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Client: NSW Ambulance

Document: Storyboard for **Palliative Care and End of Life Foundations**

Module name: Palliative Care and End of Life Foundations

Topics:

1. Introduction
2. The Role of Paramedics in Palliative Care
3. Understanding Palliative Care
4. Paediatric Palliative Care
5. Legal Aspects of Palliative Care

Version History:

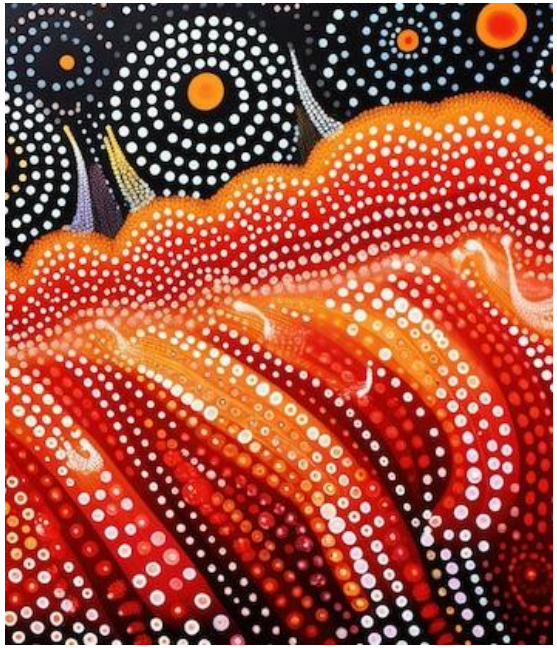
Version No.	Edited By	Date	Remarks
001	Avinash Rao	December 5, 2023	SB Creation
002	Anjuman Deodhar	December 8, 2023	SB Review
003	Avinash Rao	February 11, ‘24	Added scenery images. We need specific images of uniform with logo and images showing palliative care personnel as requested NSW-Ambulance. The images shared through other storyboards don’t match the needs of this storyboard.
004	Sheetal Mehta	June 3, 2024	SB Update (Client Feedback)

Notes to Developers:

- Please refer to option 1 from *NSW_Ambulance_Cultural_Considerations_Mock-Ups_v1.0.pptx* for screen designs.
- Please refer to https://www.digital.nsw.gov.au/delivery/digital-service-toolkit for Design Standards.
- **IMP:** This is a very serious topic, so please use graphics/icons and images that are in keeping with the topic being taught.

Topic	**Introduction**		**Screen type**	Text only
Screen Title	*<Splash Screen>*		**Screen label**	001
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	NA	 *IMP: **DO NOT** use the word Welcome. Only use the Topic title* **Palliative Care and End of Life Foundations** *as OST seen in white font*			

Topic	**Introduction**	**Screen type**	Static

Screen Title	*Acknowledgement to Country*		**Screen label**	002
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	New South Wales Ambulance acknowledges and pays our deepest respect to the past, present, and future Traditional Custodians and Elders of the many lands on which we work and live, and the continuation of cultural, spiritual, and educational practices of Aboriginal and/or Torres Strait Islander peoples.	NSW Ambulance acknowledges and pays our deepest respect to the past, present, and future Traditional Custodians and Elders of the many lands on which we work and live, and the continuation of cultural, spiritual, and educational practices of Aboriginal and/or Torres Strait Islander peoples.	 *Display above image from 'Discussing Serious News.pptx slide 2' on the right side with OST in sync with VO on the left.*	

Topic	**Introduction**		**Screen type**	Static
Screen Title	*Content Warning*		**Screen label**	003
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	

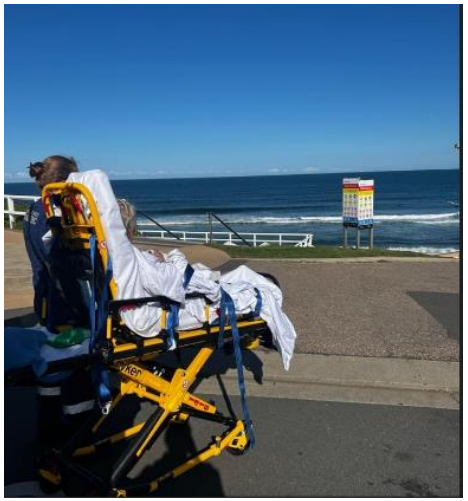
1.	Some of our content today will be discussing death and topics surrounding death.
	
	We understand that some people could be affected by the content of this module.
	
	If you think you may be, feel free to leave this module for the meantime.
	
	If you do find you are affected, please reach out to any of our staff support services.
		• *Some of our content today will be discussing death and topics surrounding death.*
		• *We understand that some people could be affected by the content of this module.*
		• *If you think you may be, feel free to leave this module for the meantime.*
		• *If you do find you are affected, please reach out to any of our staff support services.*
		  ○ *Your Manager or DOM*
		  ○ *Peer Support Officer as per MyShift*
		  ○ *Chaplaincy Service as per MyShift*
		  ○ *EAPS – Converge International – Phone EAPS 24/7 on 1300 687 327*
			
			Show the OST on a semi-transparent box on the image.
			
			Shutterstock 1810780027	

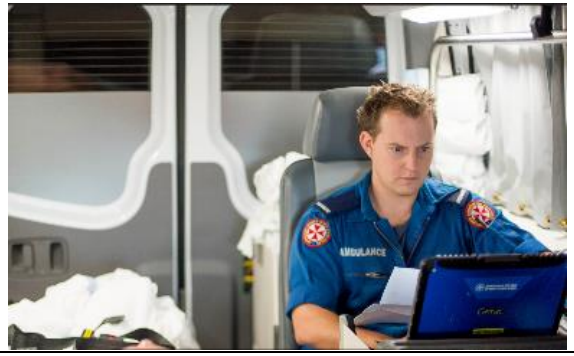
		○ *Staff Psychology Service* ○ *Teladoc Health (via AWARE Super) - 1800 830 082* ○ *Black Dog Institute - www.BlackDogInstitute.org.au* *I*	

Topic	**Introduction**		**Screen type**	Static
Screen Title	*Reminder: Look after yourself…*		**Screen label**	004
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	There are many issues discussed in this learning guide related to serious illness, dying, end-of-life care, and death, as well as the impact on families, caregivers, and communities. It can be upsetting to reflect on and learn about these issues.	There are many issues discussed in this learning guide related to serious illness, dying, end-of-life care, and death, as well as the impact on families, caregivers, and communities. It can be upsetting to reflect on and learn about these issues.	 *Display above image from 'Discussing Serious News.pptx slide 3' on the right side with OST in sync with VO on the left.*	

Topic	**Introduction**		**Screen type**	Text and image
Screen Title	*Overview of your role*		**Screen label**	005
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	As a paramedic, you have an important role in supporting people who are living with life-limiting illness and those at the end of life. To support high-quality care delivery, you need to develop an understanding of the philosophy and practice of palliative care and the role that they have in providing palliative care.	Palliative Care and End of Life	*Show image of an NSW ambulance with 2-3 paramedics standing outside.* *(Image to be provided by the client)* *Image from the bank: Paramedics-arriving-to-the-scene_6* 	

Topic	**Introduction**		**Screen type**	Text and image
Screen Title	*Learning Objectives*		**Screen label**	006
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	At the end of this module, you should be able to: • **Describe** your role as a paramedic in providing care to people affected by life-limiting illness • **Describe** the foundations of the palliative approach to care • **Outline** important principles of providing holistic and inclusive palliative care • **Outline** important aspects of end-of-life care • **Describe** ethical and legal considerations relating to palliative care in the context of paramedicine, including advance care planning, and other key aspects of end-of-life law in New South Wales	At the end of this module, you should be able to: • **Describe** your role as a paramedic in providing care to people affected by life-limiting illness • **Describe** the foundations of the palliative approach to care • **Outline** important principles of providing holistic and inclusive palliative care • **Outline** important aspects of end-of-life care • **Describe** ethical and legal considerations relating to palliative care in the context of paramedicine, including advance care planning, and other key aspects of end-of-life law in NSW		

