appropriate help is sought.

Level

3

Observation(s)

2

External paper(s)

0



Interpersonal skills for the complementary therapist

Learning outcomes

On completion of this unit you will:

1. Be able to apply effective communication skills to identify client requirements
2. Understand how communication skills can be used effectively to identify client requirements

Evidence requirements

1. *Environment*
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. *Simulation*
Simulated role play scenarios can be practised and assessed to cover the required range of consultations between client and therapist where it does not naturally occur.
3. *Observation outcomes*
Competent performance of Observation outcomes must be demonstrated on **at least two occasions**. Assessor observations, witness testimonies and products of work are likely to be the most appropriate sources of performance evidence. Professional discussion may be used as supplementary evidence for those criteria that do not naturally occur.

Assessed observations should not be carried out on the same day for the same learning outcome. There should be sufficient time between assessments for reflection and personal development.

You need to meet the same standard on a regular and consistent basis. Separating the assessments by a period of at least two weeks is recommended as competence must be demonstrated on a consistent and regular basis.

4. *Range*
All ranges must be practically demonstrated or other forms of evidence produced to show they have been covered.
5. *Knowledge outcomes*
There must be evidence that you possess all the knowledge and understanding listed in the Knowledge section of this unit. In most cases this can be done by professional discussion and/or oral questioning. Other methods, such as projects, assignments and/or reflective accounts may also be used.
6. *Tutor/Assessor guidance*
You will be guided by your tutor/assessor on how to achieve learning outcomes and cover ranges in this unit. All outcomes and ranges must be achieved.
7. *Prerequisites*
This unit has been designed for experienced Complementary Therapists who already hold a relevant Level 3 Complementary Therapy qualification and wish to further develop their communication skills
8. *External paper*
There is no external paper requirement for this unit.

Achieving observations and range

Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of competent observations required is indicated in the Evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through professional discussion and/or oral questioning. This evidence will be recorded by your assessor in written form or by other appropriate means.

Your assessor will sign off a learning outcome when all criteria have been competently achieved.

Achieving range

The range section indicates what must be covered. Ranges should be practically demonstrated as part of an observation. Where this is not possible other forms of evidence may be produced. All ranges must be covered.

Your assessor will document the portfolio reference once a range has been competently achieved.



Observations

Learning outcome 1

Be able to apply effective communication skills to identify client requirements

You can:

- a. Demonstrate a professional appearance, attitude and behaviour which contribute to the clients trust
- b. Establish a rapport with the client
- c. Communicate effectively with the client
- d. Establish client expectation is realistic in line with expected treatment outcomes

** May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



Range

*You must practically demonstrate that you have:

Used effective communication skills with all clients	Portfolio reference
Reticent	
Distressed	
Anxious	
Angry	
Forthcoming	

It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

**This is not an exhaustive list.*

Knowledge



Learning outcome 2

Understand how communication skills can be used effectively to identify client requirements

You can:	Portfolio reference
a. Describe how professional appearance, attitude and behaviour contribute to client trust	
b. Identify the methods used to achieve effective communication with the client	

Unit content



This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to apply effective communication skills to identify client requirements

Behave in a professional manner:

Demonstrate respect to clients and colleagues, demonstrate good communication skills and provide good customer service, explaining the treatment/service/product to the clients. Demonstrate correct client care and professionalism at all times, maintain professional appearance, personal hygiene and behaviour, demonstrate understanding of salon requirements for professional behaviour, only carrying out treatments that you are qualified to practise.

Professionalism: The importance of reasons for the consultation process and checking for contra-indications, clear treatment explanation, compliance with any particular rights, restrictions and acts applicable to the respective service or treatment. Understanding the relevant code of practice/ethics, identifying the need for insurance and professional association membership. Demonstrate methods of maintaining client care, protecting client modesty, maintaining a duty of care, your personal appearance and hygiene, trust, confidentiality, the need never to diagnose. How to follow referral procedures. The importance of demonstrating integrity and how all of the above contribute to client trust.

Establish a rapport: Ways to ensure the client is relaxed and willing to participate in a discussion, greeting the client by name, using open facial expressions, direct eye contact, appropriate touch, plan

your physical position in relation to the client, posture and demeanour, observe different client body language and make correct responses, physical mirroring and reflecting, empathy vs. sympathy, self disclosure in context, maintaining a positive attitude, establishing trust; ensure form, manner and level of discussion is respectful of the client as an individual and fellow being, acknowledge client characteristics, personal beliefs and preferences.

Effective communication: Use good communication skills to optimise the treatment outcomes, use the discussion process to facilitate client communication, achieve effective communication without distress to the client, provide information and explanations which allow the client to make informed choices, enable the client to identify real concerns and objectives, use written word, diagrams as applicable, establish client requirements and expectations, realistic, unrealistic, confirm full and accurate disclosure of information, avoid giving specific guidance in relation to problems or client-identified solutions, ensure all constraints on communication are identified and minimised, ensure the client remains in control at all times, maintain records without causing distress to the client and with the client's full approval, remain detached from the client's problems, remain within the therapist's professional limitations and do not become a substitute for other professional help.



Learning outcome 1: Be able to apply effective communication skills to identify client requirements (continued)

Effective interpretations of the communication outcomes:

Make treatment recommendations based upon consultation, information gathered and relevant tests, to select, adapt and provide the correct treatment, products, tools and equipment based upon client consultation, needs and preferences and make further recommendations for on-going treatments, home and aftercare advice, check the client's understanding, know how and when to provide written confirmation/information. Know how to assess the client's commitment, the possible restrictions to ongoing treatment. Also know how to identify when it is not appropriate to treat a client.

