Support during and beyond treatment

4.0	Supporting CYP, family and carers living with, through and beyond cancer Provide information, care and support to CYP, families and carers following the cancer diagnosis. N.B. This set of core support competencies carry through and must be applied in all the following sections.	nurses provid CYP cancer of PICU, Practice	t-registration ling generalist are (e.g. A&E, nurses, general gy departments)	Unregistered Support Workers in specialist CYP cancer	Registrants providing specialist CYP cancer car (PTC and designated cancer specialist roles in POSC				
Lear	ning outcomes: Practitioners will be able to:	Pre-reg Children's Field	Registered Nurse	Health Care Assistant / support worker	Nursing Associate	Registered	Enhanced	Advanced	Consultant
4.1	Describe the types (modalities) of treatment used to treat CYP cancer, and the reasons for each approach								
4.2	Identify the impact of cancer on the physical, psychological, emotional, social and spiritual wellbeing of CYP, families and carers								
4.3	Demonstrate knowledge of the 4 levels of psychological assessment and support required by CYP, families and carers, and relate Level 1-4 to own role (NICE, 2004 CSG4)								
4.4	Understand the complex and changing information, educational and supportive care needs of CYP, families and carers								
4.5	Describe the lifestyle interventions or health promotion for improving quality of life								
4.6	Examine the potential impact of co-morbidities and the need for awareness of long-term consequences of cancer treatment								
4.7	Explain the range of support required and available to CYP, families and carers throughout treatment								
4.8	Discuss the needs of CYP, families and carers who are travelling to access treatment in tertiary and national specialist centres with reference to multi-centre collaboration and transfers, MDT working and documentation								
4.9	Recognise the importance of smooth transitions such as between acute healthcare settings and community care, from active treatment to survival programmes, or from paediatric to TYA or adult cancer services								
4.10	Demonstrate insight into the emotional investment involved when caring for CYP, families and carers throughout the spectrum of cancer care. Evaluate reasons why health and wellbeing of all staff is important								
4.11	Evidence appropriate non-medical prescribing qualification and competency								
Prac	tice competencies: Practitioners will be able to:	Pre-reg Children's Field	Registered Nurse	Health Care Assistant / support worker	Nursing Associate	Registered	Enhanced	Advanced	Consultant
Asse	ssment and Care Planning								
4.12	Undertake an holistic needs assessment encompassing CYP, families and carers needs								
4.13	Develop an individualised care plan in partnership with CYP, family and carers tailored to the phase of disease, e.g. diagnosis, during treatment, post-treatment								
4.14	Provide Level 1 Psychological assessment and support (NICE, 2004 CSG4)								

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4.15	Provide Level 2 Psychological assessment and support (NICE, 2004 CSG4)					
4.16	Use evidence-based interventions to assess, prevent and manage the physical, psychological, social and existential consequences of cancer with care and attention to Diversity, Equality, Inclusion and Belonging (DEIB)					
4.17	Lead and make autonomous decisions where appropriate, using generic clinical decision making and associated skills.					
	(See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.15-16 for detailed breakdown)					
4.18	Lead and make autonomous decisions where appropriate, in assessing the need for radiological investigations and using findings to inform management plans.					
	(See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.19-20 for detailed breakdown)					
4.19	Lead and make autonomous decisions where appropriate, in supporting CYP being prepared for general anaesthesia for procedures					
	(See https://www.cclg.org.uk/ACP-capabilities V1.0 p.20 for detailed breakdown)					
Emp	owerment				 	
4.20	Provide a supportive environment in which CYP, families and carers are encouraged to ask questions and share their concerns about their disease and treatment					
4.21	Advocate for or act in the best interests of CYP, families and carers and promote involvement in decision-making about treatment and supportive care					
4.22	Consider the needs of CYP, families and carers who may not have capacity to make decisions for themselves					
Infor	mation and Education					
4.23	Provide information in a range of formats to help explain to CYP, families and carers at an age or developmentally appropriate level and pace, the necessary information to manage living with and beyond treatment					
Соо	dinating Care					
4.24	Know when to refer to, and involve members of the MDT to deliver holistic patient centred care (particularly involving play specialists, youth workers and social workers for living with and beyond cancer)					
4.25	Act to support effective continuity of care and seamless transitions between different healthcare services, from active treatment through to survivorship (long term follow-up) and/or palliative and EOLC					
4.26	Consider when recent and relevant HNA information needs to accompany CYP, families and carers to tertiary and national specialist centres, and back to local care providers					
4.27	Demonstrate awareness of the range of services and professionals, including statutory, voluntary and charitable organisations, available to support CYP, families and carers and refer appropriately to meet their individual needs					
Supp	ortive Care					
4.28	Deliver supportive care to manage cancer co-morbidities and other diseases (e.g. steroid induced diabetes, avascular necrosis)					
4.29	Educate CYP, families and carers to recognise the signs and symptoms of disease progression and relapse					
	Liaise with specialist cancer social care professionals and connected volunteer and charity supports, for those families who have to travel for treatment in national specialist services to ensure families are supported in remote locations					
4.31 49	Ensure the ward environment is quiet and darkened, whenever possible, at night and during any designated quiet periods to ensure children and resident carers get adequate rest water rest					