Topic	**The Role of Paramedics in Palliative Care**		**Screen type**	Text and image animation
Screen Title	*Paramedics: Role Dynamics*		**Screen label**	007
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	The role of the paramedic has historically been seen as providing life-saving emergency care and transportation to hospital. There are times though when paramedics are called to assist in situations where saving or prolonging life is not the goal of the patient or their family, or indeed consistent with good clinical practice.	**Generally**: Paramedics provide life-saving emergency care. **Sometimes**: Paramedics assist in situations where saving or prolonging life is not the goal.	*Image from the bank: Paramedics-Rural-and-Regional-stations-July-2016_4* 	
2.	Improving knowledge in relation to the palliative approach to care will help you to build confidence in making these kinds of decisions.	A palliative approach to patient care will help you to build confidence in making such decisions.	*Image from the bank: patient at beach* 	
3.	As a NSW clinician, you should consider the patient's acute clinical trajectory. This will help you in making decisions about management. Click the note to learn an example.	Knowing the patient's acute clinical trajectory will help you in making management decisions.	*Continue with the previous image.* *Give an icon to accompany the Note text and make it clickable. Show the contents of the note in a pop-up box with a close (X) button.*	

		Note: Learn more through an example.	
4	Let's consider a decision about resuscitation in palliative care. You should have an understanding of how a decision regarding resuscitation, for example, can influence the ongoing care that the patient receives, which may not align with their goals of care.	**Resuscitation in Palliative Care** You should have an understanding of how a decision regarding resuscitation, for example, can influence the ongoing care that the patient receives, which may not align with their goals of care.	*Image from the bank: serious emr* 

Topic	**The Role of Paramedics in Palliative Care**		**Screen type**	Interactive: Click to Reveal
Screen Title	*Situations in Palliative Care*		**Screen label**	008
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	You may often find yourself in the following four situations when handling patients who need palliative care. They are patients and family: 1. Aware of dying and their wishes are known 2. Aware of dying, but their wishes are not known 3. Unaware of dying, but their wishes are known 4. Unaware of dying and their wishes are not known Let's learn about each situation in detail. *Click each quadrant to know about the situation.*	You may often find yourself in the following four situations when handling patients who need palliative care. They are patients and family: 1. Aware of dying and their wishes are known 2. Aware of dying, but their wishes are not known	Present the four situations in a quadrant, where each quadrant appears like a clickable button. When a quadrant is clicked, it expands to open into a pop-up box with a close (X) button on the top-right corner.	

		3. Unaware of dying, but their wishes are known 4. Unaware of dying and their wishes are not known Let's learn about each situation in detail. *Click each quadrant to know about the situation.*	
2.	**1. Awareness of dying and their wishes are known** **Description:** • Patient with known end-stage life-limiting illness • Family aware that death is expected • Advance care plan has been documented and communicated **Possible Paramedic Responses:** • Symptom management – after hours if palliative care team unavailable • Supportive communication • Emotional support / validation • Care after death *Close this box to learn about the other situations.*	**1. Awareness of dying and their wishes are known** **Description:** • Patient with known end-stage life-limiting illness • Family aware that death is expected • Advance care plan has been documented and communicated **Possible Paramedic Responses:** • Symptom management – after hours if palliative care team unavailable • Supportive communication • Emotional support / validation • Care after death	
3.	**2. Aware of dying, but their wishes are not known** **Description:**	**2. Aware of dying, but their wishes are not known** **Description:**	

	• Patient with known end-stage life-limiting illness • Family aware that death is expected • End-of-life wishes have not been discussed **Possible Paramedic Responses:** • Symptom management • Assess for reversible conditions (eg, sepsis) • Discussing serious news, supporting family decision-making *Close this box to learn about the other situations.*	• Patient with known end-stage life-limiting illness • Family aware that death is expected • End-of-life wishes have not been discussed **Possible Paramedic Responses:** • Symptom management • Assess for reversible conditions (eg, sepsis) • Discussing serious news, supporting family decision-making	
4.	**3. Unaware of dying, but their wishes are known** **Description:** • Sudden deterioration of patient of very advanced age and/or with life-limiting illness • Family unprepared for patient's death • Advance care plan documented / communicated **Possible Paramedic Responses:** • Symptom management and/or resuscitation • Assess for reversible conditions (eg, sepsis) • Discussing serious news, supporting family decision-making • Emotional support • Review advance care plan and determine its application in this context *Close this box to learn about the other situations.*	**3. Unaware of dying, but their wishes are known** **Description:** • Sudden deterioration of patient of very advanced age and/or with life-limiting illness • Family unprepared for patient's death • Advance care plan documented / communicated **Possible Paramedic Responses:** • Symptom management and/or resuscitation • Assess for reversible conditions (eg, sepsis) • Discussing serious news, supporting family decision-making • Emotional support	

		• Review advance care plan and determine its application in this context	
5.	**4. Unaware of dying and their wishes are not known** **Description:** • Sudden deterioration or cardiorespiratory arrest in patient with undiagnosed condition or complex comorbidities • Patient wishes never discussed **Possible Paramedic Responses:** • Symptom management and/or resuscitation • Supporting family decision-making • Emotional support	**4. Unaware of dying and their wishes are not known** **Description:** • Sudden deterioration or cardiorespiratory arrest in patient with undiagnosed condition or complex comorbidities • Patient wishes never discussed **Possible Paramedic Responses:** • Symptom management and/or resuscitation • Supporting family decision-making • Emotional support	

Topic	**Understanding Palliative Care**		**Screen type**	Interactive: Accordion
Screen Title	*Palliative Care: Overview*		**Screen label**	009
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Let's learn some basic tenets of palliative care before diving deeper into the subject. *Click each accordion tab to learn.*	Let's learn some basic principles of palliative care before diving deeper into the subject. *Click each accordion tab to learn.* + Goal of palliative care + Patient's right to dignity + Patient's right to treatment	*Image from the bank: paramedics looking away under rainbow* *Note: Crop the rainbow from the image.*	

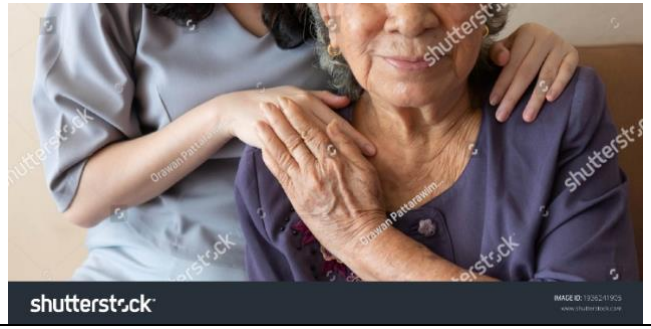
		+ Expectations from clinicians	
2.	The goal of palliative care is to provide comfort and support. Palliative care aims to prevent and relieve suffering and improve the quality of life of people facing problems associated with a life-limiting illness.	**Goal of palliative care** The goal of palliative care is to provide comfort and support. Palliative care aims to prevent and relieve suffering and improve the quality of life of people facing problems associated with a life-limiting illness.	*Use the icons given in the source content PPT, slide 13 for all the four tabs.*
3.	All patients have a right to maintain their dignity, comfort, and privacy. The intent of management is not to treat the underlying disease but to relieve the symptoms associated with the disease.	**Patient's right to dignity** All patients have a right to maintain their dignity, comfort, and privacy. The intent of management is not to treat the underlying disease but to relieve the symptoms associated with the disease.	
4.	All patients have a right to be treated as an individual and can be initiated at any point.	**Patient's right to treatment** All patients have a right to be treated as an individual and can be initiated at any point.	

