



Principles of providing complementary therapies in a healthcare setting

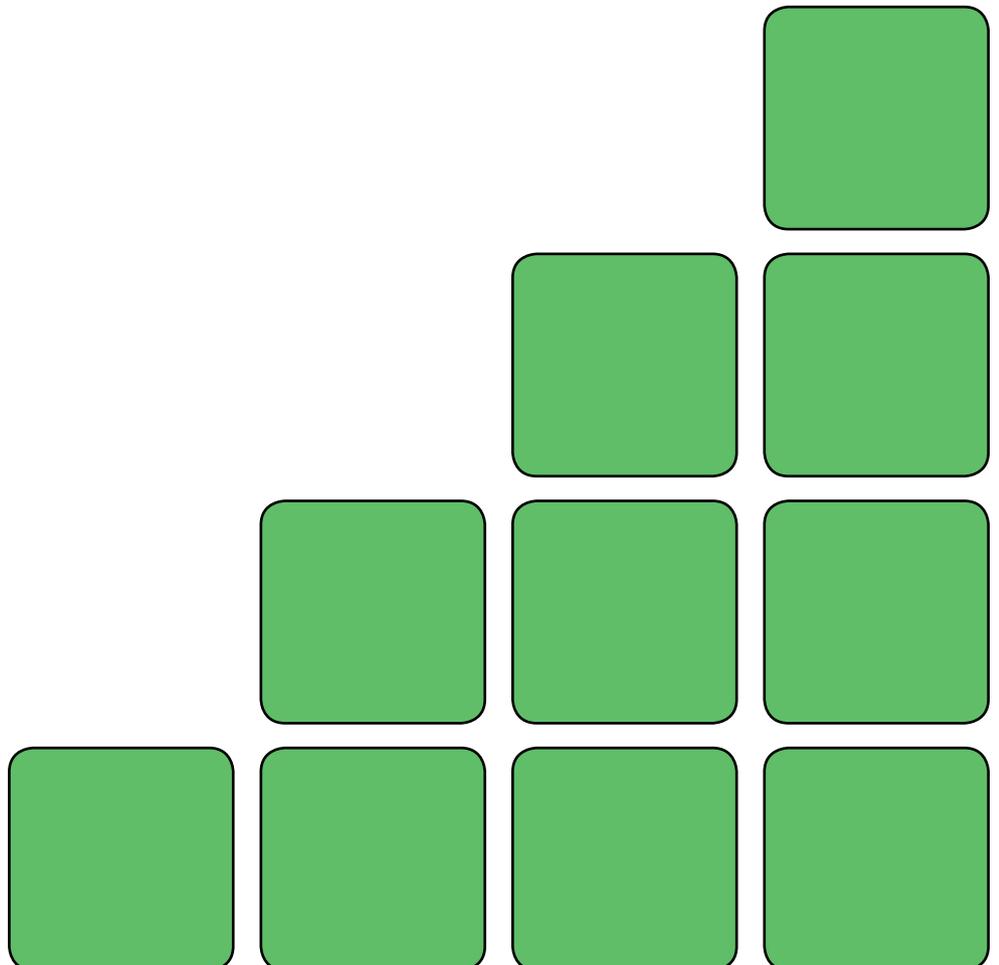
UCT10M

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Learner name:

Learner number:

VRQ



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



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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

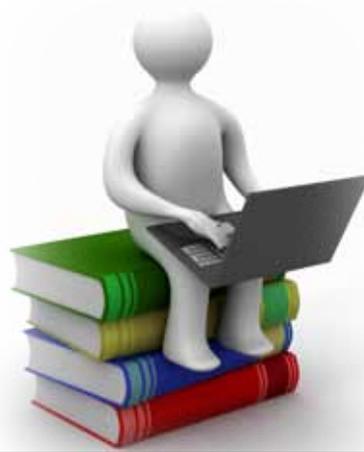
It is intended the therapist acquire, over time, a broad understanding of the client's condition, treatments and implications. This would not imply the therapist is or could become an expert in relation to these in the absence of an additional health professional qualification.

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