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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)
005	Sheetal Mehta	July 2, 2024	SB Update (Client Feedback)
006	Sheetal Mehta	July 9. 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		<p>Use image given below as the landing image in place of the above image. Note: This image will be the same across all modules except aboriginal and torres strait islander course.</p>




2023-10-31 Grafton Jacaranda.jpeg


IMP: **DO NOT** use the word Welcome. Only use the Topic title **End of Life and Palliative Care 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	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			

	practices of Aboriginal and/or Torres Strait Islander peoples.	continuation of cultural, spiritual, and educational practices of Aboriginal and/or Torres Strait Islander peoples.	 <p><i>Display above image from 'Discussing Serious News.pptx slide 2' on the right side with OST in sync with VO on the left.</i></p>
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Topic		Introduction		Screen type	Static
Screen Title		Content Warning		Screen label	003
No.	Audio/VO	OST	Visuals and Development instructions		
1.	<p>Some of our content today will be discussing death and topics surrounding death.</p> <p>We understand that some people could be affected by the content of this module.</p> <p>If you think you may be, feel free to leave this module for the meantime.</p> <p>If you do find you are affected, please reach out to any of our staff support services.</p>	<ul style="list-style-type: none"> • <i>Some of our content today will be discussing death and topics surrounding death.</i> • <i>We understand that some people could be affected by the content of this module.</i> • <i>If you think you may be, feel free to leave this module for the meantime.</i> • <i>If you do find you are affected, please reach out to any of our staff support services.</i> <ul style="list-style-type: none"> ○ <i>Your Manager</i> ○ <i>Peer Support Officer as per MyShift</i> ○ <i>Chaplaincy Service as per MyShift</i> ○ <i>EAPS – Converge International – Phone EAPS 24/7 on 1300 687 327</i> ○ <i>Staff Psychology Service</i> 	 <p><i>Show the OST on a semi-transparent box on the image.</i></p> <p><i>Shutterstock 1810780027</i></p>		

		<ul style="list-style-type: none">○ <i>Teladoc Health (via AWARE Super) - 1800 830 082</i>○ <i>Black Dog Institute - www.BlackDogInstitute.org.au</i>	
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Topic		Introduction		Screen type	Static
Screen Title		<i>Reminder: Look after yourself...</i>		Screen label	004
No.	Audio/VO	OST	Visuals and Development instructions		
1.	<p>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.</p> <p>It can be upsetting to reflect on and learn about these issues.</p>	<p>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.</p> <p>It can be upsetting to reflect on and learn about these issues.</p>	 <p><i>Display above image from 'Discussing Serious News.pptx slide 3' on the right side with OST in sync with VO on the left.</i></p>		

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.	<p>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.</p> <p>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.</p>	End of Life and Palliative Care	<p><i>Show image of an NSW ambulance with 2-3 paramedics standing outside.</i> <i>(Image to be provided by the client)</i></p> <p><i>Image from the bank: Paramedics-arriving-to-the-scene_6</i></p> 	



Palliative care is still widely misunderstood by many Canadians. Here are 10 common myths we often encounter.

10 MYTHS ABOUT PALLIATIVE CARE

MYTH 1: Palliative care hastens death.

FACT: Palliative care does not hasten death. It provides comfort and the best quality of life from diagnosis of an advanced illness until end of life.



MYTH 6: Pain is a part of dying.

FACT: Pain is not always a part of dying. If pain is experienced near end of life, there are many ways it can be alleviated.



MYTH 2: Palliative care is only for people dying of cancer.

FACT: Palliative care can benefit patients and their families from the time of diagnosis of any illness that may shorten life.



MYTH 7: Taking pain medications in palliative care leads to addiction.

FACT: Keeping people comfortable often requires increased doses of pain medication. This is a result of tolerance to medication as the body adjusts, not addiction.



MYTH 3: People in palliative care who stop eating die of starvation.

FACT: People with advanced illnesses don't experience hunger or thirst as healthy people do. People who stop eating die of their illness, not starvation.



MYTH 8: Morphine is administered to hasten death.

FACT: Appropriate doses of morphine keep patients comfortable but do not hasten death.



MYTH 4: Palliative care is only provided in a hospital.

FACT: Palliative care can be provided wherever the patient lives - home, long-term care facility, hospice or hospital.



MYTH 9: Palliative care means my doctor has given up and there is no hope for me.

FACT: Palliative care ensures the best quality of life for those who have been diagnosed with an advanced illness. Hope becomes less about cure and more about living life as fully as possible.



MYTH 5: We need to protect children from being exposed to death and dying.

FACT: Allowing children to talk about death and dying can help them develop healthy attitudes that can benefit them as adults. Like adults, children also need time to say goodbye to people who are important to them.


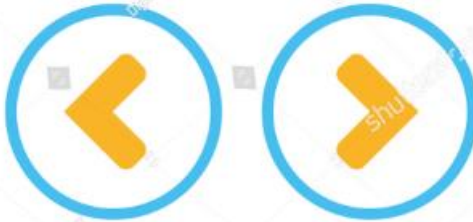


MYTH 10: I've let my family member down because he/she didn't die at home.

FACT: Sometimes the needs of the patient exceed what can be provided at home despite best efforts. Ensuring that the best care is delivered, regardless of setting, is not a failure.




Insert another slide here and replicate this some how...

Topic		Introduction	Screen type	Interactivity
Screen Title		Myths about Palliative Care	Screen label	005A
No.	Audio/VO	OST	Visuals and Development instructions	
1.	<p>Palliative care is still widely misunderstood. Here are ten common myths we often encounter.</p> <p>Click on the right arrow to know more myths.</p>	<p>10 Myths about Palliative Care</p> <p><i>Click on the right arrow to know more myths.</i></p>	<p><i>Show OST in sync with VO.</i></p> <p><i>Show image (any other similar one) given below under the OST.</i></p>  <p>Show left and right arrows on the screen for the learner to click on them.</p>  <p>Stock Vector ID: 368815487</p> <p>When the learner clicks on the right arrow, show the first myth and fact OST and so on.</p> <p>The left arrow gets highlighted and clickable after the 2nd myth and fact OST is seen.</p> <p>When the learner clicks on the right arrow for the next Myth and fact, the earlier Myth and fact should not be seen on the screen.</p> <p>When the learner clicks on the right arrow for 10th myth and fact, the activity ends, and the right arrow is not clickable.</p>	


			<div data-bbox="1352 105 1883 183"> <p>MYTH 1: Palliative care hastens death.</p> </div> <div data-bbox="1352 183 1883 311"> <p>FACT: Palliative care does not hasten death. It provides comfort and the best quality of life from diagnosis of an advanced illness until end of life.</p> </div> <div data-bbox="1352 225 1435 300"> </div> <div data-bbox="1883 300 2132 336"> <p><i>1st Myth and Fact</i></p> </div> <div data-bbox="1352 379 1883 464"> <p>MYTH 2: Palliative care is only for people dying of cancer.</p> </div> <div data-bbox="1352 464 1883 560"> <p>FACT: Palliative care can benefit patients and their families from the time of diagnosis of any illness that may shorten life.</p> </div> <div data-bbox="1352 496 1435 576"> </div> <div data-bbox="1883 560 2132 598"> <p><i>2nd Myth and Fact</i></p> </div> <div data-bbox="1352 641 1883 726"> <p>MYTH 3: People in palliative care who stop eating die of starvation.</p> </div> <div data-bbox="1352 726 1883 853"> <p>FACT: People with advanced illnesses don't experience hunger or thirst as healthy people do. People who stop eating die of their illness, not starvation.</p> </div> <div data-bbox="1352 762 1435 847"> </div> <div data-bbox="1883 842 2132 880"> <p><i>3rd Myth and Fact</i></p> </div> <div data-bbox="1352 928 1883 1013"> <p>MYTH 4: Palliative care is only provided in a hospital.</p> </div> <div data-bbox="1352 1013 1883 1118"> <p>FACT: Palliative care can be provided wherever the patient lives - home, long-term care facility, hospice or hospital.</p> </div> <div data-bbox="1352 1054 1435 1134"> </div> <div data-bbox="1883 1123 2132 1161"> <p><i>4th Myth and Fact</i></p> </div>
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MYTH 5: We need to protect children from being exposed to death and dying.