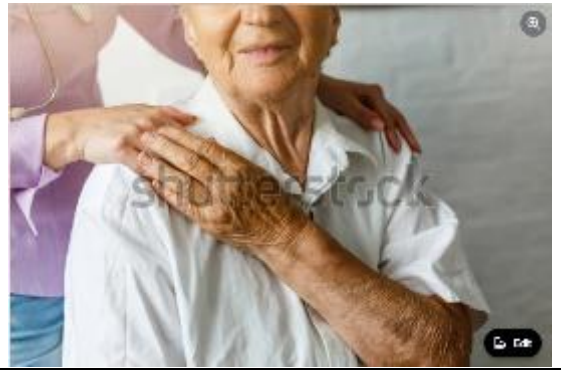
5.	Clinicians must practice cultural safety and sensitivity and adopt a person-centred care approach with patients undergoing palliative care.	**Expectations from clinicians** Clinicians must practice cultural safety and sensitivity and adopt a person-centred care approach with patients undergoing palliative care.	

Topic	**Understanding Palliative Care**		**Screen type**	Interactive: Flip Card
Screen Title	*Clarifications Regarding Palliative Care (1 of 2)*		**Screen label**	010
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	The terms 'end-of-life care' and 'palliative care' tend to be used interchangeably, however, they are different concepts. These are defined by the Australian Commission on Safety and Quality in Health Care or the ACSQHC. *Click each card to learn more.*	The terms 'end-of-life care' and 'palliative care' have different meanings as defined by the Australian Commission on Safety and Quality in Health Care (ACSQHC). *Click each card to learn more.* End-of-Life Care | Palliative Care	*This screen has two cards that the learners can flip.* *When a card is flipped, show the content given in the OST.*	
2.	The Australian Commission on Safety and Quality in Health Care or the ACSQHC makes note of two different components of the end-of-life definition: likely to die in the next 12 months (involving periods of exacerbated illness that may be reversible); and likely to die in the short term (within days to weeks), where clinical deterioration is likely to be irreversible.	**End-of-Life Care** The ACSQHC clarifies two different components: 1. Likely to die in the next 12 months with irreversible illness 2. Likely to die within days or weeks with irreversible deterioration	*This OST is for End-of-Life Care*	

3.	In contrast, palliative care may not be limited to the last 12 months of life—the need for palliative care may be episodic over an extended period, depending on the illness.	**Palliative Care** The need for palliative care may be episodic over an extended period, depending on the illness.	

Topic	**Understanding Palliative Care**		**Screen type**	Animation
Screen Title	*Clarifications Regarding Palliative Care (2 of 2)*		**Screen label**	011
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	*It's important to clear common doubts regarding palliative care.*	*It's important to clear common doubts regarding palliative care.*	*Show the sentence when the screen loads. Then, reveal each of the below texts with suitable images in sync with the VO.* *Show the text and image in three columns.* *Image* | *Image* | *Image* *Text* | *Text* | *Text*	
2.	The goal of palliative care is to optimise dignity and quality of life. The intent of management is not to treat the underlying disease but to relieve the symptoms associated with the disease.	Palliative care optimises dignity and quality of life. Its intent is to relieve the symptoms associated with the disease.	*Shutterstock photo description* *Daughter holding the hand of an elderly father. Closeup of woman holding senior man hand in hospital. Close up of nurse holding old man hand with oxygen saturated probe on finger.* *ID: 721480087*	

3.	Palliative care does not hasten nor postpone death. When utilised early in the disease trajectory, it can have a positive impact on disease progression.	Palliative care does not hasten or postpone death, but rather focuses on decreasing the patients pain and suffering and providing comfort and dignity to the patient.	*Shutterstock photo description* *Friendly relationship between caregiver and happy eldery woman during nursing at home. Senior services and geriatric care concept.* *ID: 1936241905* 
4.	Palliative care can be initiated at any point when a person has been diagnosed with a life limiting illness.	Palliative care can be initiated at any point when a person has been diagnosed with a life limiting illness.	*Shutterstock photo description* *The hands and hands of relatives and relatives of cancer patients in poorly ventilated hospitals, to the patients, to encourage patients to stay.* *ID: 1160063185*

Topic	Understanding Palliative Care		Screen type	Text and image
Screen Title	*Palliative Care: Patient and Family Centred*		Screen label	012
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Palliative Care is patient and family centred.	Palliative Care is patient and family centred.	*Shutterstock photo description* *Elderly female hand holding hand of young caregiver at nursing home.* *ID: 1444401491* 	
2.	Person-centred care is an approach to healthcare that prioritises the individual's unique needs, preferences, and values.	Person-centred care prioritises the individual's unique needs, preferences, and values.	*Load the text in sync with the audio.*	

3.	It involves treating the person as an active partner in their own care, promoting shared decision-making, and considering their physical, emotional, social, and spiritual well-being.	It involves treating the person as an active partner in their own care.	*Load the text in sync with the audio.*

Topic	**Understanding Palliative Care**		**Screen type**	Text and image
Screen Title	*Palliative Care: Quality of Life*		**Screen label**	013
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Quality of life means different things to different people. It can include: • Being comfortable and pain-free • Being at home / dying at home • Being able to socialise or spend time with loved ones • Having as much independence as possible • Not feeling that they are a burden, and • Feeling emotionally well.	Quality of life can include: • Being comfortable and pain-free • Being at home / dying at home • Being able to socialise or spend time with loved ones • Having as much independence as possible • Not feeling that they are a burden • Feeling emotionally well	*Shutterstock photo description* *Doctor On Home Visit Discussing Health Of Senior Male Patient With Wife* *ID: 283915979* 	
2.	To understand what quality of life means for each individual patient, we need to consider their unique needs and how best to support them to live with purpose and comfort. Talking with people and	Consider patient's unique needs and learn how to support them with purpose and comfort.	*Clear the previous OST. Retain the image, but place it in the center now and show the new OST under it.*	

	listening to them is essential to the process of developing goals of care.	Listening to them is essential to develop goals of care.	

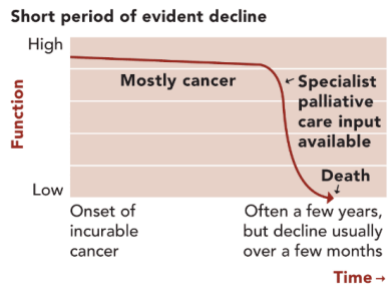
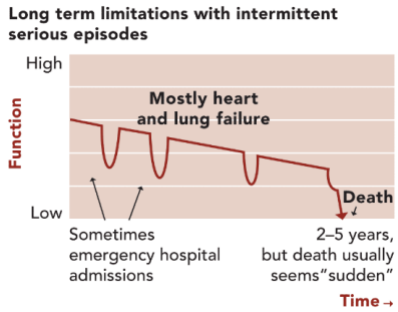
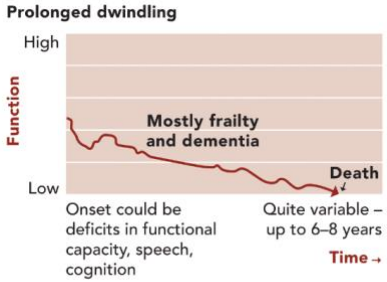
Topic	**Understanding Palliative Care**		**Screen type**	Interactive: Click to Reveal
Screen Title	*Palliative Care: Culturally Safe*		**Screen label**	014
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Cultural safety is an approach…	*Click the photo to learn how to practise cultural safety.*	*Show the photo when the screen loads.* *Shutterstock vector illustration description:* *Group of people of different nationalities and cultures, skin colors and hairstyles.* *ID: 1671164626* *Place the photo horizontally and show the instructional text below it. When the learner clicks the photo, reveal the bullet points below the photo as shown in sync with the audio.* *Photo* *Click the photo to learn how to practise cultural safety.*	
2.	…that aims to ensure that healthcare services are provided in a way that respects and meets the specific cultural needs of the patient. Cultural	Culturally safe healthcare services respect and meet patient's specific cultural needs.	*Photo* *Click the photo to learn how to practise cultural safety.*	

	sensitivity refers to the clinician's awareness, knowledge, and understanding of different cultures and the ability to adapt and respond appropriately to cultural differences.	A clinician should be aware of and adapt to different cultures.	*Bullet* *Bullet*
3.	Clinicians should respect and accommodate cultural practices and preferences, including religious beliefs, dietary requirements, traditional healing methods, and end-of-life rituals. This may involve consulting with family members or cultural advisors to ensure culturally appropriate care where the patient is unable to articulate their wishes and beliefs.	Clinicians should respect and accommodate different cultural practices and preferences. They may require to consult with family members or cultural advisors.	*Continue with the same layout and show the remaining two bullets.* *Photo* *Click the photo to learn how to practise cultural safety.* *Bullet* *Bullet* *Bullet* *Bullet*