4.0	Supporting CYP, family and friends living with, through and beyond cancer: Provide information, care and support to CYP, families and carers following the cancer diagnosis. N.B. This set of core support competencies carry through and must be applied in all the following sections.	Practitioner Level (See Key)		Level of Achievement Required (Benner Taxonomy)	Self Assessment	Level Achieved (Assessed)			Evidence of Achievement		
Lear	ning outcomes: Practitioners will be able to:							L	Date	Sig.	
	MPLE Identify the impact of cancer on the physical, psychological, emotional, social and spiritual wellbeing of CYP, families and carers		~			Proficient	Proficient	Ρ	28.05.22	J Doe	 Attended lectures on impact of C, TYA cancer at CCLG education event Module Assignment Support teaching students Reflection with supervisor on specific cases
4.1	Describe the types (modalities) of treatment used to treat CYP cancer, and the reasons for each approach										
4.2	Identify the impact of cancer on the physical, psychological, emotional, social and spiritual wellbeing of CYP, families and carers										
4.3	Demonstrate knowledge of the 4 levels of psychological assessment and support required by CYP, families and carers, and relate Level 1-4 to own role (NICE, 2004 CSG4)										
4.4	Understand the complex and changing information, educational and supportive care needs of CYP, families and carers										
4.5	Describe the lifestyle interventions or health promotion for improving quality of life										
4.6	Examine the potential impact of co-morbidities and the need for awareness of long- term consequences of cancer treatment										
4.7	Explain the range of support required and available to CYP, families and carers throughout treatment										

4.8 Discuss the needs of CYP, families and carers who are travelling to access treatment in tertiary and national specialist centres with reference to multi-centre collaboration and transfers, MDT working and documentation							
4.9 Recognise the importance of smooth transitions such as between acute healthcare settings and community care, from active treatment to survival programmes, or from paediatric to TYA or adult cancer services							
4.10 Demonstrate insight into the emotional investment involved when caring for CYP, families and carers throughout the spectrum of cancer care. Evaluate reasons why health and wellbeing of all staff is important							
4.11 Evidence appropriate non-medical prescribing qualification and competency							
Practice competencies: Practitioners will be able to:		· · · ·			^		
Assessment and Care Planning							
4.12 Undertake an holistic needs assessment encompassing CYP, families and carers needs							
4.13 Develop an individualised care plan in partnership with CYP, family and carers tailored to the phase of disease, e.g. diagnosis, during treatment, post-treatment							
4.14 Provide Level 1 Psychological assessment and support (NICE, 2004 CSG4)							
4.15 Provide Level 2 Psychological assessment and support (NICE, 2004 CSG4)							
4.16 Use evidence-based interventions to assess, prevent and manage the physical, psychological, social and existential consequences of cancer with care and attention to Diversity, Equality, Inclusion and Belonging (DEIB)							
4.17 Lead and make autonomous decisions where appropriate, using generic clinical decision making and associated skills. (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.15-16 for detailed breakdown)							

4.18 Lead and make autonomous decisions where appropriate, in assessing the need for radiological investigations and using findings to inform management plans. (See https://www.cclg.org.uk/ACP-capabilities V1.0 pp.19-20 for detailed breakdown)						
4.19 Lead and make autonomous decisions where appropriate, in supporting CYP being prepared for general anaesthesia for procedures(See https://www.cclg.org.uk/ACP- capabilities V1.0 p.20 for detailed breakdown)						
Empowerment		 		<u>.</u>	^	
4.20 Provide a supportive environment in which CYP, families and carers are encouraged to ask questions and share their concerns about their disease and treatment						
4.21 Advocate for or act in the best interests of CYP, families and carers and promote involvement in decision-making about treatment and supportive care						
4.22 Consider the needs of CYP, families and carers who may not have capacity to make decisions for themselves						
Information and Education				<u>.</u>	^	
4.23 Provide information in a range of formats to help explain to CYP, families and carers at an age or developmentally appropriate level and pace, the necessary information to manage living with and beyond treatment						
Coordinating Care				<u>.</u>	<u>.</u>	
4.24 Know when to refer to, and involve members of the MDT to deliver holistic patient centred care (particularly involving play specialists, youth workers and social workers for living with and beyond cancer)						
4.25 Act to support effective continuity of care and seamless transitions between different healthcare services, from active treatment through to survivorship (long term follow-up) and/or palliative and EOLC						
4.26 Consider when recent and relevant HNA information needs to accompany CYP, families and carers to tertiary and national specialist centres, and back to local care providers						

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voluntary and chari	eness of the range of services and professionals, including statutory, itable organisations, available to support CYP, families and carers and to meet their individual needs											
Supportive Care												
4.28 Deliver supportive steroid induced dia	care to manage cancer co-morbidities and other diseases (e.g. abetes, avascular necrosis)											
4.29 Educate CYP, famil progression and re	lies and carers to recognise the signs and symptoms of disease lapse											
charity supports, fo	st cancer social care professionals and connected volunteer and or those families who have to travel for treatment in national specialist families are supported in remote locations											
4.31 Ensure the ward en and during any des adequate rest	nvironment is quiet and darkened, whenever possible, at night signated quiet periods to ensure children and resident carers get											
Action plan to achieve required competency level:												
Reviewed by C	Comments:											
Signature and Role:									Date:			
Signature and Role:									Date:			
Signature and Role:	Signature and Role: Date:											