 **FACT:** Allowing children to talk about death and dying can help them develop healthy attitudes that can benefit them as adults. Like adults, children also need time to say goodbye to people who are important to them.


5th Myth and Fact

MYTH 6: Pain is a part of dying.

 **FACT:** Pain is not always a part of dying. If pain is experienced near end of life, there are many ways it can be alleviated.


6th Myth and Fact

MYTH 7: Taking pain medications in palliative care leads to addiction.



 **FACT:** Keeping people comfortable often requires increased doses of pain medication. This is a result of tolerance to medication as the body adjusts, not addiction.


7th Myth and Fact



MYTH 8: Morphine is administered to hasten death.


 **FACT:** Appropriate doses of morphine keep patients comfortable but do not hasten death.


8th Myth and Fact

			<div><p>MYTH 9: Palliative care means my doctor has given up and there is no hope for me.</p><p> FACT: Palliative care ensures the best quality of life for those who have been diagnosed with an advanced illness. Hope becomes less about cure and more about living life as fully as possible.</p></div> <p>9th Myth and Fact</p> <div><p>MYTH 10: I've let my family member down because he/she didn't die at home.</p><p> FACT: Sometimes the needs of the patient exceed what can be provided at home despite best efforts. Ensuring that the best care is delivered, regardless of setting, is not a failure.</p></div> <p>10th Myth and Fact</p>
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Topic		Introduction	Screen type	Text and image
Screen Title		Learning Objectives	Screen label	006
No.	Audio/VO	OST	Visuals and Development instructions	
1.	<p>At the end of this module, you should be able to:</p> <ul style="list-style-type: none"> • 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 	<p>At the end of this module, you should be able to:</p> <ul style="list-style-type: none"> • 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 	 <p>shutterstock</p> <p>IMAGE ID: 2218316467 www.shutterstock.com</p> <p>Shutterstock ID: 2218316467</p>	

Topic			Screen type	Text and image animation
Screen Title			Screen label	007
No.	Audio/VO	OST	Visuals and Development instructions	
1.	<p>The role of the paramedic has historically been seen as providing life saving emergency care and transportation to hospital.</p> <p>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.</p>	<p>Generally: Paramedics provide life saving emergency care.</p> <p>Sometimes: Paramedics assist in situations where saving or prolonging life is not the goal.</p>	 <p><i>Ambulance close up 2.jpeg</i> <i>Use above 2nd image in place of earlier image.</i></p>	
2.	<p>Improving knowledge in relation to the palliative approach to care will help you to build confidence in making these kinds of decisions.</p>	<p>A palliative approach to patient care will help you to build confidence in making such decisions.</p>	 <p><i>Image from the bank: patient at beach</i></p>	



2A.	<p>Once clinicians have assessed the patients with palliative care in mind, it is important to determine the patient's needs:</p> <p>Select the practice point to learn more about considerations for clinicians.</p>	<p>Once clinicians have assessed the patients with palliative care in mind, it is important to determine the patient's needs.</p> <p><i>Select the practice point to learn more.</i></p>	<p><i>Continue with the previous image.</i> <i>Show OST in sync with VO.</i></p>  <p>Stock Vector ID: 134798888</p> <p><i>Show OST 'Points to Consider for Clinicians' under the icon.</i></p> <p><i>On clicking the icon, show the content of the practice point in a popup with a close button.</i> <i>Refer to screen label 022 for the content.</i></p>
3.	<p>As a New South Wales clinician, you should consider the patient's acute clinical trajectory. This will help you in making decisions about management.</p> <p>Click the note to learn an example.</p>	<p>Knowing the patient's acute clinical trajectory should be a guiding principle and help you in making management decisions.</p> <p><i>Note: Learn more through an example.</i></p>	<p><i>Continue with the previous image.</i></p> <p><i>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.</i></p>
4	<p>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.</p>	<p>Resuscitation in Palliative Care</p> <p>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.</p>	<p><i>Image from the bank: serious emr</i></p>




			 <p><i>ambo at computer.jpeg</i> <i>Use above 2nd image in place of earlier image.</i></p>
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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.	<p>You may often find yourself in the following four situations when handling patients who need palliative care. They are patients and family:</p> <div><div>1. Aware of dying and their wishes are known</div><div>2. Aware of dying, but their wishes are not known</div><div>3. Unaware of dying, but their wishes are known</div><div>4. Unaware of dying and their wishes are not known</div></div> <p>Let’s learn about each situation in detail. <i>Click each quadrant to know about the situation.</i></p>	<p>You may often find yourself in the following four situations when handling patients who need palliative care. They are patients and family:</p> <table><tr><td>1. Aware of dying and their wishes are known</td><td>2. Aware of dying, but their wishes are not known</td></tr><tr><td>3. Unaware of dying, but their wishes are known</td><td>4. Unaware of dying and their wishes are not known</td></tr></table> <p>Let’s learn about each situation in detail.</p> <p><i>Click each quadrant to know about the situation.</i></p>	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	<p>Present the four situations in a quadrant, where each quadrant appears like a clickable button.</p> <p>When a quadrant is clicked, it expands to open into a pop-up box with a close (X) button on the top-right corner.</p>		
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								
2.	<p>1. Awareness of dying and their wishes are known</p> <p>Description:</p> <div><div>• Patient with known end-stage life-limiting illness</div><div>• Family aware that death is expected</div><div>• Advance care plan has been documented and communicated</div></div> <p>Possible Paramedic Responses:</p>	<p>1. Awareness of dying and their wishes are known</p> <p>Description:</p> <div><div>• Patient with known end-stage life-limiting illness</div><div>• Family aware that death is expected</div></div>							

	<ul style="list-style-type: none"> • Symptom management – after hours if palliative care team unavailable • Supportive communication • Emotional support / validation • Care after death <p><i>Close this box to learn about the other situations.</i></p>	<ul style="list-style-type: none"> • Advance care plan has been documented and communicated <p>Possible Paramedic Responses:</p> <ul style="list-style-type: none"> • Symptom management – after hours if palliative care team unavailable • Supportive communication • Emotional support / validation • Care after death 	
3.	<p>2. Aware of dying, but their wishes are not known</p> <p>Description:</p> <ul style="list-style-type: none"> • Patient with known end-stage life-limiting illness • Family aware that death is expected • End-of-life wishes have not been discussed <p>Possible Paramedic Responses:</p> <ul style="list-style-type: none"> • Symptom management • Assess for reversible conditions (eg, sepsis) • Discussing serious news, supporting family decision-making <p><i>Close this box to learn about the other situations.</i></p>	<p>2. Aware of dying, but their wishes are not known</p> <p>Description:</p> <ul style="list-style-type: none"> • Patient with known end-stage life-limiting illness • Family aware that death is expected • End-of-life wishes have not been discussed <p>Possible Paramedic Responses:</p> <ul style="list-style-type: none"> • Symptom management • Assess for reversible conditions (eg, sepsis) • Discussing serious news, supporting family decision-making 	
4.	<p>3. Unaware of dying, but their wishes are known</p> <p>Description:</p> <ul style="list-style-type: none"> • Sudden deterioration of patient of very advanced age and/or with life-limiting illness • Family unprepared for patient's death 	<p>3. Unaware of dying, but their wishes are known</p> <p>Description:</p> <ul style="list-style-type: none"> • Sudden deterioration of patient of very advanced age and/or with life-limiting illness 	