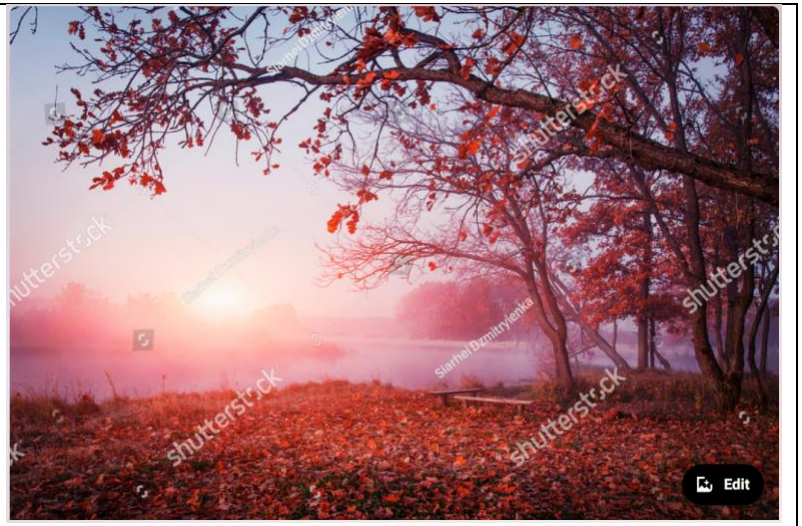
Topic	**Understanding Palliative Care**		**Screen type**	Interactive: Infographic
Screen Title	*Palliative Care: Holistic*		**Screen label**	015
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Palliative care uses a holistic approach – managing pain and other symptoms while addressing the physical, emotional, cultural, social and spiritual needs of the patient and their family. It focuses on comfort, quality of life and living well. *Click each component to learn more.*	Palliative care uses a holistic approach Circle of Palliative Care • Emotional Care • Spiritual Care • Cultural Care • Physical Care • Social Care *Click each component to learn more.*	*Shutterstock Infographic circle with five options* *ID: 1796960779* *Refer the slide 19 of the source content PPT as well for the OST.*	

			When the learner clicks each component, drop down the corresponding text from the subsequent rows.
2.	Managing emotional needs will include: Depression, anxiety, denial, diagnosis, language differences, fear of hospital or treatment	**Emotional Needs** Depression, anxiety, denial, diagnosis, language differences, fear of hospital or treatment	
3.	Spiritual needs will include ideas like: Who we are, attitudes, relationships, behaviours, rituals, faith, religion, place of death, Dreamtime stories and songlines, meaning / purpose, and reasons for hope	**Spiritual Needs** Who we are, attitudes, relationships, behaviours, rituals, faith, religion, place of death, Dreamtime stories and songlines, meaning / purpose, and reasons for hope	
4.	A patient's cultural needs will include: Unique cultural and personal experiences	**Cultural Needs** Unique cultural and personal experiences	
5.	Their physical needs comprise Symptom understanding and management, information about treatment, body image, sexuality	**Physical Needs** Symptom understanding and management, information about treatment, body image, sexuality	
6.	A patient's social needs are Family, friends, community, neighbours, pets, financial / legal, support groups, respite, travel and accommodation, and family meetings	**Social Needs** Family, friends, community, neighbours, pets, financial / legal, support groups, respite, travel and accommodation, and family meetings	

Topic	**Understanding Palliative Care**		**Screen type**	Interactive: Click to Reveal
Screen Title	*Palliative Care: Who Can Benefit and Illness Trajectory*		**Screen label**	016
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	People affected by life-limiting illness experience decline in function that is unique to each individual. These experiences typically follow three broad patterns, known as illness trajectories. Understanding these patterns or trajectories can help people and their healthcare team prepare and plan ongoing care. *Click each trajectory to learn about it.*	People affected by life-limiting illness experience decline in function that is unique to each individual. These experiences typically follow three broad patterns known as illness trajectories. Trajectory 1: Cancer Trajectory 2: Chronic disease with organ system failure Trajectory 3: Elderly, frail or dementia *Click each trajectory to learn about it.*	*Show the text and image when the screen loads.* *Text left image right, use image from the bank: Paramedics-close-up-uniform_1* *Then, in sync with the audio reveal the three trajectories. These are clickable.* *When the learner clicks each trajectory, it opens in to a pop-up box to reveal further. Reference:* Whiteboard | a creative agency for purposeful ventures. *(https://www.whiteboard.is/) See how the burger menu opens when clicked. Could you try to replicate this transition when the text for each trajectory is revealed?* *Text para* | *Image* *Trajectory 1* *Trajectory 2* *Trajectory 3*	
2.	These patients are people who have a cancer that cannot be cured. They go through a short period of obvious decline or deterioration.	**Trajectory 1: Cancer**	*Pop-up opens on top of the previous screen with effect example given above.* *Trajectory 1 header and image*	

	These people may have good function for a long period followed by a few weeks or months of rapid decline prior to death.		
3.	These patients are people who have more than one (or many) chronic health problems. For example, they have respiratory disease, heart disease, or kidney failure. They experience long-term illness with acute episodes, often requiring hospitalisation. They undergo a gradual decline in function and they do not fully recover after each acute episode. Their death can seem sudden or unexpected.	**Trajectory 2: Chronic disease with organ system failure** 	*Pop-up opens on top of the previous screen with effect example given above.* *Trajectory 2 header and image*
4.	Such patients have a long and slow decline in function. They often need a lot of personal care and might move to residential care toward the end of life. It can be difficult to predict when they might die. And as such, their death can be caused by infections, falls or fractures.	**Trajectory 3: Elderly, frail or dementia** 	*Pop-up opens on top of the previous screen with effect example given above.* *Trajectory 3 header and image*

Topic	**Understanding Palliative Care**		**Screen type**	Text and image
Screen Title	*Points to Consider*		**Screen label**	017
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	All patients who are dying can benefit from a palliative approach to care, but NOT ALL require specialist palliative care services.	All patients who are dying can benefit from a palliative approach to care, but NOT ALL require specialist palliative care services.	*Show the OST and the image on the right when the screen loads.* *Shutterstock 766886038* 	
2.	Palliative care is a multi-disciplinary approach which can be provided by all health practitioners and patients do not have to be receiving care from a specialist palliative care service or have a formalised palliative care plan to be provided care by clinicians.	Palliative care is a multi-disciplinary approach and can be provided by all health practitioners.	*Shutterstock photo 779758306*	

			
3.	A palliative approach can be adopted when the patient's goals of care is to minimise the burden of suffering and maximise function within the limits of their illness.	Palliative care is adopted when the patient's care goal is to minimize their suffering and maximize function.	*Shutterstock photo 2237624039*

Topic	Understanding Palliative Care	Screen type	Knowledge Check: Radio Buttons
Screen Title	*Knowledge Check*	Screen label	018