Understand the importance of providing the client with clear advice and recommendations:

Give a clear explanation of treatment, product and/or service to facilitate the client's understanding, confirming your understanding of the client's needs and wishes. The need for clear explanations of how the provision of therapy treatments/products can meet the client's expected outcomes, the scope of therapy and its limitations, full and accurate information and explanations which allow the client to make informed choices. Know how to encourage the client to judge the overall appropriateness of each option and why the client is encouraged to choose an option. Know how to establish client expectations from the therapy treatment. Know how to confirm mutual understanding between the client and therapist. Know how to answer client's questions fully and accurately, identify the client's preferred course of treatment plan, short term, medium term and long

term goals. The possible likelihood of a successful outcome, the plan for future course of treatment, client options relating to acceptable referrals to the medical profession or other therapies where it arises.



Learning outcome 2: Understand how communication skills can be used effectively to identify client requirements

Professional appearance: The reasons why you need to wear the appropriate uniform/professional dress, name badge, have neatly groomed hair, wear minimal or no jewellery.

Professional attitudes: Show confidence in your abilities; be sensitive, supportive and attentive. Have a respectful approach, positive attitude, integrity and good time-keeping. Demonstrate understanding of personal space and how invading it can make the client feel uncomfortable. Understand the different aspects to consider which may affect their comfort i.e. ethnicity, age, gender, religious beliefs, nationality, sexual orientation, education, physical appearance, etiquette, social class, economic status.

Professional behaviour: Display appropriate qualifications and professional membership and insurance certificates, provide a suitable treatment room appropriately set up, ensure that client records are accurate and confidentiality is maintained. Do not use or have mobile phone on show – even for timekeeping purposes.

Verbal communication: Verbal mirroring (visual, auditory, kinaesthetic (Thinking Styles: Steven Covey, 2004)), open questions, closed questions, paraphrasing, volume and pace, responsiveness.

Listening skills and non-verbal communication: Active listening, non-verbal language, eye contact, facial expressions, therapist and client body language, consider verbal and non-verbal nuances of the client and appropriate responses.

Communication difficulties: Constraints on communication, client, therapist, ethical constraints, cultural differences, language barriers, environmental issues arising from the client's situation, client's ability to communicate fully, inability to communicate or understand, unwillingness or reluctance to communicate, presence of carer or other, differences in communication.

Clients: Reticent, distressed, angry, anxious, forthcoming.

Adaptation of communication techniques: Verbal is used when communicating with clients face to face, or on the telephone, it aids in the provision of and/or gathering information for consultation and retail opportunity purposes. Non-verbal methods are actively employed to give encouragement and/or convey empathy. Body language is utilised to project professional persona or 'open' body language to appear less intimidating. Further adaptation techniques include use of Braille home care advice leaflets for blind clients, use of sign language for deaf clients, use of written information for mail shots, or for promotions and advisory purposes. The use of telephone to book and/or confirm appointments. The use of text message service to confirm appointments or e-mail to contact customers, communication is also adapted to the use of websites and ICT to advertise services and treatments.

Communication through consultation: Consulting is most effectively done in a private, comfortable area. The use of positive body language, positioning of the client (no barriers between you and the client) appropriately adapted communication skills (asking open and/



Learning outcome 2: Understand how communication skills can be used effectively to identify client requirements (continued)

or closed questions where appropriate) as well as using verbal and non-verbal techniques. The demonstration of your professionalism, confidence and enthusiasm will assist effective communication outcomes.

Advantages and disadvantages of different types of communication: All forms of communication have advantages and disadvantages, it is essential that you are aware of these in order to select the most appropriate methods to use with your client for effective communication to identify the client's needs and expectations. The positive and negative aspects of the following methods; indirect verbal (via 3rd person), verbal, non-verbal, Braille, larger text on documents, sign language, text messaging service, body language, written, telephone, e-mail.

UCT13M

Provide complementary therapies to clients with cancer or other life limiting conditions

The purpose of this unit is to enable you to provide complementary therapies safely and effectively to clients with long term or life limiting medical conditions and/or for the clinically frail. The critical aspect of this unit is to provide you with opportunities to gain hands-on experience working within a healthcare setting and/or homecare setting. You will work in co-operation with healthcare professionals and carry out consultations, provide therapies and aftercare, in line with current recommendations and guidelines. You will also be expected to keep a formal reflective journal and monitor your personal development.

Level

4

Observation(s)

2

External paper(s)

0



Provide complementary therapies to clients with cancer or other life limiting conditions

Learning outcomes

On completion of this unit you will:

1. Be able to undertake client consultations
2. Be able to provide complementary therapy treatments
3. Be able to report and record treatment outcomes
4. Be able to reflect on complementary therapy treatments

Evidence requirements

1. *Environment*
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. *Simulation*
Simulation is not allowed in this unit.
3. *Observation outcomes*
Competent performance of Observation outcomes must be demonstrated on **at least two occasions**. Assessor observations, witness testimonies and products of work are likely to be the most appropriate sources of performance evidence. Professional discussion may be used as supplementary evidence for those criteria that do not naturally occur.

Assessed observations should not be carried out on the same day for the same learning outcome. There should be sufficient time between assessments for reflection and personal development.

You need to meet the same standard on a regular and consistent basis. Separating the assessments by a period of at least two weeks is recommended as competence must be demonstrated on a consistent and regular basis.

4. *Knowledge outcomes*
There must be evidence that you possess all the knowledge and understanding listed in the Knowledge section of this unit. In most cases this can be done by professional discussion and/or oral questioning. Other methods, such as projects, assignments and/or reflective accounts may also be used.
5. *Prerequisites*
You should be complementary therapists who are qualified or working towards a Level 4 qualification in complementary therapies in one or more of the following therapies: massage therapy, aromatherapy, reflexology and others. Anatomy and physiology knowledge at Level 3 or equivalent is a mandatory requirement.
6. *Tutor/Assessor guidance*
You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit. All outcomes must be achieved.
7. *Case studies*
It is recommended a **minimum of eight** case studies for clients in a realistic working environment should be completed. At least **three** of these should have a **minimum of two** follow-ups. You should aim to provide complementary therapy to a variety of different clients with life limiting medical conditions or those who are clinically frail.
8. *External paper*
There is no external paper requirement for this unit.