	<ul style="list-style-type: none"> • Advance care plan documented / communicated <p>Possible Paramedic Responses:</p> <ul style="list-style-type: none"> • 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 <p><i>Close this box to learn about the other situations.</i></p>	<ul style="list-style-type: none"> • Family unprepared for patient's death • Advance care plan documented / communicated <p>Possible Paramedic Responses:</p> <ul style="list-style-type: none"> • 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.	<p>4. Unaware of dying and their wishes are not known</p> <p>Description:</p> <ul style="list-style-type: none"> • Sudden deterioration or cardiorespiratory arrest in patient with undiagnosed condition or complex comorbidities • Patient wishes never discussed <p>Possible Paramedic Responses:</p> <ul style="list-style-type: none"> • Symptom management and/or resuscitation • Supporting family decision-making • Emotional support 	<p>4. Unaware of dying and their wishes are not known</p> <p>Description:</p> <ul style="list-style-type: none"> • Sudden deterioration or cardiorespiratory arrest in patient with undiagnosed condition or complex comorbidities • Patient wishes never discussed <p>Possible Paramedic Responses:</p> <ul style="list-style-type: none"> • 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.	<p>Let's learn some basic principles of palliative care before diving deeper into the subject.</p> <p><i>Click each accordion tab to learn.</i></p>	<p>Let's learn some basic principles of palliative care before diving deeper into the subject.</p> <p><i>Click each accordion tab to learn.</i></p> <ul style="list-style-type: none"> + Goal of palliative care + Patient's right to dignity + Patient's right to treatment + Expectations from clinicians 	 <p>shutterstock</p> <p>Stock Photo ID: 2326483645</p>	
2.	<p>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.</p>	<p> Goal of palliative care</p> <p>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</p>	<p><i>Use the icons given in the source content PPT, slide 13 for all the four tabs.</i></p>	



		associated with a life-limiting illness.	
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 care 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.	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).	<p><i>This screen has two cards that the learners can flip.</i></p> <p><i>When a card is flipped, show the content given in the OST.</i></p>		


	<i>Click each card to learn more.</i>	<div> <div>Click each card to learn more.</div> <div> <div>End of Life</div> <div>Palliative Care</div> </div> </div>	
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 The ACSQHC clarifies two different components: <ol style="list-style-type: none"> 1. Likely to die in the next 12 months with irreversible illness 2. Likely to die within days or weeks with irreversible deterioration 	<i>This OST is for End-of-Life Care</i>
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. Some people transition in and out of palliative care with varying care needs.	


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.	<i>It's important to clear common doubts regarding palliative care.</i>	<i>It's important to clear common misconception regarding palliative care.</i>	<i>Show the sentence when the screen loads. Then, reveal each of the below texts with suitable images in sync with the VO.</i> <i>Show the text and image in three columns.</i>		

			<div>Image</div> <div>Text</div> <div>Image</div> <div>Text</div> <div>Image</div> <div>Text</div>
2.	<p>The goal of palliative care is to help people live as well and as long as possible. The intent of management is not to treat the underlying disease but to relieve the symptoms associated with the disease.</p>	<p>Palliative care helps people live as well and as long as possible. Its intent is to relieve the symptoms associated with the disease.</p>	<p><i>Shutterstock photo description</i> <i>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.</i> <i>ID: 721480087</i></p> 
3.	<p>Palliative care does not hasten nor postpone death. When utilised early in the disease trajectory, it can have a positive impact on disease progression. Patients can also be discharged from palliative care when their symptoms are well managed or disease progression has slowed</p>	<p>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.</p>	<p><i>Shutterstock photo description</i> <i>Friendly relationship between caregiver and happy elderly woman during nursing at home. Senior services and geriatric care concept.</i> <i>ID: 1936241905</i></p>


			
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.	<p><i>Shutterstock photo description</i> <i>The hands and hands of relatives and relatives of cancer patients in poorly ventilated hospitals, to the patients, to encourage patients to stay.</i> <i>ID: 1160063185</i></p> 

Topic			Screen type	Text and image
Screen Title			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.	 <p>Stock Photo ID: 1264051873</p>	
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.	
4.	<p>It also involves people responsible for overall care of the person.</p> <p>Select the practice point to learn more about people responsible in order of priority.</p>	<p>It also involves people responsible for overall care of the person.</p> <p>Select the practice point to learn more.</p>	<p>Continue with the previous image.</p> <p>Show OST in sync with VO.</p>	


			 <p><i>Show OST 'Person Responsible' under the icon. On clicking the icon, show the content of the practice point in a popup with a close button. Refer to screen label 024 for the content.</i></p>
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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.	<p>Quality of life means different things to different people.</p> <p>It can include:</p> <ul style="list-style-type: none"> • 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. 	<p>Quality of life can include:</p> <ul style="list-style-type: none"> • 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 	<p><i>Shutterstock photo description</i> <i>Doctor On Home Visit Discussing Health Of Senior Male Patient With Wife</i> <i>ID: 283915979</i></p> 		
2.	<p>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 listening to them is essential to the process of developing goals of care.</p>	<p>Consider patient's unique needs and learn how to support them with purpose and comfort.</p> <p>Listening to them is essential to develop goals of care.</p>	<p><i>Clear the previous OST. Retain the image, but place it in the center now and show the new OST under it.</i></p>		

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.	<p>Cultural safety is an approach...</p>	<p><i>Click the photo to learn how to practise cultural safety.</i></p>	<p><i>Show the photo when the screen loads.</i></p> <p><i>Shutterstock vector illustration description:</i></p>		


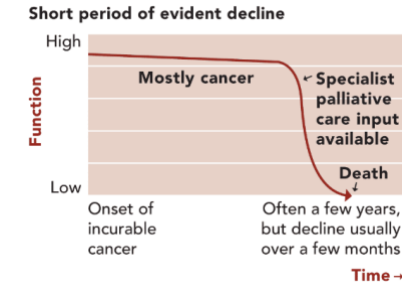
			<div>Group of people of different nationalities and cultures, skin colors and hairstyles. ID: 1671164626</div> <div></div> <div>Place the photo horizontally and show the instructional text below it. When the learner clicks the photo, reveal the bullet points below the photo as shown in sync with the audio.</div> <div><table><tr><td colspan="2">Photo</td></tr><tr><td colspan="2">Click the photo to learn how to practise cultural safety.</td></tr><tr><td></td><td></td></tr></table></div>	Photo		Click the photo to learn how to practise cultural safety.			
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 sensitivity refers to the clinician’s awareness, knowledge, and understanding of different cultures and the ability to adapt and respond appropriately to cultural differences.	<div>Culturally safe healthcare services respect and meet patient’s specific cultural needs.</div> <div>A clinician should be aware of and adapt to different cultures.</div>	<div><table><tr><td colspan="2">Photo</td></tr><tr><td colspan="2">Click the photo to learn how to practise cultural safety.</td></tr><tr><td>Bullet Bullet</td><td></td></tr></table></div>	Photo		Click the photo to learn how to practise cultural safety.		Bullet Bullet	
Photo									
Click the photo to learn how to practise cultural safety.									
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	<div>Clinicians should respect and accommodate different cultural practices and preferences.</div> <div>They may require to consult with family members or cultural advisors.</div>	<div>Continue with the same layout and show the remaining two bullets.</div> <div><table><tr><td colspan="2">Photo</td></tr><tr><td colspan="2">Click the photo to learn how to practise cultural safety.</td></tr><tr><td>Bullet Bullet</td><td>Bullet Bullet</td></tr></table></div>	Photo		Click the photo to learn how to practise cultural safety.		Bullet Bullet	Bullet Bullet
Photo									
Click the photo to learn how to practise cultural safety.									
Bullet Bullet	Bullet Bullet								

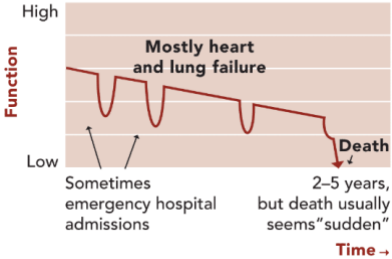
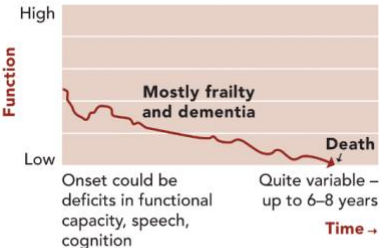
	where the patient is unable to articulate their wishes and beliefs.		
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Topic		Screen type	
Understanding Palliative Care		Interactive: Infographic	
Screen Title		Screen label	
Palliative Care: Holistic		015	
No.	Audio/VO	OST	Visuals and Development instructions
1.	<p>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.</p> <p><i>Click each component to learn more.</i></p>	<p>Palliative care uses a holistic approach</p> <p>Circle of Palliative Care</p> <ul style="list-style-type: none"> Emotional Care Spiritual Care Cultural Care Physical Care Social Care <p><i>Click each component to learn more.</i></p>	<p>Shutterstock Infographic circle with five options ID: 1796960779</p>  <p><i>Refer the slide 19 of the source content PPT as well for the OST.</i></p> <p><i>When the learner clicks each component, drop down the corresponding text from the subsequent rows.</i></p>
2.	<p>Managing emotional needs will include: Depression, anxiety, denial, diagnosis, language differences, fear of hospital or treatment</p>	<p>Emotional Needs</p> <p>Depression, anxiety, denial, diagnosis, language differences, fear of hospital or treatment</p>	
3.	<p>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</p>	<p>Spiritual Needs</p> <p>Who we are, attitudes, relationships, behaviours, rituals, faith, religion, place of</p>	