No.	Audio/VO	OST	Visuals and Development instructions
1.	Let's check how well you have grasped the concepts. Given below are some statements. Could you try to tell whether these statements are true? *Select the radio buttons to mark the statements either true or false and Submit.*	Let's check how well you have grasped the concepts. Given below are some statements. Could you try to tell whether these statements are true? *Select the radio buttons to mark the statements either true or false and Submit.*	*Question Text* | *True* | *False* *Question* | *Radio button* | *Radio button* *Question* | *Radio button* | *Radio button*
2.	Palliative Care is focused on the person only, not their family. Palliative Care is only for people with cancer. Palliative care can help people with chronic disease. Palliative care is not just for the end of life. Once a person chooses palliative care, they can't have other active treatment. Palliative care is all about living longer. Palliative care is mostly about pain management. Quality of life means something different to everyone. Learning about what is important to a person is a key part of decision-making. Palliative Care is focused on quality of life.		*Correct answers* *Question Text* | *True* | *False* Palliative Care is focused on the person only, not their family. | | ■ Palliative Care is only for people with cancer. | | ■ Palliative care can help people with chronic disease. | ■ | Palliative care is not just for the end of life. | ■ | Once a person chooses palliative care, they can't have other active treatment. | | ■ Palliative care is all about living longer. | | ■ Palliative care is mostly about pain management. | | ■ Quality of life means something different to everyone. | ■ |

			Learning about what is important to a person is a key part of decision-making.
			Palliative Care is focused on quality of life.
3.	Sorry, that's wrong. You may have answered either all or some of them incorrectly. Try again. If you are unclear about any of these statements, please review the content before moving on. That's correct! You got all of them right.	**Wrong Answer Feedback** Sorry, that's wrong. You may have answered either all or some of them incorrectly. Try again. If you are unclear about any of these statements, please review the content before moving on. **Correct Answer Feedback** That's correct! You got all of them right.	

Topic	**Understanding Palliative Care**		**Screen type**	Knowledge Check: Drag and Drop
Screen Title	*Knowledge Check*		**Screen label**	019
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Now, let's check your understanding of illness trajectory. Here are some patients. Looking at our case scenario patients, consider which illness trajectory each of the patients in the scenarios is likely to follow.	Now, let's check your understanding of illness trajectory. Here are some patients. Looking at our case scenario patients, consider which illness trajectory each of the patients in the scenarios is likely to follow.	*The learner should drag the answer options and drop them into the three types of trajectories.*	

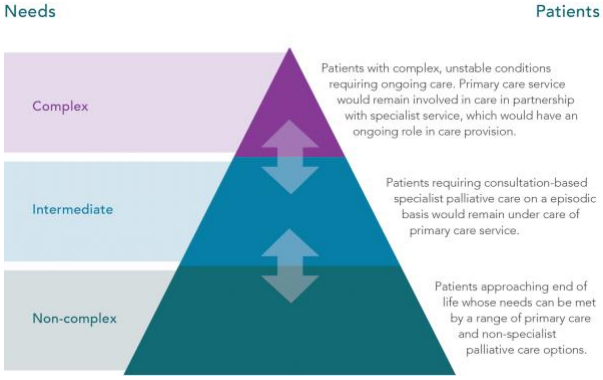
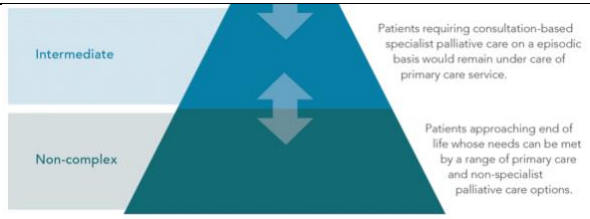
<table>
<tr><td></td><td>Drag each patient card to the illness category stack to complete this activity.</td><td>Drag each patient card to the illness category stack to complete this activity.</td><td></td></tr>
<tr><td>2.</td><td>These are the Patient Cards
Mary has Elderly Dementia
Michelle has an End-stage Cancer
Alfred has a Heart Failure and
Thomas is an Elderly with multiple comorbities

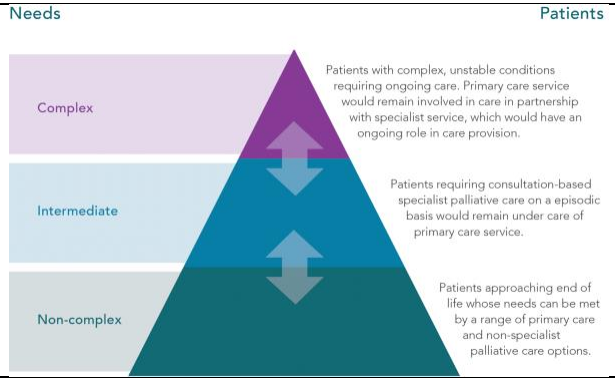
The trajectory stacks are:
Trajectory 1
Trajectory 2 and
Trajectory 3</td><td><table><tr><th colspan="2">Patient Cards</th></tr><tr><td>Mary: Elderly Dementia</td><td>Michelle: End-stage Cancer</td></tr><tr><td rowspan="2">Alfred: Heart Failure</td><td>Thomas: Elderly with multiple comorbities</td></tr></table>
Trajectory Stacks<table><tr><td>Trajectory 1</td><td>Trajectory 2</td><td>Trajectory 3</td></tr></table></td><td>Correct answers
Trajectory Stacks<table><tr><td>Trajectory 1</td><td>Trajectory 2</td><td>Trajectory 3</td></tr><tr><td>Michelle: End-stage Cancer</td><td>Alfred: Heart Failure</td><td>Mary: Elderly Dementia</td></tr><tr><td></td><td>Thomas: Elderly with multiple comorbities</td><td></td></tr></table></td></tr>
<tr><td>3.</td><td>Sorry, that’s wrong. You may have answered either all or some of them incorrectly. Try again. If you are unclear about any of these statements, please review the content before moving on.

That’s correct! You got all of them right.</td><td>Wrong Answer Feedback
Sorry, that’s wrong.

You may have answered either all or some of them incorrectly. Try again. If you are unclear about any of these statements, please review the content before moving on.

Correct Answer Feedback
That’s correct! You got all of them right.</td><td></td></tr>
</table>

Topic	**Understanding Palliative Care**		**Screen type**	Animation
Screen Title	*Healthcare Needs of Life-Limiting Ill Patients (1 of 2)*		**Screen label**	020
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	*It is important to note that a patient's care transitions over time and not everyone with a life-limiting illness will need access to palliative care specialists or in-hospital care.* *Let's understand this through an illustration.*	*What care do people with life-limiting illness need?*	*Show the OST when the screen loads.*	
2.	*For many, care can be managed in community settings with the support of primary healthcare staff.*		*Build the pyramid shown on slide 28 of the source content PPT in sync with the VO.*  *Don't show the half arrow right now. Show it after you build the Intermediate section.*	
3.	*Others will need access to specialist care from time-to-time for consultation and advice when symptoms worsen.*		*Don't show the half arrow between Intermediate and Complex right now. Show it after you build the Complex section.*	

4.	*Those with complex and persistent needs will require ongoing specialist palliative care.* *Patients can often experience periods where their level of care increases but can also decrease.*		*Show the headers Needs and Patients when you start building the pyramid.*

Topic	**Understanding Palliative Care**		**Screen type**	Text and image
Screen Title	*Healthcare Needs of Life-Limiting Ill Patients (2 of 2)*		**Screen label**	021
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Clinicians may be called at various points of a patient's illness trajectory and may be the patient's first point of contact for their deterioration. Adopting a needs-based approach rather than illness based, ensures that patients receive the right care, and the ongoing management plan can be adapted to the patient's emerging needs.	Clinicians may be called at various points of a patient's illness trajectory and may be the patient's first point of contact for their deterioration. Adopting a needs-based approach rather than illness based, ensures that patients receive the right care, and the ongoing management plan can be adapted to the patient's emerging needs.	*Try to place the image horizontally and show the text below it in two columns.* *Layout suggestion* *Image* *Text* | *Text* *Show the image and text when the screen loads.* *Shutterstock photo 2219346443*	

2.	Consider whether the patient's presentation is related to their life limiting diagnosis and whether management aligns with their goals of care. Where there is uncertainty, seek further advice from the existing care provider and / or ensure that appropriate transfer of care is achieved.	Consider whether the patient's presentation is related to their life limiting diagnosis and whether management aligns with their goals of care. Where there is uncertainty, seek further advice from the existing care provider and / or ensure that appropriate transfer of care is achieved.	