Achieving observations and range

Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of competent observations required is indicated in the Evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through professional discussion and/or oral questioning. This evidence will be recorded by your assessor in written form or by other appropriate means.

Your assessor will sign off a learning outcome when all criteria have been competently achieved.

Achieving range

There is no range section that applies to this unit.

Case studies sign off

To achieve this unit you must carry out and document evidence for a **minimum of eight** case studies for clients in a realistic working environment. At least **three** of these should have a **minimum of two** follow-ups. You should aim to provide complementary therapy to a variety of different clients with life limiting medical conditions or those who are clinically frail.

Your assessor will complete the table below when the requirements have been completed and are documented in your portfolio of evidence.

Date achieved	Assessor initials



Additional information for assessors and tutors

Where possible, visits to a range of healthcare settings such as a hospice, hospital, and community support facility should be arranged prior to working with patients/clients. Alternatively the use of visiting 'experts' in this field should be used to broaden knowledge and understanding. Ideally the learner should have access to a work placement within a healthcare setting where they can work with both clients/patients and carers in a realistic working environment (RWE).

Whilst it is intended that the therapist acquire, over time, a broad understanding of pathologies, treatments and implications for the client/patient, this does not imply that the therapist is or could become an expert in relation to these in the absence of an additional health professional qualification. **N.B:** there is no specific requirement within this unit for therapists to study a specific range of cancers or other pathologies.

Under no circumstances will this unit entitle the therapist to provide medical advice, information, diagnosis or prognosis. Any questioning regarding any of these must be referred to a healthcare professional.

Contra-indications: with medical approval, massage or touch therapies are appropriate for most clients/patients if modified and adapted (often to the lightest touch) for each individual client, their diagnosis, treatment and current condition. The main exception to this is if the client/patient declines or wishes to terminate treatment.

Therapies may be provided for the client wherever they are located: in a hospital, hospice, care home, or other care or support facility, in their own home or visiting the therapy room.



Learning outcome 1

Be able to undertake client consultations

You can:

- a. Arrange attendance with clients in healthcare settings
- b. Complete client consultations using effective communication skills
- c. Devise treatment plans

**May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



Learning outcome 2

Be able to provide complementary therapy treatments

You can:

- a. Prepare for a complementary therapy treatment
- b. Provide a complementary therapy treatment
- c. Conclude a complementary therapy treatment

**May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



Learning outcome 3

Be able to report and record treatment outcomes

You can:

- a. Provide accurate treatment reports

**May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

**This is not an exhaustive list.*



Learning outcome 4

Be able to reflect on complementary therapy treatments

You can:

Portfolio reference

a. Maintain a formal reflective journal

Unit content



This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to undertake client consultations

Communication to arrange attendance:

Use of effective communication skills with healthcare professionals, clients and carers, be prepared to provide information that aims to improve an understanding of complementary therapies and their status within healthcare, use of professional, constructive, sensitive, supportive and respectful forms of communication, develop good working relationships with healthcare professionals, use of various lines of communication, oral (face to face and by phone), written, consider other ways to improve communication.

Correct etiquette: Follow correct referral procedures and protocols, consult with medical personnel and request medical permission to use complementary therapy treatments.

Arrange attendance healthcare setting:

Arrange attendance with clients, use correct means of obtaining information, on arrival and departure report to person responsible for client, identify self as attending therapist and identify correct client, obtain approval for subsequent treatments, consult with healthcare personnel prior to arranging for follow-up treatments, maintain professional behaviour, attitude and dress throughout, respond appropriately to medical resistance and scepticism.

Consultation form: Use of an existing consultation form for a particular healthcare setting, adapt pre-existing consultation form.

Considerations for communication:

Ensure open lines of communication, consider clients not able to communicate or fully understand or unwilling or reluctant to communicate, consider methods of obtaining information if client is unable to participate in discussions, e.g. written word, diagrams, the presence or assistance of medical personnel, carers, relatives and others.

Ensure effective communication:

Maintain confidentiality, ensure privacy, establish trust, professional manner, positive attitude, appropriate posture and demeanour, open questions, paraphrasing, chunk and check, volume and pace, active listening, observation, non-verbal language, (eye contact, facial expressions, and body language), ensure form, manner and level is respectful of the client as an individual and fellow being, empathy vs. sympathy, consider client's location, maintain lines of communication and contact, respect personal and cultural beliefs and values, ensure consultations are not intrusive, ensure client is relaxed and willing to participate in discussion, liaise with others concerned with client, take into account limitations placed on both the client and therapist, consider what information may be obtained from others, the presence of others at the consultation, complete consultation form in accordance with specific requirements of the clinical location and in compliance with local healthcare protocols and procedures and legislation if appropriate.



Learning outcome 1: Be able to undertake client consultations (continued)

Information: Confirm diagnosis, medication, current treatment interventions and surgical procedures, record past medical history as appropriate, observe and take into consideration the physical, psychological, emotional, spiritual wellbeing of the client, consider impact on client of illness and treatment note how the client is dealing with their illness and changes wrought by illness, include relevant lifestyle matters only as they affect the proposed therapy and the patient, record cautions, complete paperwork in a clear and concise manner.

Cautions: Thrombocytopenia, fever, recent surgery and surgical wounds, bruising, petechiae, lymphoedema, bowel obstruction, tumour sights, metastases, bony protrusions, cord compression, fatigue, ascites, DVT, skin viability and fragility, nutritional status, oedema, inflammation, pain, osteoporosis, nausea, bleeding/haemorrhage, mucus and secretions, vomiting, peripheral neuropathy, altered sensation, breathing difficulties, chemotherapy, radiotherapy, and other cancer treatments, steroid therapy, analgesia, anti-coagulants, and other medication where they may interact with therapy, radiation sites, stomas, intravenous drips, drains, catheters, stents, Hickman lines, colostomy bags, oxygen therapy, breathing apparatus, tracheostomy, nutritional systems, prosthetics, confusion and disorientation, mobility, other cautions as encountered, moving and handling issues.