		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	

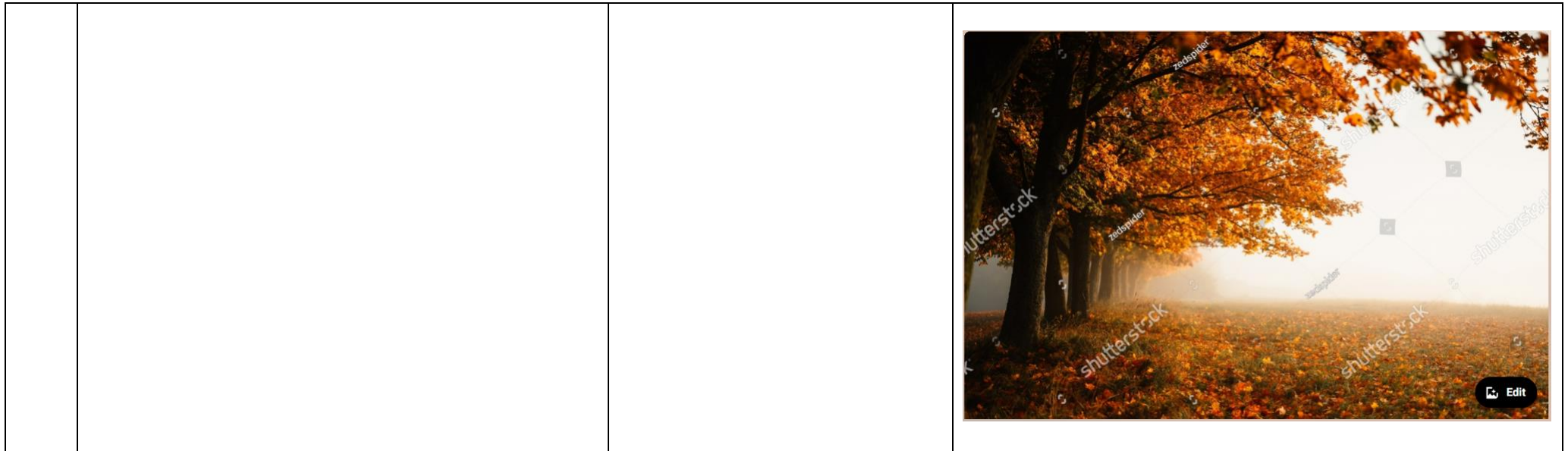
Topic		Understanding Palliative Care		Screen type	Interactive: Click to Reveal
Screen Title		<i>Palliative Care: Who Can Benefit and Illness Trajectory</i>		Screen label	016
No.	Audio/VO	OST	Visuals and Development instructions		
1.	<p>People affected by life-limiting illness experience decline in function that is unique to each individual.</p> <p>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.</p>	<p>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.</p> <p>Trajectory 1: Cancer</p>	<p><i>Show the text and image when the screen loads.</i></p> <p><i>Text left image right, use image from the bank: Paramedics-close-up-uniform_1</i></p>		

	<p>Click each trajectory to learn about it.</p>	<p>Trajectory 2: Chronic disease with organ system failure</p> <p>Trajectory 3: Elderly, frail or dementia</p> <p>Click each trajectory to learn about it.</p>	<div></div> <p>Then, in sync with the audio reveal the three trajectories. These are clickable.</p> <p>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?</p> <table><tr><td>Text para</td><td>Image</td></tr><tr><td>Trajectory 1</td><td>Trajectory 2</td><td>Trajectory 3</td></tr></table>	Text para	Image	Trajectory 1	Trajectory 2	Trajectory 3
Text para	Image							
Trajectory 1	Trajectory 2	Trajectory 3						
2.	<p>These patients are people who have a cancer that cannot be cured.</p> <p>They go through a short period of obvious decline or deterioration.</p> <p>These people may have good function for a long period followed by a few weeks or months of rapid decline prior to death.</p>	<p>Trajectory 1: Cancer</p> 	<p>Pop-up opens on top of the previous screen with effect example given above.</p> <div>Trajectory 1 header and image</div>					
3.	<p>These patients are people who have more than one (or many) chronic health problems. For</p>	<p>Trajectory 2: Chronic disease with organ system failure</p>	<p>Pop-up opens on top of the previous screen with effect example given above.</p> <div>Trajectory 2 header and image</div>					

	<p>example, they have respiratory disease, heart disease, or kidney failure.</p> <p>They experience long-term illness with acute episodes, often requiring hospitalisation.</p> <p>They undergo a gradual decline in function and they do not fully recover after each acute episode.</p> <p>Their death can seem sudden or unexpected.</p>	<p>Long term limitations with intermittent serious episodes</p> 	
4.	<p>Such patients have a long and slow decline in function.</p> <p>They often need a lot of personal care and might move to residential care toward the end of life.</p> <p>It can be difficult to predict when they might die.</p> <p>And as such, their death can be caused by infections, falls or fractures.</p>	<p>Trajectory 3: Elderly, frail or dementia</p> <p>Prolonged dwindling</p> 	<p><i>Pop-up opens on top of the previous screen with effect example given above.</i></p> <p><i>Trajectory 3 header and image</i></p>

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.	<p>All patients who are dying can benefit from a palliative approach to care, but NOT ALL require specialist palliative care services.</p> <p>As a Paramedic, it is common to see patients that are not known to any specialised palliative care</p>	<p>All patients who are dying can benefit from a palliative approach to care, but NOT ALL require specialist palliative care services.</p>		<p><i>Show the OST and the image on the right when the screen loads.</i></p> <p><i>Shutterstock 766886038</i></p>	

	services, as their care needs are managed by their GP.		 A photograph of a forest path in autumn. Sunlight filters through the trees, illuminating the path and the fallen leaves. The trees have vibrant orange and yellow foliage. A small 'Edit' button is visible in the bottom right corner.
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.	<p>Shutterstock photo 779758306</p>  A photograph of a sunset over a body of water. The sun is low on the horizon, creating a warm, orange glow. The trees in the foreground have vibrant red and orange autumn foliage. A small 'Edit' button is visible in the bottom right corner.
3.	A palliative approach can be adopted when the patient's goals of care are to help people live as well and as long as possible with worsening health.	Palliative care is adopted when the patient's care goal is to help people live as well and as long as possible with worsening health. .	<p>Shutterstock photo 2237624039</p>



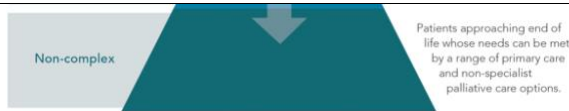
Topic		Understanding Palliative Care		Screen type	Knowledge Check: Radio Buttons										
Screen Title		Knowledge Check		Screen label	018										
No.	Audio/VO	OST	Visuals and Development instructions												
1.	<p>Let’s check how well you have grasped the concepts. Given below are some statements. Could you try to tell whether these statements are true?</p> <p><i>Select the radio buttons to mark the statements either true or false and Submit.</i></p>	<p>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?</p> <p><i>Select the radio buttons to mark the statements either true or false and Submit.</i></p>	<table><tr><td>Question Text</td><td>True</td><td>False</td></tr><tr><td>Question</td><td>Radio button</td><td>Radio button</td></tr><tr><td>Question</td><td>Radio button</td><td>Radio button</td></tr></table>				Question Text	True	False	Question	Radio button	Radio button	Question	Radio button	Radio button
Question Text	True	False													
Question	Radio button	Radio button													
Question	Radio button	Radio button													
2.	<p>Palliative Care is focused on the person only, not their family.</p>		Correct answers												