~~Topic~~	~~**Phases of Palliative Care**~~		~~**Screen type**~~	~~Interactive: Infographic~~
~~**Screen Title**~~	~~*Five Phases of Palliative Care*~~		~~**Screen label**~~	~~020~~
~~**No.**~~	~~**Audio/VO**~~	~~**OST**~~	~~**Visuals and Development instructions**~~	
~~1.~~	~~There are five palliative care phases which classify the care needs and care plan.~~ • ~~**Stage 1: Stable –** Developing and Implementing the Care Plan.~~ • ~~**Stage 2: Unstable –** Adjusting the Care Plan escalating symptoms and problem or palliative care emergencies.~~ • ~~**Stage 3: Deteriorating –** Deteriorating phase is about expected decline or change. This phase marks that things are changing~~	~~Palliative care phases~~ • ~~**Stage 1: Stable –** Developing and Implementing the Care Plan~~ • ~~**Stage 2: Unstable –** Adjusting the Care Plan escalating symptoms and problem or palliative care emergencies~~ • ~~**Stage 3: Deteriorating –** Deteriorating phase is about expected decline or change. This phase marks that things~~	~~*Shutterstock Infographic with five options ID 2265241621*~~ ~~*When you build the entire infographic, make all the five components clickable.*~~	

<table>
<tr>
<td></td>
<td>~~for the patient and family which may mean the care plan needs modification. It may not precede a terminal phase.~~
• ~~**Stage 4: Terminal** – Symptom Management, Emotional and Spiritual Care, and~~
• ~~**Stage 5: Bereavement** – Support for Family Members, Loved Ones and Care Givers~~

~~Let's learn about the phases in detail.~~

~~*Click each phase to learn more.*~~</td>
<td>~~are changing for the patient and family, which may mean the care plan needs modification. It may not precede a terminal phase~~
• ~~**Stage 4: Terminal** – Symptom Management, Emotional and Spiritual Care~~
• ~~**Stage 5: Bereavement** – Support for Family Members, Loved Ones & Care Givers~~

~~*Click each phase to learn more.*~~</td>
<td>~~*When clicked, each component opens into a pop-up box.*~~</td>
</tr>
<tr>
<td>~~2.~~</td>
<td>~~In phase 1, the patient's condition is stable.~~

~~**What are the indicators?**~~
~~Symptoms are adequately managed by established plan of care.~~
~~Family / care giver situation is relatively stable with no new issues apparent.~~

~~**What's the prognosis?**~~
~~It takes months to years to find the prognosis.~~

~~**What are the actions required?**~~
~~Continue with the established care plan and monitor.~~
~~Provide any required treatment for acute reversible causes and / or breakthrough treatment, for example, pain management.~~</td>
<td>~~**Phase 1 – Stable**~~

<table><tr><th>~~**Indicators**~~</th><th>~~**Prognosis**~~</th><th>~~**Actions(s) Required**~~</th></tr><tr><td>~~– Symptoms are adequately managed by established plan of care.
– Family / care giver situation is relatively stable with no new issues apparent.~~</td><td>~~Months to years~~</td><td>~~– Continue with the established care plan and monitor.
– Provide any required treatment for acute reversible causes and / or breakthrough treatment, for example, pain management.~~</td></tr></table></td>
<td>~~*Show the phase details in a table.*~~</td>
</tr>
</table>

~~3.~~	~~In phase 2, the patient's condition is unstable.~~ ~~**What are the indicators?**~~ ~~An urgent change in the established plan of care is required because:~~ ~~- The patient experiences a new, unanticipated problem.~~ ~~- The patient experiences a rapid increase in the severity of a problem.~~ ~~- Family / carer circumstances~~ ~~**What's the prognosis?**~~ ~~It's uncertain.~~ ~~**What are the actions required?**~~ ~~Review the patient's management plan.~~ ~~- Provide any required treatment for reversible causes of acute deterioration and / or breakthrough treatment required.~~ ~~- Refer patient / family / carer to their palliative care team or specialist / GP for an urgent review of the plan.~~ ~~Remember, management is aimed at supporting quality of life.~~ ~~Recovery is uncertain and with a change in management plan, the patient may transition to the stable or deteriorating phase.~~	~~**Phase 2 – Unstable**~~ ~~**Indicators**~~ / ~~**Prognosis**~~ / ~~**Actions(s) Required**~~ ~~An urgent change in the established plan of care is required because:~~ ~~- The patient experiences a new, unanticipated problem.~~ ~~- The patient experiences a rapid increase in the severity of a problem.~~ ~~- Family / carer circumstances~~ / ~~Uncertain~~ / ~~Review the patient's management plan.~~ ~~- Provide any required treatment for reversible causes of acute deterioration and / or breakthrough treatment required.~~ ~~- Refer patient / family / carer to their palliative care team or specialist / GP for an urgent review of the plan.~~ ~~Remember, management is aimed at~~	

				~~supporting quality of life. Recovery is uncertain and with a change in management plan, the patient may transition to the stable or deteriorating phase.~~	
~~4.~~	~~In phase 3, the patient's health is deteriorating.~~ ~~**What are the indicators?**~~ ~~The plan addresses the patients anticipated needs but requires regular review because:~~ ~~- The patient's overall functional status is declining.~~ ~~- The patient experiences gradual worsening of existing problems.~~ ~~- The patient experiences new but anticipated problems.~~ ~~- The patient has increased dependency.~~ ~~- The family / carer experiences worsening distress that impacts on patient care.~~ ~~**What's the prognosis?**~~ ~~It could take weeks.~~ ~~**What are the actions required?**~~ ~~Review the patient's management plan.~~	~~**Phase 3 – Deteriorating**~~ ~~**Indicators**~~ / ~~**Prognosis**~~ / ~~**Actions(s) Required**~~ ~~The plan addresses the patients anticipated needs but requires regular review because:~~ ~~- The patient's overall functional status is declining.~~ / ~~Weeks~~ / ~~Review the patient's management plan.~~ ~~- Provide any required break-through treatment.~~ ~~- Refer patient / family / carer to their palliative~~			

	~~- Provide any required break-through treatment.~~ ~~- Refer patient / family / carer to their palliative care team or specialist / GP for a review of the plan.~~ ~~Remember, management is aimed at supporting quality of life.~~ ~~Clinicians should anticipate deterioration and death, the patient, family and carers should be informed and provided support.~~	~~- The patient experiences gradual worsening of existing problems.~~ ~~- The patient experiences new but anticipated problems.~~ ~~- The patient has increased dependency.~~ ~~- The family / carer experiences worsening distress that impacts on patient care.~~		~~care team or specialist / GP for a review of the plan.~~ ~~Remember, management is aimed at supporting quality of life.~~ ~~Clinicians should anticipate deterioration and death, the patient, family and carers should be informed and provided support.~~	
~~5.~~	~~In phase 4, the patient is terminally ill.~~ ~~Routine clinical observations will frequently be abnormal in the terminal phase and provide limited benefit. Where the patient's goal of care is to optimise comfort and dignity, consideration of trends in clinical deterioration will be a more effective indicator of the patient's care needs.~~	~~**Phase 4 – Terminal**~~ ~~**Indicators**~~ / ~~**Prognosis**~~ / ~~**Actions(s) Required**~~ ~~Death is likely within days~~ / ~~Days to hours~~ / ~~End of life care~~			

	~~**What are the indicators?**~~ ~~The patient's death is likely within days.~~ ~~**What's the prognosis?**~~ ~~It can be done within days to hours.~~ ~~**What are the actions required?**~~ ~~The end of life care should be provided.~~		
~~6.~~	~~In phase 5, the patient's death is imminent.~~ ~~**What are the indicators?**~~ ~~The patient has died.~~ ~~**What are the actions required?**~~ ~~Bereavement support provided to family and carers.~~	~~**Phase 5 – Bereavement**~~ ~~**Indicators**~~ / ~~**Actions(s) Required**~~ ~~Patient has died.~~ / ~~Bereavement support provided to family and carers.~~	