Consent: Obtain and record approval for treatment from client's medical carer, know who has overall legal responsibility for the client, obtain this for each different complementary therapy to be used, obtain

and record client consent in accordance with protocols and legislation in relation to the specific setting, written consent, verbal consent and consent by implication, the scope of consent must be made clear to the client, ensure consent is fully informed and given voluntarily, obtain and record consent if the client is unable to give it, record client consent from carer, representative, power of attorney, adhere to professional codes of ethics, use of professional judgement and professional intuition, legislative issues regarding permission touch in the healthcare setting, insurance issues.

Client discussion and explanations: Provide explanations that are accurate, concise and clearly understood, discuss with client treatment options in relation to client's location, position, clinical condition, medical treatments and interventions, cautions and level of mobility, enable them to make an informed choice, make clear to clients and carers the constraints imposed on the therapist, ensure the effects, limits, and necessary modifications to therapy are fully explained, ensure client feels in control at all times and able or encouraged to ask questions and make their own decisions whenever possible, avoid offering advice or specific guidance, avoid making exaggerated claims and ensure client's expectations are identified and realistic, fully assess client's specific needs and ensure proposals are clearly explained, do not offer diagnosis or prognosis, select an appropriate treatment plan.

Issues of confidentiality: Adhere to current legislation surrounding confidentiality, protocols regarding access to medical notes, respect client's right to confidentiality and respond correctly



Learning outcome 1: Be able to undertake client consultations (continued)

to issues of confidentiality, obtain client's consent to view medical records, inform client of any decisions to release confidential information, know what can and cannot be done with and without client's specific consent, (professional/team confidence), adhere to protocols surrounding the therapist's records and know which information must remain the property of the organisation, the presence of a third party, the responsibilities of the therapist to client and other personnel in terms of confidentiality.

Treatment plan: Rationale for proposed plan, take into account each individual client's situation, location, position, condition, diagnosis, treatment and medical interventions, body areas to be treated, awareness of client's resilience and how they are dealing with illness physically, emotionally, psychologically and spiritually, consider pain, discomfort, fear, anxiety, depression and anger, treatment aims, therapy to be used, modifications, pressure cautions, client/patient positioning, client/patient expectations – realistic/unrealistic.



Learning outcome 2: Be able to provide complementary therapy treatments

Environment: Location and situation, hospitals, hospices, nursing and care homes, intensive care and high dependency units, ward beds, wheelchairs, clinic, out-patient department, other waiting area, day-care facilities or community setting, client's own home, living alone, with family or relatives, create environment conducive for treatment if designated therapy room not available, consider lighting, noise, music, use of essential oils in open ward, day or waiting area, privacy, interruptions, carry out risk assessment, avoid hazards such as medical equipment.

Prepare clients for treatment: Client position, availability of assistance for repositioning, moving and handling issues, removal of TED and other anti-embolism or other support stockings, adapt therapy to most comfortable position for client, support limbs, use of pillows and rolled towel, ensure client comfort throughout, allow client to change position as required, maintain client dignity, awareness of altered body image, disfigurement and embarrassment, coverings.

Prepare self: Professional presentation, protect self physically, positioning and posture particularly if working around hospital bed, chair, wheelchair or when client unable to move onto treatment couch, protect self psychologically: grounding, positive attitude, build resilience, taking closure.

Infection: Precautions and prevention, protect client and self from infection, compromised immunity, follow infection control procedures and protocols, safe and hygienic practice, correct hand washing techniques, treat clients with infection last, only bring essential items to therapy

area, hygienically clean all essential items required for therapy before and after bringing to treatment area.

Treatment options: Massage, aromatherapy, reflexology, therapeutic touch and other accepted touch therapies, base mediums, use of essential oils (obtain medical permission), essential oils to avoid, essential oil blends, essential oil dilutions, inclusion of breathing relaxation techniques.

Adaptations and modifications:

Awareness of stage of illness – pre and post diagnosis, waiting for results, undergoing treatment, remission, flare-up, recovery, end of life, adapt pressures, pace, length of treatment, pressure points and reflexes as specific to the therapy and competency, use of effleurage, stroking touch, holding touch, bi-hand holds, mindful and careful touch, 'listen to client', ask for feedback, be alert to risks of increasing pressure, time for silence, time for rest, time to talk, use of relaxation techniques, observe client's body language and be prepared to modify or terminate treatment, bring changes in the client's condition to the notice of the medical carers to ensure therapy treatment may continue, even in a modified form, keep within parameters agreed by healthcare professionals, know how and when to ask for help, be aware interruptions in therapy may occur in the healthcare setting.

Cautions: Be aware of and avoid, surgical and other wounds, bruising, lymphoedema*, petechiae, tumour sites, metastases, bony protrusions, radiation entry and exit sites; be alert to cord compression, ascites, DVT, skin viability, nutritional status, oedema, inflammation, pain,



Learning outcome 2: Be able to provide complementary therapy treatments (continued)

anxiety, fatigue, osteoporosis, nausea, bleeding, mucus and secretions, vomiting, peripheral neuropathy, altered sensation, breathing difficulties, confusion and disorientation; avoid medical interventions such as stomas, intravenous drips, drains, catheters, stents, Hickman lines, catheters, colostomy bags, oxygen therapy, breathing apparatus, tracheostomy, nutritional systems, prosthetics; be alert to side-effects and the possible interaction of medical treatments and complementary therapy, chemotherapy, radiotherapy, steroid therapy, analgesia, anti-coagulants and other medication, adapt to client and modify treatment to take account of these and any other as encountered.

*NB: Lymphoedema management is the remit of specialist trained practitioners. For clients where lymph nodes have been damaged or surgically removed avoid the affected limb or area, specific precautions apply for massage of unaffected areas of the body: use light pressure and always massage towards the heart and well away from removed or damaged lymph nodes, further massage should not be attempted until specialist training is undertaken.