	<p>Palliative Care is only for people with cancer.</p> <p>Palliative care can help people with chronic disease.</p> <p>Palliative care is not just for the end of life.</p> <p>Once a person chooses palliative care, they can't have other active treatment.</p> <p>Palliative care is all about living longer.</p> <p>Palliative care is mostly about pain management.</p> <p>Quality of life means something different to everyone.</p> <p>Learning about what is important to a person is a key part of decision-making.</p> <p>Palliative Care is focused on quality of life.</p> <p>Patients diagnosed with a life limiting illness must be referred to a specialised palliative care service.</p> <p>Palliative Care hastens death.</p>		<table><tr><th>Question Text</th><th>True</th><th>False</th></tr><tr><td>Palliative Care is focused on the person only, not their family.</td><td></td><td></td></tr><tr><td>Palliative Care is only for people with cancer.</td><td></td><td></td></tr><tr><td>Palliative care can help people with chronic disease.</td><td></td><td></td></tr><tr><td>Palliative care is not just for the end of life.</td><td></td><td></td></tr><tr><td>Once a person chooses palliative care, they can't have other active treatment.</td><td></td><td></td></tr><tr><td>Palliative care is all about living longer.</td><td></td><td></td></tr><tr><td>Palliative care is mostly about pain management.</td><td></td><td></td></tr><tr><td>Quality of life means something different to everyone.</td><td></td><td></td></tr><tr><td>Learning about what is important to a person is a key part of decision-making.</td><td></td><td></td></tr><tr><td>Palliative Care is focused on quality of life.</td><td></td><td></td></tr><tr><td>Patients diagnosed with a life limiting illness must be referred to a specialised palliative care service.</td><td></td><td></td></tr><tr><td>Palliative care hastens death</td><td></td><td></td></tr></table>	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.			Patients diagnosed with a life limiting illness must be referred to a specialised palliative care service.			Palliative care hastens death		
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3.	<p>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.</p> <p>That's correct! You got all of them right.</p>	<p>Wrong Answer Feedback</p> <p>Sorry, that's wrong.</p> <p>You may have answered either all or some of them incorrectly. Try again. If you are unclear</p>																																								


		<p>about any of these statements, please review the content before moving on.</p> <p>Correct Answer Feedback That's correct! You got all of them right.</p>	
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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.	<p>Now, let’s check your understanding of illness trajectory.</p> <p>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.</p> <p><i>Drag each patient card to the illness category stack to complete this activity.</i></p>		<p>Now, let’s check your understanding of illness trajectory.</p> <p>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.</p> <p><i>Drag each patient card to the illness category stack to complete this activity.</i></p>		<p><i>The learner should drag the answer options and drop them into the three types of trajectories.</i></p>														
2.	<p>These are the Patient Cards</p> <p>Mary has Age related Dementia</p> <p>Michelle has an End-stage Cancer</p> <p>Alfred has a Heart Failure and</p> <p>Thomas is an Older person with multiple comorbidities</p> <p>The trajectory stacks are:</p> <p>Trajectory 1</p>		<table><tr><th colspan="2">Patient Cards</th></tr><tr><td>Mary: Age related Dementia</td><td>Michelle: End-stage Cancer</td></tr><tr><td>Alfred: Heart Failure</td><td>Thomas: Older person with multiple comorbidities</td></tr></table>		Patient Cards		Mary: Age related Dementia	Michelle: End-stage Cancer	Alfred: Heart Failure	Thomas: Older person with multiple comorbidities	<p><i>Correct answers</i></p> <p>Trajectory Stacks</p> <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: Age related Dementia</td></tr></table>			Trajectory 1	Trajectory 2	Trajectory 3	Michelle: End-stage Cancer	Alfred: Heart Failure	Mary: Age related Dementia
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	Trajectory 2 and Trajectory 3	<table><tr><td colspan="3">Trajectory Stacks</td></tr><tr><td>Trajectory 1</td><td>Trajectory 2</td><td>Trajectory 3</td></tr></table>	Trajectory Stacks			Trajectory 1	Trajectory 2	Trajectory 3		Thomas: Older person with multiple comorbidities	
Trajectory Stacks											
Trajectory 1	Trajectory 2	Trajectory 3									
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	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.	<p><i>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.</i></p> <p><i>Let's understand this through an illustration.</i></p>	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.		

			<div>Needs</div> <div>Patients</div> <p>Complex: Patients with complex, unstable conditions requiring ongoing care. Primary care service would remain involved in care in partnership with specialist service, which would have an ongoing role in care provision.</p> <p>Intermediate: Patients requiring consultation-based specialist palliative care on an episodic basis would remain under care of primary care service.</p> <p>Non-complex: Patients approaching end of life whose needs can be met by a range of primary care and non-specialist palliative care options.</p>
3.	Others will need access to specialist care from time-to-time for consultation and advice when symptoms worsen.	<p>Intermediate: Patients requiring consultation-based specialist palliative care on an episodic basis would remain under care of primary care service.</p> <p>Non-complex: Patients approaching end of life whose needs can be met by a range of primary care and non-specialist palliative care options.</p>	<p>Don't show the half arrow right now. Show it after you build the Intermediate section.</p> <p>Don't show the half arrow between Intermediate and Complex right now. Show it after you build the Complex section.</p>
4.	<p>Those with complex and persistent needs will require ongoing specialist palliative care.</p> <p>Patients can often experience periods where their level of care increases but can also decrease.</p>	<div>Needs</div> <div>Patients</div> <p>Complex: Patients with complex, unstable conditions requiring ongoing care. Primary care service would remain involved in care in partnership with specialist service, which would have an ongoing role in care provision.</p> <p>Intermediate: Patients requiring consultation-based specialist palliative care on an episodic basis would remain under care of primary care service.</p> <p>Non-complex: Patients approaching end of life whose needs can be met by a range of primary care and non-specialist palliative care options.</p>	<p>Show the headers Needs and Patients when you start building the pyramid.</p>

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. As a paramedic, focusing on a needs-based approach rather than illness based, ensures that patients receive the right care.	<p><i>Try to place the image horizontally and show the text below it in two columns.</i></p> <p><i>Layout suggestion</i></p> <table><tr><td colspan="2"><i>Image</i></td></tr><tr><td><i>Text</i></td><td><i>Text</i></td></tr></table> <p><i>Show the image and text when the screen loads.</i></p> <p><i>Shutterstock photo 2219346443</i></p> <div></div> <p><i>Stock Photo ID: 1357966868</i></p> <p><i>Use above image in place of earlier image.</i></p>		<i>Image</i>		<i>Text</i>	<i>Text</i>
<i>Image</i>								
<i>Text</i>	<i>Text</i>							
2.	Consider whether the patient’s presentation is related to their life limiting diagnosis and whether management aligns with their goals of care. Where	Consider whether the patient’s presentation is related to their life limiting diagnosis and whether management aligns with their goals of care.						

	there is uncertainty, seek further advice from the existing care provider for further consultation	Where there is uncertainty, seek further advice from the existing care provider for further consultation	
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Topic		Understanding Palliative Care		Screen type	Text and image
Screen Title		Voluntary Assisted Dying Eligibility and Resources		Screen label	021A
No.	Audio/VO	OST	Visuals and Development instructions		
1.	The Parliament of New South Wales passed the Voluntary Assisted Dying Act in 2022 and eligible people now have the choice to access voluntary assisted dying.	Parliament of New South Wales <ul style="list-style-type: none"> Voluntary Assisted Dying Act, 2022 Eligible people can access voluntary assisted dying 	 <p>shutterstock</p> <p>IMAGE ID: 2401294203 www.shutterstock.com</p> <p><i>Stock Photo ID: 2401294203</i></p>		
2.	Voluntary assisted dying means an eligible person can ask for medical help to end their life. The person must be in the late stages of an advanced disease, illness or medical condition with unbearable suffering.	Voluntary Assisted Dying (VAD) <ul style="list-style-type: none"> An eligible person can ask for medical help to end their life Eligible person <ul style="list-style-type: none"> The person must be in the <ul style="list-style-type: none"> Late stages of an advanced disease Medical condition with unbearable suffering 	 <p>Voluntary assisted dying</p> <p><i>Show OST in two columns with the background image of leaves taken from Voluntary Assisted Dying module.</i></p>		