Topic	**Phases of Palliative Care**		**Screen type**	Infographic
Screen Title	*Points to Consider for Clinicians*		**Screen label**	022
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Once clinicians have assessed the patients with the phases of palliative care in mind, it is important to determine the patient's needs: • Whether the patient's presentation is an expected or unexpected progression of their illness and if there is a treatable problem that has caused their deterioration. • The family and carer's capacity to continue care in the home environment, including their own care and support requirements.	When determining patient's needs, clinicians should consider: • Whether the patient's presentation is an expected or unexpected progression of their illness and if there is a treatable problem that has caused their deterioration. • The family and carer's capacity to continue care in the home environment, including their own care and support requirements.	*Shutterstock Infographic with 6 options ID: 610077995* 	

	• Contacting the patient's existing care provider or referral to an NSW Ambulance Referral Pathway to discuss care and disposition options. • Whether the patient's current management plan is meeting their care needs. The palliative care assessment tools can be used to build a clinical picture and identify a deteriorating patient. • What the patient's preferred place of care is and if care can be provided there. • If or whether transfer to another facility is required and, where appropriate, if this can be facilitated without unnecessary presentation to an ED.	• Contacting the patient's existing care provider or referral to an NSW Ambulance Referral Pathway to discuss care and disposition options. • Whether the patient's current management plan is meeting their care needs. The palliative care assessment tools can be used to build a clinical picture and identify a deteriorating patient. • What the patient's preferred place of care is and if care can be provided there. • If or whether transfer to another facility is required and, where appropriate, if this can be facilitated without unnecessary presentation to an ED.	*Show the OST in sync with the VO.*

~~Topic~~	~~Phases of Palliative Care~~		~~Screen type~~	~~Knowledge Check: Drag and Drop~~
~~Screen Title~~	~~*Knowledge Check*~~		~~Screen label~~	~~022~~
~~No.~~	~~Audio/VO~~	~~OST~~	~~Visuals and Development instructions~~	
~~1.~~	~~Now that you have learnt about the phases of palliative care, let's check your understanding.~~ ~~Could you arrange its phases in an ascending order?~~ ~~**Phases of Palliative Care**~~ ~~Bereavement~~ ~~Terminal~~ ~~Unstable~~ ~~Deteriorating~~ ~~Stable~~	~~Now that you have learnt about the phases of palliative care, let's check your understanding.~~ ~~Could you arrange its phases in an ascending order?~~ ~~**Phases of Palliative Care**~~ ~~Bereavement~~ ~~Terminal~~ ~~Unstable~~ ~~Deteriorating~~ ~~Stable~~	~~*Correct answer*~~ ~~Stage 1~~ ~~Stage 2~~ ~~Stage 3~~ ~~Stage 4~~ ~~Stage~~ ~~Stable~~ ~~Unstable~~ ~~Deteriorating~~ ~~Terminal~~ ~~Bere emer~~	

	~~**Order of the phases**~~ ~~Stage 1~~ ~~Stage 2~~ ~~Stage 3~~ ~~Stage 4~~ ~~Stage 5~~ ~~*Drag the phases in correct number according to its order.*~~	~~**Order of the phases**~~ ~~Stage 1~~ ~~Stage 2~~ ~~Stage 3~~ ~~Stage 4~~ ~~Stage~~ ~~*Drag the phases in correct number according to its order.*~~	
~~2.~~	~~**Correct Answer Feedback**~~ ~~That's correct! You rightly placed the phases in their ascending.~~ ~~**Wrong Answer Feedback**~~ ~~Sorry, that's incorrect. Try again. If you are unclear about any of these statements, please review the content before moving on.~~	~~**Correct Answer Feedback**~~ ~~That's correct! You rightly placed the phases in their ascending.~~ ~~**Wrong Answer Feedback**~~ ~~Sorry, that's incorrect. Try again. If you are unclear about any of these statements, please review the content before moving on.~~	

Topic	**Paediatric Palliative Care**		**Screen type**	Interactive: Tabs
Screen Title	*Care Across Phases*		**Screen label**	023
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Let's get an overview of how paediatric palliative care is provided across the phases. *Click each tab to learn more.* First, learn about the Stable and Unstable phases. Palliative care for children, adolescents and young adults aims to provide holistic, family-centred support, which may be provided alongside curative treatment, over the span of several years. The goal of palliative care for children is to enhance the quality of life for the child, family (parents, siblings and extended family), school and	Let's get an overview of how paediatric palliative care is provided across the phases. *Click each tab to learn more.* *Stable and Unstable* | *Deteriorating* | *Terminal* • Palliative care for children, adolescents and young adults is holistic and family-centred. • The goal is to enhance the quality of life within the limitations bound by the progressive disease.	*The contents of the first tab will be displayed when the screen loads.* *Learners will have to open the other tabs.*	

	community and support them to live as actively as possible within the changing circumstances of the progressive disease. Paediatric palliative care adopts a multidisciplinary approach, in which care is coordinated across multiple care teams and continuity of care teams is paramount to supporting the family.	• It adopts a multi-disciplinary approach.	
2.	Children with life limiting illness can present with significant clinical complexity and psychosocial support needs, often with an uncertain prognostic trajectory. Understanding the uniqueness and individualised need of the child and family should guide decision making and consultation with the existing care team should be sought to determine the most appropriate disposition option.	*Stable and Unstable* / *Deteriorating* / *Terminal* • Children with life limiting illness have clinical complexity and require psychological support. They undergo an uncertain prognostic trajectory. • The child and family's needs should guide the decision making. • You should consult the existing care team to determine the appropriate disposition option.	
3.	The transition to the terminal phase can be less clearly defined. For some children, it may be difficult to distinguish between reversible clinical deterioration and the normal dying process. Clinicians may be called during these deteriorations and management may include short term admission into a facility for respite and further support.	*Stable and Unstable* / *Deteriorating* / *Terminal* • The transition to the terminal phase can be less clearly defined. For some children, it may be difficult to distinguish between reversible clinical deterioration and the normal dying process.	

		• Clinicians may be called during these deteriorations and management may include short term admission into a facility for respite and further support.	

Topic	**Legal Aspects of Palliative Care**		**Screen type**	Infographic
Screen Title	*Person Responsible and Substitute Decision Makers*		**Screen label**	024
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	**A person responsible is one of the following people in order of priority:** **1. Guardian** – An appointed guardian (or enduring guardian) who has been given the right to consent to medical and dental treatments, or **2. Spouse or partner** – If there is no guardian, a spouse, de-facto spouse or partner where there is a close continuing relationship, or **3. Carer** – If there is no spouse or partner, an unpaid carer who provides or arranges for domestic support on a regular basis, or **4. Relative or friend** – If there is no carer, a friend or relative who has a close personal relationship, frequent personal contact and a personal interest in the person's welfare, on an unpaid basis.	**A person responsible is one of the following people in order of priority:** **1. Guardian** – An appointed guardian (or enduring guardian) who has been given the right to consent to medical and dental treatments **2. Spouse or partner** – If there is no guardian, a spouse, de-facto spouse or partner where there is a close continuing relationship **3. Carer** – If there is no spouse or partner, an unpaid carer who provides or arranges for domestic support on a regular basis **4. Relative or friend** – If there is no carer, a friend or relative who has a close personal relationship, frequent personal contact and a personal interest in the person's welfare, on an unpaid basis	*Shutterstock Infographic ID: 2179804783* 	

Topic	Legal Aspects of Palliative Care		Screen type	Infographic
Screen Title	*Advanced Care Planning*		Screen label	025
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Advance care planning is a process where a patient discusses what is important to them and their decisions about future care with their family and with their healthcare team.		*Replicate the flow given on slide 45 in the source content PPT.*	
2.	You can make an Advance Care Plan based on the following: • If the individual has decision-making capacity, an advanced care directive is preferable. • If the individual does not have decision-making capacity, an advanced care plan can be made.			
3.	If, in the future, the patient is not able to make decisions for themselves, or cannot communicate, their advance care plan guides their family and healthcare team in making decisions about ongoing care. Ideally, an advance care plan is written down, but it can also be a conversation between the patient and their family			