After treatment: Wash hands, leave client comfortable, obtain assistance if required, tidy up.

Obtain feedback: From client, carers, health care professionals, expected and unexpected reaction to complementary therapy.

Offer aftercare advice: Offer appropriate aftercare, aftercare advice limited to therapy and the client's condition, recommendations, referral to other support organisations and other complementary therapies where appropriate.



Learning outcome 3: Be able to report and record treatment outcomes

Treatment reports: Ensure compliance with required healthcare procedures and protocols for the specific healthcare setting where relevant, know what information should be included in the report, results of the therapy and effects on client's medical condition, the therapy given, mediums used, immediate feedback, avoid use of specific therapy terminology e.g. reflex, effleurage, pressure point as these may not be understood and may have a different meaning in medicine.

Means of reporting: Written, verbal, and electronic, these must be accurate, clear and concise and written up in ink

immediately and fully, amendments initialled, methods of reporting to relevant medical personnel, who to give reports to, feedback to others on the therapy treatment where appropriate, inform clients about reporting to medical personnel and others (relatives, carers etc.), what information is and is not available to others, record where a companion of the client is present at therapy session, issues of confidentiality, written consultation and reports may become the property of the healthcare setting and as such become legal documentation and may be presented in a court of law, must contain the therapists name and signature.

Learning outcome 4: Be able to reflect on complementary therapy treatments

Formal reflective journal: Use reflective models e.g. Johns, Gibbs, detailed record of all new encounters including, diagnosis, investigations, treatment interventions, medications, the treatment plan outcomes and feedback, include medical terminology, abbreviations, definitions, situations and problems that arise, things that went well and not so well, refer to current literature and undertake further study into the nature of medical conditions and treatments specific to the client as these are encountered.

Process of reflection: Reflect on and evaluate own performance constructively, 'what' - briefly explain what happened, 'so what' - the consequences, 'what next' - what can be done to improve practice next time, 'what now' - what additional learning is needed, CPD.

Personal development: Monitor own personal development, monitor changes in self, record responses to change, evaluate strengths and weaknesses and areas to be developed to improve practice.

UCT14M

Working with healthcare professionals

The purpose of this unit is to address the need for complementary therapists to contribute their skills safely to patients in the healthcare environment in co-operation with healthcare professionals and in line with current recommendations and guidelines such as the Guidelines and Criteria for Complementary Therapies (London Cancer Alliance 2013), Guidance on Cancer Services - Improving Supportive and Palliative Care for Adults with Cancer The Manual (NICE 2004) and the National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care (Prince of Wales's Foundation for Integrated Health 2003). The emphasis is on evidence based practice.

On completion of this unit, you will understand how the healthcare environment functions, and how to communicate with and work alongside healthcare professionals.

Level

4

Observation(s)

0

External paper(s)

0



Working with healthcare professionals

Learning outcomes

On completion of this unit you will:

1. Understand the structure and function of healthcare services
2. Understand how to communicate effectively with healthcare professionals
3. Understand the issues of consent and confidentiality
4. Understand the purpose of a professional code of ethics
5. Understand the legislation affecting complementary therapy treatments in the healthcare setting

Evidence requirements

1. *Knowledge outcomes*
There must be evidence that you possess all the knowledge and understanding listed in the Knowledge section of this unit. In most cases this can be done by professional discussion and/or oral questioning. Other methods, such as projects, assignments and/or reflective accounts may also be used.
2. *Prerequisites*
You should be a complementary therapist who is qualified to a minimum of Level 3 (or equivalent) in anatomy and physiology and at least one complementary therapy such as massage therapy, aromatherapy or reflexology.
3. *Tutor/Assessor guidance*
You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit. All outcomes must be achieved.
4. *External paper*
There is no external paper requirement for this unit.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

Additional information for assessors and tutors

Under no circumstances will this unit entitle the therapist to provide medical advice, information, diagnosis or prognosis. Any questioning regarding any of these must be referred to a healthcare professional.

The tutor should refer learners to suitable texts, current literature and guidelines for working with clients with cancer and other long term or life limiting medical conditions and working within a healthcare setting.

**This is not an exhaustive list.*

Knowledge



Learning outcome 1

Understand the structure and function of healthcare services

You can:	Portfolio reference
a. Explain the structure and organisation of national healthcare provision	
b. Explain the management and hierarchical structure of healthcare organisations	
c. Investigate the functions of other connected healthcare agencies and support groups	



Learning outcome 2

Understand how to communicate effectively with healthcare professionals

You can:	Portfolio reference
a. Appraise means of ensuring good communication with healthcare professionals	
b. Explain acceptable etiquette for arranging attendance on the client	
c. Assess the problems that might arise when health professionals are not committed to the use of complementary therapies	



Learning outcome 3

Understand the issues of consent and confidentiality

You can:	Portfolio reference
a. Explain issues of confidentiality when working in a healthcare setting	
b. Explain the therapist's professional responsibilities regarding consent for complementary therapies in the healthcare setting	



Learning outcome 4

Understand the purpose of a professional code of ethics

You can:	Portfolio reference
a. Explain the need for a professional code of ethics and practice	
b. Compare and contrast the requirements of a professional code of ethics and practice	



Learning outcome 5

Understand the legislation affecting complementary therapy treatments in the healthcare setting

You can:

Portfolio reference

- a. Explain the need for local and national legislation in relation to the healthcare setting

Unit content



This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Understand the structure and function of healthcare services

Structure and function: Government to local level, regionalisation, local authorities and/or health boards, various kinds of healthcare available in the health sector, long-term and short-term care facilities.

Management and hierarchical structure: Primary care, secondary care, community health centres, general hospitals, responsibilities of various healthcare and other personnel and how they interact, directors, managers, doctors, nurses, allied health professionals, auxiliary, workforce, multi-disciplinary team approach to healthcare.