4.	<p>If a person meets all the criteria, and the steps set out in the legislation, they can take or be given a voluntary assisted dying substance to bring about their death at a time they choose.</p> <p>Click on the Note icon to know more.</p>	<p>If a person meets all the criteria, and the steps set out in the legislation, they can take or be given a voluntary assisted dying substance to bring about their death at a time they choose.</p>	<p><i>Retain the image and OST.</i> <i>Show OST in sync with VO.</i></p> <p><i>Show a note icon. On clicking of the icon, show the following information.</i> <i>Show the contents of the note in a pop-up box with a close (X) button.</i></p> <p><i>Note:</i> Now that Voluntary Assisted Dying (VAD) services have commenced in New South Wales, staff are reminded that principles of end of life and palliative care will not change.</p>
5.	<p>The main guiding principle when attending a VAD-related incident is that a patient's autonomy, including autonomy in relation to end of life care choices and their goals of care, are respected.</p>	<p>Guiding principle when attending a VAD-related incident</p> <ul style="list-style-type: none"> • Patient's autonomy, including autonomy in relation to end of life care choices and their goals of care, are respected 	<p><i>Retain the image.</i> <i>Fade out OST.</i> <i>Show OST in sync with VO.</i></p>
6.	<p>Although an interaction with a VAD patient may be rare, Ambulance clinicians are supported whilst acting within the legislation and their current scope of practice.</p>	<p>Ambulance clinicians</p> <ul style="list-style-type: none"> • Interaction with a VAD patient may be rare • Are supported whilst acting within the legislation and their current scope of practice 	<p><i>Retain the image and OST.</i> <i>Show OST in sync with VO.</i></p>
7.	<p>For patient specific enquiries, contact the patient's Coordinating Practitioner on the documentation found on scene.</p> <p>During business hours, the Voluntary Assisted Dying Support Service is available for further information on 1300 802 133.</p> <p>If you are unable to contact them, you can contact</p>	<p>For patient specific enquiries, please contact:</p> <ul style="list-style-type: none"> • Patient's Coordinating Practitioner on the documentation found on scene • Voluntary Assisted Dying Support Service – 	<p><i>Retain the image.</i> <i>Fade out OST.</i> <i>Show OST in sync with VO.</i></p>

	<p>the Clinical Assistance Line (0428 ADVICE) for advice and support.</p> <p>For further information, please complete and review the Voluntary Assisted Dying online education module or visit the Voluntary Assisted Dying Resources Page via the New South Wales Ambulance Intranet site.</p>	<p>1300 802 133</p> <ul style="list-style-type: none"> • Clinical Assistance Line (0428 ADVICE) <p>For further information, please complete and review</p> <ul style="list-style-type: none"> • Voluntary Assisted Dying online education module • Visit the Voluntary Assisted Dying Resources Page via the New South Wales Ambulance Intranet site 	
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*** NEW SLIDE***

The Parliament of New South Wales passed the Voluntary Assisted Dying Act in 2022 and eligible people now have the choice to access voluntary assisted dying.

Voluntary assisted dying means an eligible person can ask for medical help to end their life. The person must be in the late stages of an advanced disease, illness or medical condition with unbearable suffering.

If a person meets all the criteria, and the steps set out in the legislation, they can take or be given a voluntary assisted dying substance to bring about their death at a time they choose.

Now that Voluntary Assisted Dying (VAD) services have commenced in New South Wales, staff are reminded that principles of end of life and palliative care will not change. The main guiding principle when attending a VAD-related incident is that a patient's autonomy, including autonomy in relation to end of life care choices and their goals of care, are respected.


Although an interaction with a VAD patient may be rare, Ambulance clinicians are supported whilst acting within the legislation and their current scope of practice.

For patient specific enquiries, contact the patient's Coordinating Practitioner on the documentation found on scene.

During business hours, the Voluntary Assisted Dying Support Service is available for further information on 1300 802 133.

If you are unable to contact them, you can contact the Clinical Assistance Line (0428 ADVICE) for advice and support.

For further information, please complete and review the Voluntary Assisted Dying online education module or visit the Voluntary Assisted Dying Resources Page via the New South Wales Ambulance Intranet site.


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.	<p>There are five palliative care phases which classify the care needs and care plan.</p> <ul style="list-style-type: none">● 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 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 <p>Let’s learn about the phases in detail.</p> <p><i>Click each phase to learn more.</i></p>	<p>Palliative care phases</p> <ul style="list-style-type: none">● 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 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 <p><i>Click each phase to learn more.</i></p>	<p>Shutterstock Infographic with five options ID 2265241621</p>  <p><i>When you build the entire infographic, make all the five components clickable.</i></p> <p><i>When clicked, each component opens into a pop-up box.</i></p>								
2.	<p>In phase 1, the patient’s condition is stable.</p> <p>What are the indicators? Symptoms are adequately managed by established plan of care.</p>	<p>Phase 1—Stable</p> <table><tr><th>Indicators</th><th>Prognosis</th><th>Actions(s) Required</th></tr><tr><td>—Symptoms are</td><td>Months to years</td><td>—Continue with the</td></tr></table>	Indicators	Prognosis	Actions(s) Required	—Symptoms are	Months to years	—Continue with the	<p>Show the phase details in a table.</p>		
Indicators	Prognosis	Actions(s) Required									
—Symptoms are	Months to years	—Continue with the									

	<p>Family / care giver situation is relatively stable with no new issues apparent.</p> <p>What's the prognosis? It takes months to years to find the prognosis.</p> <p>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.</p>	<p>adequately managed by established plan of care. —Family / care giver situation is relatively stable with no new issues apparent.</p>		<p>established care plan and monitor. —Provide any required treatment for acute reversible causes and / or breakthrough treatment, for example, pain management.</p>							
3.	<p>In phase 2, the patient's condition is unstable.</p> <p>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</p> <p>What's the prognosis? It's uncertain.</p> <p>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.</p>	<p>Phase 2 — Unstable</p> <table><tr><th>Indicators</th><th>Prognosis</th><th>Actions(s) Required</th></tr><tr><td>An urgent change in the established plan of care is required because: —The patient experiences a new, unanticipated problem. —The patient experiences a rapid</td><td>Uncertain</td><td>Review the patient's management plan. —Provide any required treatment for reversible causes of acute deterioration and / or breakthrough</td></tr></table>			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	Uncertain	Review the patient's management plan. —Provide any required treatment for reversible causes of acute deterioration and / or breakthrough	
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	Uncertain	Review the patient's management plan. —Provide any required treatment for reversible causes of acute deterioration and / or breakthrough									










	<p>–Refer patient / family / carer to their palliative care team or specialist / GP for an urgent review of the plan.</p> <p>Remember, management is aimed at supporting quality of life.</p> <p>Recovery is uncertain and with a change in management plan, the patient may transition to the stable or deteriorating phase.</p>	<p>increase in the severity of a problem.</p> <p>–Family / carer circumstances</p>		<p>h treatment required.</p> <p>–Refer patient / family / carer to their palliative care team or specialist / GP for an urgent review of the plan.</p> <p>Remember, management is aimed at supporting quality of life.</p> <p>Recovery is uncertain and with a change in management plan, the patient may transition to the stable or deteriorating phase.</p>	
4.	In phase 3, the patient's health is deteriorating.	Phase 3 – Deteriorating			

	<p>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.</p> <p>What’s the prognosis? It could take weeks.</p> <p>What are the actions required? Review the patient’s management plan. –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.</p>	<p>Indicators</p> <p>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</p>	<p>Prognosis</p> <p>Weeks</p>	<p>Actions(s) Required</p> <p>Review the patient’s management plan. –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</p>	
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		<table><tr><td>worsening distress that impacts on patient care.</td><td></td><td>carers should be informed and provided support.</td></tr></table>	worsening distress that impacts on patient care.		carers should be informed and provided support.				
worsening distress that impacts on patient care.		carers should be informed and provided support.							
5.	<p>In phase 4, the patient is terminally ill.</p> <p>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.</p> <p>What are the indicators? The patient’s death is likely within days.</p> <p>What’s the prognosis? It can be done within days to hours.</p> <p>What are the actions required? The end of life care should be provided.</p>	<p>Phase 4 — Terminal</p> <table><tr><th>Indicators</th><th>Prognosis</th><th>Actions(s) Required</th></tr><tr><td>Death is likely within days</td><td>Days to hours</td><td>End of life care</td></tr></table>	Indicators	Prognosis	Actions(s) Required	Death is likely within days	Days to hours	End of life care	
Indicators	Prognosis	Actions(s) Required							
Death is likely within days	Days to hours	End of life care							
6.	<p>In phase 5, the patient’s death is imminent.</p> <p>What are the indicators? The patient has died.</p> <p>What are the actions required? Bereavement support provided to family and carers.</p>	<p>Phase 5 — Bereavement</p> <table><tr><th>Indicators</th><th>Actions(s) Required</th></tr><tr><td>Patient has died.</td><td>Bereavement support provided to family and carers.</td></tr></table>	Indicators	Actions(s) Required	Patient has died.	Bereavement support provided to family and carers.			
Indicators	Actions(s) Required								
Patient has died.	Bereavement support provided to family and carers.								

