Provide complementary therapies for people with life limiting conditions

UCT13M
H/507/9567

Learner name:

Learner number:
VTCT is the specialist awarding organisation for the Hairdressing, Beauty Therapy, Complementary Therapy, Hospitality and Catering and Sport and Active Leisure sectors, with over 50 years of experience.

VTCT is an awarding body regulated by national organisations including Ofqual, SQA, DfES and CCEA.

VTCT is a registered charity investing in education and skills but also giving to good causes in the area of facial disfigurement.

**Statement of unit achievement**

By signing this statement of unit achievement you are confirming that all learning outcomes, assessment criteria and range statements 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.

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**Assessor tracking table**

All assessors using this Record of Assessment book must complete this table. This is required for verification purposes.

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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.
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

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. Prequisites
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.

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.
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.

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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.*

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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.*

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Learning outcome 3

Be able to report and record treatment outcomes

You can:

a. Provide accurate treatment reports

*May be assessed by supplementary evidence.*
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.