Other connected healthcare agencies and support groups: Government, private, charitable and voluntary, funding sources, types of support available, hospices, clinics, nursing homes, specialist support organisations, responsibilities of voluntary agencies and their professional interaction, how they may be accessed, how they interact with the health sector, the provision of complementary therapies within these.



Learning outcome 2: Understand how to communicate effectively with healthcare professionals

Professionalism: Definition, importance when working in the healthcare setting.

Communication: Methods of achieving effective communication with health professionals, lines of communication, oral (face to face and by phone), written, medical constraints, communication skills to impart information that aims to improve understanding of complementary therapies and their status within healthcare, constructive, sensitive, supportive and respectful forms of communication, compliance with correct procedures and protocols, how good liaison between the client's medical carers is in the client's best interest, means of developing good working relationships with healthcare professionals, ways to improve communication.

Etiquette: Consulting with medical personnel, following correct referral procedures of all kinds, requesting medical permission/approval for the use of complementary therapy treatments, reporting to person responsible for client on arrival and departure, identification as attending therapist, identification of correct client, obtaining approval for subsequent treatments, the importance of consulting with healthcare personnel prior to attending the client for follow-up treatments, correct means of obtaining information.

Problems that might arise with healthcare professionals: Dealing with scepticism and resistance to complementary therapies without causing offence, reasons a doctor may be reluctant to consent, approve or permit complementary therapies and how this might relate to insurance issues,

developing methods of working with doctors and other healthcare professionals who are resistant to complementary therapies and reluctant to participate.



Learning outcome 3: Understand the issues of consent and confidentiality

Confidentiality: Legislation regarding confidentiality, protocols surrounding access to medical notes, the client's right to confidentiality, understanding correct responses to issues of confidentiality, reasons for obtaining client consent to see their medical records, responsibilities of the therapist to the client and other personnel, the therapist's responsibility for decisions to release confidential information 'professional confidence', case history management and storage, protocols surrounding the therapist's own notes, which information remains the property of the organisation and which information the therapist may take away.

Professional responsibilities: Reasons permission/consent from the patient's doctor must be obtained and for the use of each different complementary therapy, requirements regarding medical consent, insurance issues and contra-indications and contra-actions, knowing who has overall legal responsibility for the client/patient, obtaining consent that is valid, transparent, professionally accountable, informed and given voluntarily, written consent, consent by implication and verbal consent, policy of the organisation, legislative issues regarding permission to touch in the healthcare setting.

Learning outcome 4: Understand the purpose of a professional code of ethics

Need for a professional code of ethics: Rationale for a professional code of ethics and practice and the importance of compliance.

Requirements of a professional code of ethics: Requirements of a therapist's code of ethics and practice in relation to working specifically in a healthcare environment, code of ethics for doctors and nurses, compare with those of the therapist, what they have in common, where there are differences, how they are regulated and enforced, current efforts to establish professional codes of practice for therapists working in the healthcare sector, requirements of employers in the healthcare sector, voluntary and statutory regulation.



Learning outcome 5: Understand the legislation affecting complementary therapy treatments in the healthcare setting

Need for local and national legislation:

Legalisation that applies to the healthcare sector, legal aspects of record keeping (data protection), protection of vulnerable groups, health and safety issues and legislation, regulating individual practitioner behaviour and responsibility for legislative compliance, employment contracts and rights, voluntary employment laws, complaints procedures, knowing that the therapist is responsible for their actions.

Notes

Use this area for notes and diagrams



UCT10M

Principles of providing complementary therapies in a healthcare setting

The purpose of this unit is for complementary therapists to understand how to deliver their skills safely and in line with accepted protocol to patients in the healthcare environment in co-operation with healthcare professionals.

Through this unit you will develop an understanding of the underpinning principles of providing complementary therapies within a healthcare setting in line with current guidelines and recommendations, such as the Guidelines and Criteria for Complementary Therapies (London Cancer Alliance 2013), Guidance on Cancer Services - Improving Supportive and Palliative Care for Adults with Cancer The Manual (NICE 2004) and the National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care (Prince of Wales's Foundation for Integrated Health 2003).

You will explore the extent and use of complementary therapies for patients with a range of long term medical life-limiting conditions or the clinically frail and the effects and potential benefits. You will also address effective communication techniques in providing complementary therapies whilst developing an understanding of limitations of treatment and scope of practice. In addition, you will evaluate the means of obtaining complete and accurate client assessment, along with the accepted protocol for report writing and recording of treatments in the healthcare setting.

Level

4

Observation(s)

0

External paper(s)

0



Principles of providing complementary therapies in a healthcare setting

Learning outcomes

On completion of this unit you will:

1. Understand the use of complementary therapies in the healthcare setting
2. Understand the limitations of working with clients in the healthcare setting
3. Understand the effects and benefits of complementary therapies in the healthcare setting
4. Understand how to communicate effectively in the healthcare setting
5. Understand how to manage client assessment and reports

Evidence requirements

1. *Knowledge outcomes*
There must be evidence that you possess all the knowledge and understanding listed in the Knowledge section of this unit. In most cases this can be done by professional discussion and/or oral questioning. Other methods, such as projects, assignments and/or reflective accounts may also be used.
2. *Tutor/Assessor guidance*
You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit. All outcomes must be achieved.
3. *External paper*
There is no external paper requirement for this unit.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

Additional information for Assessors/tutors

It is intended the therapist acquire, over time, a broad understanding of the client's condition, treatments and implications. This would not imply the therapist is or could become an expert in relation to these in the absence of an additional health professional qualification.

Under no circumstances is the therapist entitled to offer medical advice, information, diagnosis or prognosis. Any questioning regarding any of these must be referred to a healthcare professional.

The tutor should refer learners to suitable texts, current literature and guidelines for working with clients with cancer and other long term or life limiting medical conditions and working within a healthcare setting.

*This is not an exhaustive list.