Topic		Palliative Care	Screen type	Infographic
Screen Title		Points to Consider for Clinicians	Screen label	022
No.	Audio/VO	OST	Visuals and Development instructions	
1.	<ul style="list-style-type: none"> 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. 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. 	<ul style="list-style-type: none"> 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. 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. 	<p><i>Shutterstock Infographic with 6 options ID: 610077995</i></p>  <p><i>Show the OST in sync with the VO.</i></p>	


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.	<p>Now that you have learnt about the phases of palliative care, let's check your understanding.</p> <p>Could you arrange its phases in an ascending order?</p> <p>Phases of Palliative Care</p> <table><tr><td>Bereavement</td><td>Terminal</td><td>Unstable</td></tr><tr><td>Deteriorating</td><td>Stable</td><td></td></tr></table> <p>Order of the phases</p> <table><tr><td>Stage 1</td><td>Stage 2</td><td>Stage 3</td><td>Stage 4</td><td>Stage 5</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> <p><i>Drag the phases in correct number according to its order.</i></p>				Bereavement	Terminal	Unstable	Deteriorating	Stable		Stage 1	Stage 2	Stage 3	Stage 4	Stage 5						<p>Now that you have learnt about the phases of palliative care, let's check your understanding.</p> <p>Could you arrange its phases in an ascending order?</p> <p>Phases of Palliative Care</p> <table><tr><td>Bereavement</td><td>Terminal</td><td>Unstable</td></tr><tr><td>Deteriorating</td><td>Stable</td><td></td></tr></table> <p>Order of the phases</p> <table><tr><td>Stage 1</td><td>Stage 2</td><td>Stage 3</td><td>Stage 4</td><td>Stage 5</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> <p><i>Drag the phases in correct number according to its order.</i></p>		Bereavement	Terminal	Unstable	Deteriorating	Stable		Stage 1	Stage 2	Stage 3	Stage 4	Stage 5						<p><i>Correct answer</i></p> <table><tr><td>Stage 1</td><td>Stage 2</td><td>Stage 3</td><td>Stage 4</td><td>Stage 5</td></tr><tr><td>Stable</td><td>Unstable</td><td>Deteriorating</td><td>Terminal</td><td>Bereavement</td></tr></table>					Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stable	Unstable	Deteriorating	Terminal	Bereavement
Bereavement	Terminal	Unstable																																																			
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Stage 1	Stage 2	Stage 3	Stage 4	Stage 5																																																	
Stable	Unstable	Deteriorating	Terminal	Bereavement																																																	
2.	<p>Correct Answer Feedback</p> <p>That's correct! You rightly placed the phases in their ascending.</p> <p>Wrong Answer Feedback</p> <p>Sorry, that's incorrect. Try again. If you are unclear about any of these statements, please review the content before moving on.</p>				<p>Correct Answer Feedback</p> <p>That's correct! You rightly placed the phases in their ascending.</p> <p>Wrong Answer Feedback</p> <p>Sorry, that's incorrect. Try again. If you are unclear about any of these statements, please review the content before moving on.</p>																																																


Topic		Paediatric Palliative Care		Screen type	Interactive: Tabs										
Screen Title		Paediatric Palliative Care		Screen label	023										
No.	Audio/VO	OST	Visuals and Development instructions												
	<p>Let’s get an overview of how paediatric palliative care is provided and its complexities.</p> <p><i>Select each paediatric palliative care to learn more.</i></p>	<p>Let’s get an overview of how paediatric palliative care is provided and its complexities.</p> <p><i>Select each paediatric palliative care to learn more.</i></p>	Flip card activity. <table><tr><td></td><td></td><td></td></tr><tr><td>Palliative care for children and young adults</td><td>Palliative care for children with life limiting illness</td><td>Palliative care for children with clinical deterioration</td></tr><tr><td>1399620086</td><td>1441022510</td><td>44490781</td></tr></table>							Palliative care for children and young adults	Palliative care for children with life limiting illness	Palliative care for children with clinical deterioration	1399620086	1441022510	44490781
															
Palliative care for children and young adults	Palliative care for children with life limiting illness	Palliative care for children with clinical deterioration													
1399620086	1441022510	44490781													
Palliative care for children and young adults															
	<p>Palliative care for children, and young adults aims to provide holistic, family-centred support, which may be provided alongside curative treatment, over the span of several years.</p> <p>The goal of palliative care for children is to enhance the quality of life for the child, family school and community and support them to live as actively as possible within the changing circumstances of the progressive disease.</p> <p>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.</p>	<p>Paediatric Palliative Care aims</p> <ul style="list-style-type: none">• To provide holistic, family-centred support• To enhance the quality of life for the child• To support them to live as actively as possible <p>Paediatric palliative care adopts a multidisciplinary approach</p>	<i>Show OST in sync with VO when the card is flipped.</i>												
Palliative care for children with life limiting illness															
	Children with life limiting illness can present with significant clinical complexity and psychosocial	Children with life limiting illness	<i>Show OST in sync with VO when the card is flipped.</i>												

	<p>support needs, often with an uncertain prognostic trajectory.</p> <p>Understanding the uniqueness and individualised need of the child and family should guide decision making and consultation with the existing care team</p>	<ul style="list-style-type: none"> • Present with significant clinical complexity and psychosocial support needs • Undergo an uncertain prognostic trajectory <p>The child and family's needs should guide decision making and consultation with the existing care team.</p>	
Palliative care for children with clinical deterioration			
	<p>The transition from being well to unwell can happen rapidly. For some children, it may be difficult to distinguish between reversible clinical deterioration and the normal dying process.</p> <p>Clinicians may be called during these deteriorations and management for further support.</p>	<p>The transition from being well to unwell can happen rapidly. For some children</p> <ul style="list-style-type: none"> • It may be difficult to distinguish between reversible clinical deterioration and the normal dying process • Clinicians may be called during these deteriorations 	<p><i>Show OST in sync with VO when the card is flipped.</i></p>
1.	<p>Palliative care for children, and young adults aims to provide holistic, family-centred support, which may be provided alongside curative treatment, over the span of several years.</p> <p>The goal of palliative care for children is to enhance the quality of life for the child, family</p>		<p><i>The contents of the first tab will be displayed when the screen loads.</i></p> <p><i>Learners will have to open the other tabs.</i></p>

	<p>school and community and support them to live as actively as possible within the changing circumstances of the progressive disease.</p> <p>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.</p>		
2.	<p>Children with life limiting illness can present with significant clinical complexity and psychosocial support needs, often with an uncertain prognostic trajectory.</p> <p>Understanding the uniqueness and individualised need of the child and family should guide decision making and consultation with the existing care team.</p>		
3.	<p>The transition from being well to unwell can happen rapidly. For some children, it may be difficult to distinguish between reversible clinical deterioration and the normal dying process.</p> <p>Clinicians may be called during these deteriorations and management and further support.</p>		


Topic	Legal Aspects of Palliative Care		Screen type	Infographic
Screen Title	<i>Person Responsible</i>		Screen label	024
No.	Audio/VO	OST	Visuals and Development instructions	

