

***Practice* Based Scenario**

**Quality of life counselling**

**About this document**

This document is designed to take you through a practice-based scenario to help you reflect on what you might do if faced with a similar situation. It can be used to guide your thoughts and prompt discussion with your colleagues. Working through this document counts towards your continuing professional development (CPD). Your reflections on this document are not assessed and you do not have to send your responses to the RCSLT.

You can work through it on your own, with a colleague or supervisor, or in groups, eg as part of an RCSLT Hub or Clinical Excellence Network.

This document is broken into five parts:

1. **The scenario:** for you to read
2. **The issues to consider:** for you to gather your thoughts on practice issues relating to this scenario
3. **Next steps:** for you to plan out what you would need to do next
4. **Prompts for consideration:** RCSLT prompts for further consideration
5. **Sources of further information:** links to CQ Live themes
6. **Update your CPD diary:** for you to do
7. **The scenario**

**You are requested to assess the swallowing skills of a service user with Parkinson’s and several month’s history of repeated chest infections.**

**The results of the assessment demonstrate signs of aspiration/penetration on all consistencies.**

**The service user tells you they would rather die than stop eating and drinking and has nothing to live for anyway.**



**What do you do in this scenario?**

1. **The issues to consider**

**What do you need to consider?**

Think about the above scenario and its implications and jot down your notes about issues you may need to consider. Please feel free to use extra sheets of paper if you need. Or, if you are in a group, you may like to record on a whiteboard or flipchart.

1. **Next steps**

**What steps do you think you need to take next?**

1. **Prompts for consideration**

What is your duty of care in this kind of scenario?

It is recommended that you think about the following prompt questions and formulate a considered strategy to deal with the problem.

Remember that if you are faced with a similar situation you will need to think about it in relation to the frameworks within which you work, such as the Health and Care Professions Council (HCPC) Standards, RCSLT professional guidance and resources, local and national policies and also policies of your employer (or your own policies if practising independently). Use the relevant resources available on this website and the list of prompts that follow, to help with your thinking.

Please note that this list is not exhaustive and does not constitute legal advice.

**Prompt questions to consider**

1. What is the S/LT role/ boundaries in this scenario
2. Who else should be involved in supporting this individual
3. How can the S/LT be sure a decision to eat and drink at risk is not based on acute low mood
4. How can you establish the patient has made an informed choice
5. How does the information/ support given by S/LT fit with that given by other professionals
6. How should the final decision be documents
7. What pathway should be in place for revising decisions

**Possible next steps**

1. Liaise with the MDT, dietician, consultant, named nurse, psychiatry/ psychology
2. Give accessible information to the patient
3. Ensure patient understanding and capacity to make an informed decision
4. Counsel the patient on risk and outcomes linked choices made
5. Refer to specialised service if mood/ well-being is identified as a significant factor
6. Clearly document
7. **Sources of further information**

**The following information in the professional accountability and autonomy, and professional guidance sections of the RCSLT website is also particularly relevant:**

1 - [Promote and safeguard the interests of service users and carers](https://www.rcslt.org/professional-autonomy-and-accountability-guidance#section-5)

2 - [Communicate appropriately and effectively](https://www.rcslt.org/professional-autonomy-and-accountability-guidance#section-6)

3 - [Knowledge and skills](https://www.rcslt.org/professional-autonomy-and-accountability-guidance#section-7)

4 - [Delegate appropriately](https://www.rcslt.org/professional-autonomy-and-accountability-guidance#section-8)

5 - [Respect confidentiality](https://www.rcslt.org/professional-autonomy-and-accountability-guidance#section-9)

6 - [Manage risk](https://www.rcslt.org/professional-autonomy-and-accountability-guidance#section-10)

10 - [Record keeping](https://www.rcslt.org/professional-autonomy-and-accountability-guidance#section-14)

[Duty of care](https://www.rcslt.org/duty-of-care)

[Progressive neurological disorders](https://www.rcslt.org/progressive-neurological-disorders)

[Counselling](https://www.rcslt.org/counselling)

[Collaborative working](https://www.rcslt.org/collaborative-working)

[Confidentiality](https://www.rcslt.org/confidentiality)

[Consent](https://www.rcslt.org/consent)

[Difficult conversations](https://www.rcslt.org/having-difficult-conversations-guidance)

[Enabling service users, carers and families](https://www.rcslt.org/enabling-service-users-guidance)

[Safeguarding](https://www.rcslt.org/safeguarding)

**External resources**

[HCPC Confidentiality - Guidance for Registrants](http://www.hpc-uk.org/assets/documents/100023F1GuidanceonconfidentialityFINAL.pdf)

1. **Update your CPD diary**

Working through this scenario counts towards your continuing professional development (CPD). Once you have completed this scenario, please record this learning and your reflections in your CPD diary.