Knowledge



Learning outcome 1

Understand the use of complementary therapies in the healthcare setting

You can:	Portfolio reference
a. Explain the extent of the use of complementary therapy provision within the healthcare environment	
b. Compare and contrast the relationship of different complementary therapies	



Learning outcome 2

Understand the limitations of working with clients in the healthcare setting

You can:	Portfolio reference
a. Evaluate the potential impact of diagnosis of long term or life limiting medical conditions on clients and those close to them	
b. Explain the limitations that may be placed upon the therapist and therapy due to the client's environment and situation	
c. Explain the factors the therapist will have to consider in relation to the client's condition	
d. Explain the limitations that may be placed upon the therapist and therapy, due to client's treatment and medical interventions	
e. Describe the implications of Healthcare Associated Infections (HAI's) in relation to providing complementary therapies in the healthcare environment	
f. Explain the modifications and adaptations to complementary therapy, suitable for clients in the healthcare environment	



Learning outcome 3

Understand the effects and benefits of complementary therapies in the healthcare setting

You can:	Portfolio reference
a. Investigate the importance of touch received during complementary therapies in the healthcare setting	
b. Critically evaluate the placebo effect in terms of the provision of complementary therapies in the healthcare setting	
c. Explain how to ensure agreement to treatment plan and full understanding of what may be achieved	



Learning outcome 4

Understand how to communicate effectively in the healthcare setting

You can:	Portfolio reference
a. Explain possible communication difficulties with client's in the healthcare settings	
b. Evaluate means of effective communication with clients, carers and colleagues	
c. Explain how to ensure agreement to treatment plan and full understanding of what may be achieved	
d. Explain means of dealing with challenging situations	



Learning outcome 5

Understand how to manage client assessment and reports

You can:	Portfolio reference
a. Evaluate means of obtaining an accurate and complete case client assessment	
b. Assess means of ensuring accurate treatment reports when working with clients in the healthcare setting	

Unit content



This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Understand the use of complementary therapies in the healthcare setting

Therapies: Aromatherapy, reflexology, massage, reiki, acupuncture, hypnotherapy and other accepted therapies.

Extent and use: Accepted use nationally and internationally, position held by orthodox medical practitioners, the possible benefits to clients in the healthcare environment, regulation (voluntary, by mandate or statute).

Therapies: Aromatherapy, reflexology, massage, reiki, acupuncture, hypnotherapy and other accepted therapies, the benefits and disadvantages of using several therapies together.



Learning outcome 2: Understand the limitations of working with clients in the healthcare setting

Impact: Physical, psychological, emotional, social and spiritual, changes that can be brought about by illness, individual differences in resilience in response to illness and treatment, stages of illness (pre and post diagnosis, waiting for results, undergoing treatment, remission, flare-up, recovery, end of life).

Physical: Pain, discomfort, surgery, disfigurement, side effects and others.

Psychological: Mental health implications, anxiety, depression and others.

Social: Relationships, attitudes, financial implications, requiring supported living, altered position in family, relocation.

Emotional: Fear, waiting for results, anticipation of treatments, surgery and investigations, altered body image, differences in the way clients and those close to them cope with illness and changes in condition, the process of grief and loss, disbelief, anger, guilt, denial, acceptance, withdrawal.

Spiritual: Changes in strength of religious and other spiritual beliefs.

Environment: Hospital, hospice, nursing home, care home, intensive care and high dependency unit, ward beds, wheelchair, clinic/out-patient department/other waiting area, day-care facility, community setting, client's home (living alone or with family/relatives).

Limitations: Maintaining lines of communication and contact, applying therapy in an open ward situation, maintaining client dignity and respecting confidentiality, interruptions, ward rounds, nursing/medical procedures, investigations, allied healthcare therapies, refreshments

and meal times, domestic services, noise, visitors, means of providing an environment conducive to treatment.

Considerations: Need a broad understanding of the diagnosis and condition of the client, moving and handling issues, changes in the client's condition, unrealistic expectations, expected and unexpected reaction to complementary therapy.

Cautions: Thrombocytopenia, fever, recent surgery, bruising, petechiae, *lymphoedema, bowel obstruction, tumour sites, metastases, bony protrusions, cord compression, ascites, DVT, skin viability, nutritional status, oedema, inflammation, anxiety, pain, fatigue, nausea, bleeding/haemorrhage, mucus and secretions, vomiting, peripheral neuropathy, altered sensation, breathing difficulties, confusion, disorientation, mobility and relationship of cautions to therapy insurance.

***NB:** Lymphoedema management is the remit of specialist-trained practitioners. For clients where lymph nodes have been damaged or surgically removed avoid the affected limb or area, specific precautions apply for massage of unaffected areas of the body: use light pressure and always massage towards the heart and well away from removed or damaged lymph nodes, further massage should not be attempted until specialist training is undertaken.

Medical constraints: Keeping within parameters agreed by healthcare professionals, conflicts that may occur with the needs of the client, the therapy and the medical situation.

Limitations: Specific to treatment/medical intervention, specific to client,



Learning outcome 2: Understand the limitations of working with clients in the healthcare setting (continued)

therapists should research purpose and potential outcomes of possible diagnostic investigations, procedures and interventions, medical and/or surgical treatment relevant to client.

Treatment and medical interventions:

For example, chemotherapy, radiotherapy, steroid therapy, hormonal treatments, multi-modal treatments, target treatments, drug trials, analgesia, anti-coagulants, side-effects, no treatment, any other considerations of medical and/or surgical treatments and interventions, avoidance of surgical wounds, radiation sites (entry and exit), stomas, drips, drains, catheters, stents, Hickman lines, catheters, colostomy bags, oxygen therapy, breathing apparatus, tracheostomy, nutritional systems, prosthetics, possible interaction of medical treatments and complementary therapy, list is not exhaustive.

Micro-organisms: MRSA, Clostridium difficile, E.coli and other HAI's, super bugs, smart bugs and antibiotic resistance.

Infection control: Means of transmission, precautions and prevention, safe and hygienic practice, compromised immunity, implications for practice.