1.	<p>1. Guardian – An appointed guardian (or enduring guardian) who has been given the right to consent to medical and dental treatments, or</p> <p>2. Spouse or partner – If there is no guardian, a spouse, de-facto spouse or partner where there is a close continuing relationship, or</p> <p>3. Carer – If there is no spouse or partner, an unpaid carer who provides or arranges for domestic support on a regular basis, or</p> <p>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.</p> <p>It is also important to note that next of kin and power of attorney are not relevant in these discussions. The ‘Next of kin’ does not have any legal authority or responsibility to make decisions or give consent on behalf of a person. A power of attorney relates only to financial matters.</p>	<p>1. Guardian – An appointed guardian (or enduring guardian) who has been given the right to consent to medical and dental treatments</p> <p>2. Spouse or partner – If there is no guardian, a spouse, de-facto spouse or partner where there is a close continuing relationship</p> <p>3. Carer – If there is no spouse or partner, an unpaid carer who provides or arranges for domestic support on a regular basis</p> <p>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</p>	<p>Shutterstock Infographic ID: 2179804783</p> 
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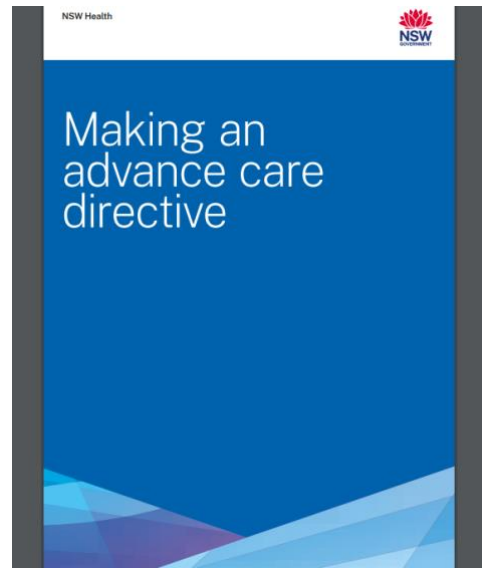
Topic	Legal Aspects of Palliative Care		Screen type	Infographic
Screen Title	Advanced Care Planning		Screen label	025
No.	Audio/VO	OST	Visuals and Development instructions	
1.	Advance care planning is a process where a patient discusses what is important to them and their decisions about future care with their family and with their healthcare team.		Replicate the flow given on slide 45 in the source content PPT.	

2.	<p>You can make an Advance Care Plan based on the following:</p> <ul style="list-style-type: none"> • If the individual has decision-making capacity, an advance care directive is preferable. • If the individual does not have decision-making capacity, an advance care plan can be made. 		
3.	<p>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.</p> <p>Ideally, an advance care plan is written down, but it can also be a conversation between the patient and their family</p>		

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

1.	<p>Here are some aspects to consider when making an advance care plan:</p> <ul style="list-style-type: none"> • When a person cannot speak for themselves, an Advance 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: <ul style="list-style-type: none"> ○ 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 	<p>Here are some aspects when making an advance care plan:</p> <ul style="list-style-type: none"> • When a person cannot speak for themselves, an advance care plan 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: <ul style="list-style-type: none"> ○ 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 	 <p><i>Shutterstock ID: 553103461</i></p>
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Topic	Legal Aspects of Palliative Care	Screen type	Text and image
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Screen Title		Advance Care Directive		Screen label	027
No.	Audio/VO	OST	Visuals and Development instructions		
1.	<p>Here are some aspects to consider when making an Advance Care Directive:</p> <ul style="list-style-type: none"> 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 New South Wales for an advance care directive It documents their healthcare treatments. It can be spoken or written. If it is valid, it MUST be followed. It is legal binding. It must apply to the clinical situation for which it was written. For more information regarding Advance Care Directives, please visit https://www.health.nsw.gov.au/patients/acp/Pages/default.aspx 	<ul style="list-style-type: none"> 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 is legal binding. It must apply to the clinical situation for which it was written. 	 <p>Screenshot from https://www.health.nsw.gov.au/patients/acp/Publications/acd-form-info-book.pdf</p>		

Topic		Legal Aspects of Palliative Care		Screen type	Text and image
Screen Title		Futile or Non-Beneficial Resuscitation		Screen label	028
No.	Audio/VO	OST	Visuals and Development instructions		
1.	1. Futile or non-beneficial <i>Resuscitation</i> is not defined in law, but is often used to describe	<ul style="list-style-type: none"> Not defined in law. 	Shutterstock ID: 2072945075		

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 *Resuscitation* 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 person responsible 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 *Resuscitation* that is futile or non-beneficial.
6. A health professional has no obligation to provide futile or non-beneficial treatment, nor to obtain consent to withhold or withdraw it. This decision should be made based on sound clinical reasoning.

- 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 person responsible 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 obligation to provide futile or non-beneficial treatment provided there is a sound clinical rationale.




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? <i>Select the radio buttons to mark the statements either true or false and Submit.</i>	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? <i>Select the radio buttons to mark the statements either true or false and Submit.</i>	<table><tr><td>Question Text</td><td>True</td><td>False</td></tr><tr><td></td><td>Radio button</td><td>Radio button</td></tr></table>			Question Text	True	False		Radio button	Radio button			
Question Text	True	False												
	Radio button	Radio button												
2.	<ul style="list-style-type: none">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.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 in paediatric palliative care.An Advanced Care Directive must apply to the clinical situation for which it was written.Futile and non-beneficial resuscitation <i>should be based on sound clinical decision making and rationale.</i>		<table><tr><td>Question Text</td><td>True</td><td>False</td></tr><tr><td>When a person cannot speak for themselves an Advanced Care Plan can be made by an Enduring Guardian or Person responsible</td><td></td><td></td></tr><tr><td>An Advanced Care Plan is</td><td></td><td></td></tr></table>			Question Text	True	False	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		
Question Text	True	False												
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														

	<ul style="list-style-type: none"> It is good practice to make shared decisions with the person or their substitute decision-maker about futile or non-beneficial treatment. 		<i>a legally binding document</i>		
			<i>There is no specific form for a legally binding Advanced Care Directive.</i>		
			<i>Understanding the uniqueness and individualised need of the child and family should guide decision making in paediatric palliative care.</i>		
			<i>An Advance Care Directive must apply to the clinical situation for which it was written.</i>		

			<p><i>Futile and non-beneficial Resuscitation should be based on sound clinical decision making and rationale.</i></p>		
			<p><i>It is good practice to make shared decisions with the person or their substitute decision-maker about futile or non-beneficial treatment.</i></p>		
3.	<p>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.</p> <p>That's correct! You got all of them right.</p>	<p>Wrong Answer Feedback Sorry, that's wrong.</p> <p>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.</p> <p>Correct Answer Feedback</p>			

		That's correct! You got all of them right.	
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Topic		Course Completion		Screen type	Infographic
Screen Title		Resource Acknowledgment		Screen label	030
No.	Audio/VO	OST	Visuals and Development instructions		
1.	<p>New South Wales Ambulance acknowledges the contribution of the following individuals and groups in the development of this resource:</p> <ul style="list-style-type: none"> • The PEPA/IPEPA National Project Team and Jurisdictional partners • The PCC4U National Project Team • The ELLC Project Team • New South Wales Health • Subject matter experts and clinical education settings who provided peer review and expert opinions 	<p>NSW Ambulance acknowledges the contribution of the following individuals and groups in the development of this resource:</p> <ul style="list-style-type: none"> • The PEPA/IPEPA National Project Team and Jurisdictional partners • The PCC4U National Project Team • The ELLC Project Team • NSW Health • Subject matter experts and clinical education settings who provided peer review and expert opinions 	<p><i>Shutterstock Infographic ID: 2200657413</i></p> <p><i>Use the infographic to present the text in the four bullets.</i></p> 		

Topic		Course Completion		Screen type	
Screen Title		Reflection		Screen label	031
No.	Audio/VO	OST	Visuals and Development instructions		
1.	<p>To support you continuing professional development, please answer these following questions.</p> <ol style="list-style-type: none"> 1. What did you learn in this module? 2. How will this change your practice? 	<p>1. What did you learn in this module?</p> <input data-bbox="907 1326 1438 1385" type="text"/>	<p><i>Text input fields after each question with a submit button. Both questions are optional. Also provide ability for participants to print/save as PDF.</i></p>		

		2. How will this change your practice? <div></div>	
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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			