Topic	**Legal Aspects of Palliative Care**		**Screen type**	Text and image
Screen Title	*Advanced Care Plan*		**Screen label**	026
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	

1.	Here are some aspects to consider when making an ACP:
	• When a person cannot speak for themselves, an Advanced Care Plan can be made by an Enduring Guardian or other person responsible.
	• The known intent can be verbal or documented.
	• It includes your values, beliefs and wishes
	• It's not a legal document. It should be considered but it's not necessary to follow it.
	• It can include one or more of the following:
	  ○ Talking with your family, carers and/or health professionals
	  ○ Developing and Advance care plan
	  ○ Making an Advance Care Directive
	  ○ Formally appointing and/or informing an Enduring Guardian (where the person has decision making capacity)
	  ○ Preferences about health, personal care and treatment goals
		Here are some aspects when making an ACP:
		• When a person cannot speak for themselves, an ACP can be made by an Enduring Guardian or other person responsible.
		• Known intent can be verbal or documented.
		• Includes your values, beliefs and wishes
		• It's not a legal document.
		• Can include one or more of the following:
		  ○ Talking with your family, carers and/or health professionals
		  ○ Developing and Advance care plan
		  ○ Making an Advance Care Directive
		  ○ Formally appointing and/or informing an Enduring Guardian (where the person has decision making capacity)
		  ○ Preferences about health, personal care and treatment goals
			Shutterstock ID: 513956923	

Topic	**Legal Aspects of Palliative Care**		**Screen type**	Text and image
Screen Title	*Advanced Care Directive*		**Screen label**	027
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Here are some aspects to consider when making an Advanced Care Directive: • When a person has the decision-making capacity, they can make an Advance Care Directive but this document only becomes valid if they lack capacity • There's no specific form in NSW for an advanced care directive • It documents their healthcare treatments. • It can be spoken or written. • If it is valid, it **MUST** be followed. • It has a legal binding. • It must apply to the clinical situation for which is was written. • For more information regarding Advanced Care Directives, please visit https://www.health.nsw.gov.au/patients/acp/Pages/default.aspx	Here are some aspects to consider when making an Advanced Care Directive: • When a person has the decision-making capacity, they can make an Advance Care Directive • There's no specific form in NSW for an advanced care directive • It documents their healthcare treatments. • It can be spoken or written. • If it is valid, it **MUST** be followed. • It has a legal binding. • It must apply to the clinical situation for which is was written.	*Shutterstock ID: 553103461* 	

Topic	Legal Aspects of Palliative Care		Screen type	Text and image
Screen Title	*Futile or Non-Beneficial Treatment*		Screen label	028
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	1. Futile or non-beneficial treatment is not defined in law, but is often used to describe treatment which is of no benefit, cannot achieve its purpose, or is not in the person's best interests. 2. Health professionals generally decide whether particular treatment for a person is futile or non-beneficial. When courts or tribunals are asked to review these matters, they have nearly always agreed with medical assessments of futility. However, it is good practice for health professionals to make shared decisions with the person or their family/substitute decision-maker about futile or non-beneficial treatment. 3. There are no universally accepted rules for deciding if treatment is futile or non-beneficial but a range of factors relating to the person, their treatment and condition, treatment risks, burdens and benefits, and quality of life will be considered. 4. When hearing a dispute about whether treatment should be provided, courts will decide this on the basis of the person's best interests. Treatment that is futile or non-beneficial will not be in the person's best interests. 5. It is generally lawful to withhold or withdraw treatment that is futile or non-beneficial. 6. A health professional has no duty to provide futile or non-beneficial treatment,	• Not defined in law. • Health professionals generally decide whether particular treatment for a person is futile or non-beneficial. However, it is good practice to make **SHARED DECISIONS** with the person or their substitute decision-maker about futile or non-beneficial treatment. • There are no universally accepted rules for deciding if treatment is futile or non-beneficial. This is dependent on the basis of the person's best interests. • It is generally lawful to withhold or withdraw treatment that is futile or non-beneficial. • A health professional has no duty to provide futile or non-beneficial treatment.	*Shutterstock ID: 2072945075* 	

	nor to obtain consent to withhold or withdraw it. However, the law in Queensland is different. There, if the person lacks decision-making capacity, a substitute decision-maker's consent is required to withhold or withdraw futile or non-beneficial treatment.		

Topic	**Legal Aspects of Palliative Care**		**Screen type**	Knowledge Check: Radio Button
Screen Title	*Knowledge Check*		**Screen label**	029
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	Let's check how well you have grasped the concepts. Given below are some statements. Could you try to tell whether these statements are true? *Select the radio buttons to mark the statements either true or false and Submit.*	Let's check how well you have grasped the concepts. Given below are some statements. Could you try to tell whether these statements are true? *Select the radio buttons to mark the statements either true or false and Submit.*	*Question Text* / *True* / *False* / *Radio button* / *Radio button*	
2.	• When a person cannot speak for themselves an Advanced Care Plan can be made by an Enduring Guardian or Person responsible. • An Advanced Care Plan is a legally binding document. • The transition to the terminal phase can be clearly defined for some children.		*Question Text* / *True* / *False* *When a person cannot speak for themselves* /	

	• There is no specific form for a legally binding Advanced Care Directive. • Understanding the uniqueness and individualised need of the child and family should guide decision making. • An Advanced Care Directive must apply to the clinical situation for which it was written. • Futile and non-beneficial treatment is not defined by law. • It is good practice to make shared decisions with the person or their substitute decision-maker about futile or non-beneficial treatment.		*an Advanced Care Plan can be made by an Enduring Guardian or Person responsible*		
			An Advanced Care Plan is a legally binding document		
			The transition to the terminal phase can be clearly defined for some children.		
			There is no specific form for a legally binding Advanced Care Directive.		
			Understanding the uniqueness and individualised need of the child and		

			family should guide decision making.		
			An Advanced Care Directive must apply to the clinical situation for which it was written.		
			Futile and non-beneficial treatment is not defined by law.		
			It is good practice to make shared decisions with the person or their substitute decision-maker about futile or non-beneficial treatment.		

3.	Sorry, that's wrong. You may have answered either all or some of them incorrectly. Try again. If you are unclear about any of these statements, please review the content before moving on. That's correct! You got all of them right.	**Wrong Answer Feedback** Sorry, that's wrong. You may have answered either all or some of them incorrectly. Try again. If you are unclear about any of these statements, please review the content before moving on. **Correct Answer Feedback** That's correct! You got all of them right.	

Topic	**Course Completion**		**Screen type**	Infographic
Screen Title	*Resource Acknowledgment*		**Screen label**	030
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	NSW Ambulance acknowledges the contribution of the following individuals and groups in the development of this resource: • The PEPA/IPEPA National Project Team and Jurisdictional partners • The PCC4U National Project Team • The ELLC Project Team • Subject matter experts from university and clinical education settings who provided peer review and expert opinions	NSW Ambulance acknowledges the contribution of the following individuals and groups in the development of this resource: • The PEPA/IPEPA National Project Team and Jurisdictional partners • The PCC4U National Project Team • The ELLC Project Team • Subject matter experts from university and clinical education settings who provided peer review and expert opinions	*Shutterstock Infographic ID: 2200657413* *Use the infographic to present the text in the four bullets.* 	

Topic	**Course Completion**		**Screen type**	
Screen Title	*Reflection*		**Screen label**	031
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
1.	To support you continuing professional development, please answer these following questions. 1. What did you learn in this module? 2. How will this change your practice?	1. What did you learn in this module? 2. How will this change your practice?	*Text input fields after each question with a submit button. Both questions are optional. Also provide ability for participants to print/save as PDF.*	

Topic	**Course Completion Screen**		**Screen type**	
Screen Title	*Thank you*		**Screen label**	032
No.	**Audio/VO**	**OST**	**Visuals and Development instructions**	
	Standard course completion screen			