Complementary therapy: Massage, aromatherapy, reflexology and other accepted touch therapies, inclusion of relaxation techniques and breathing exercises (where appropriate), keeping within parameters agreed by healthcare professionals, awareness that interruptions in therapy may occur in the healthcare setting.

Consider adaptations and modifications to meet client's needs: Client's individual situation (location, position, condition,

diagnosis, treatment and medical interventions, body areas to be treated), pain and discomfort, fear, anxiety, depression and anger, effects of therapy on conditions and interaction with medical treatments, impact of oils on others, treatment options, base mediums, use of essential oils, essential oils to avoid, essential oil blends and dilutions.

Take into account: Awareness of client's resilience, how they are dealing with illness (physically, emotionally, psychologically and spiritually), during therapy (time for silence, time for rest, time to talk), risks of increasing pressure.

Adapt and modify: Pressure, pace, length of treatment, pressure points and cross reflexes (as specific to the therapy and competency), effleurage and stroking touch, holding touch, bi-hand holds, mindful and careful touch.

Adapt and respond to feedback: Verbal and visual, listen to client, respond appropriately, ask for feedback, monitor body language, be prepared to modify or terminate treatment.

Communication with others: Changes in the client's condition must be brought to the notice of the medical carers to ensure therapy treatment may continue (even in modified form), knowing how and when to ask for help.



Learning outcome 3: Understand the effects and benefits of complementary therapies in the healthcare setting

Importance of touch: Connection to others, reduce anxiety, bonding, rapport, lower blood pressure, improve outlook, sensory input.

Placebo effect: Place in complementary therapies, measuring effects of complementary therapies, considerations for the client, reference to evidence based research.



Learning outcome 4: Understand how to communicate effectively in the healthcare setting

Communication difficulties: For client, for the therapist, cultural differences, language barriers and environmental issues arising from the client's situation, lines of communication, maintaining contact, clients able to communicate fully, unable to communicate or understand, unwilling or reluctant to communicate, differences in communication, written word, diagrams.

Effective communication: Establishing trust, the presence or assistance of medical personnel, carers, relatives and others (help or hindrance), maintaining confidentiality, professional manner, positive attitude, appropriate posture and demeanour, ensure form, manner and level is respectful of the client as an individual and fellow being, consider verbal and non-verbal nuances of the client and appropriate responses, empathy versus sympathy, understand how good communication can assist treatment effects.

Verbal communication: Open questions, closed questions, paraphrasing, chunk and check, volume and pace, effective communication.

Listening skills: Active listening, non-verbal language, eye contact, facial expressions, and body language.

Ensure full understanding and agreement to treatment plan: Ensure client is relaxed and willing to participate in discussion, ensure explanations are accurate, concise and understood, discuss full range of treatment options (to reflect client's location, position, mobility and condition), give full information to enable client to make informed choice, ensuring client needs are assessed and proposals,

effects and limits of the therapy fully explained, ensure limitations are made clear (to client and carers), ensure client is in control at all times, clients able/ encouraged to make own decisions whenever possible, avoid offering advice or specific guidance, ensure the client's expectations are identified and realistic, do not make exaggerated claims, offer diagnosis or prognosis, aftercare advice limited to therapy and client's condition, referral to other support organisations and other complementary therapies where appropriate.

Challenging situations: What to do when something goes wrong, complaints, resolving misunderstandings, saying sorry, avoiding conflict, insurance issues, managing the distressed or embarrassed client, dealing with anger and grief, dealing with difficult questions, therapist embarrassment and distaste/revulsion, appropriate responses towards client, knowing how and when to ask for help or assistance, reflection, building resilience in self, grounding, taking closure.



Learning outcome 5: Understand how to manage client assessment and reports

Obtaining and recording medical approval to treat and the reasons for this: Insurance issues, medical constraints, limitations of the therapist's competence.

Client assessment: Methods must take into account current physical and emotional wellbeing of the client, limitations placed on both the client and therapist, ensuring consultations are not intrusive for the client, questioning, observation, use of diagrams, methods of obtaining information if the client is unable to participate in discussions, recording medical history as appropriate, confirming diagnosis and current treatments, medication and surgical procedures, recording contra-indications, contra-actions and cautions and appropriate information on the way the client is dealing with their illness, recording changes wrought by illness, include relevant lifestyle matters as they affect the proposed therapy, use of other support organisations and complementary therapies, liaising with others concerned with the client to optimise therapy treatment, completing records in accordance with specific requirements of the clinical location and in compliance with local healthcare protocols and procedures and legislation, the client's right to confidentiality, the responsibilities of the therapist to the client and other personnel in terms of confidentiality, obtain permission to access to medical notes/ records and know what can and cannot be done with and without the client's specific consent, client privacy during consultation, respect for personal and cultural beliefs and values, complete paperwork in a clear and concise manner, broad understanding of medical terminology and abbreviations specific to the client.

Consent: Obtaining and recording client consent in accordance with protocols and legislation, the scope of consent must be made clear to the client, ensure consent is fully informed and given voluntarily, obtaining and recording consent when the client is unable to give it directly - from carer, representative, power of attorney.

Treatment reports: Ensure compliance (with required procedures and protocols for the specific setting), knowing what information should be included, who to give reports to, who else should receive feedback on the therapy treatment, reasons for informing the client about reporting to medical personnel and others (relatives, carers etc.), what information is and is not available to others, knowing why there may be a need for a companion of the client to be present at discussions and why this should be recorded, issues of confidentiality, written documents may become the property of the healthcare setting (become legal documentation - may be presented in a court of law).

Means of reporting: Written, verbal, and electronic, written (must be accurate, clear and concise and written up in ink immediately and fully, avoid use of specific therapy terminology e.g. reflex, effleurage, pressure point as these may not be understood and may have a different meaning in medicine, they must be written up in ink and contain the therapist's name and signature), reasons for and methods of reporting to relevant medical personnel.

Notes

Use this area for notes and diagrams


