The Cycle of Care Model ~ A Framework For Learning

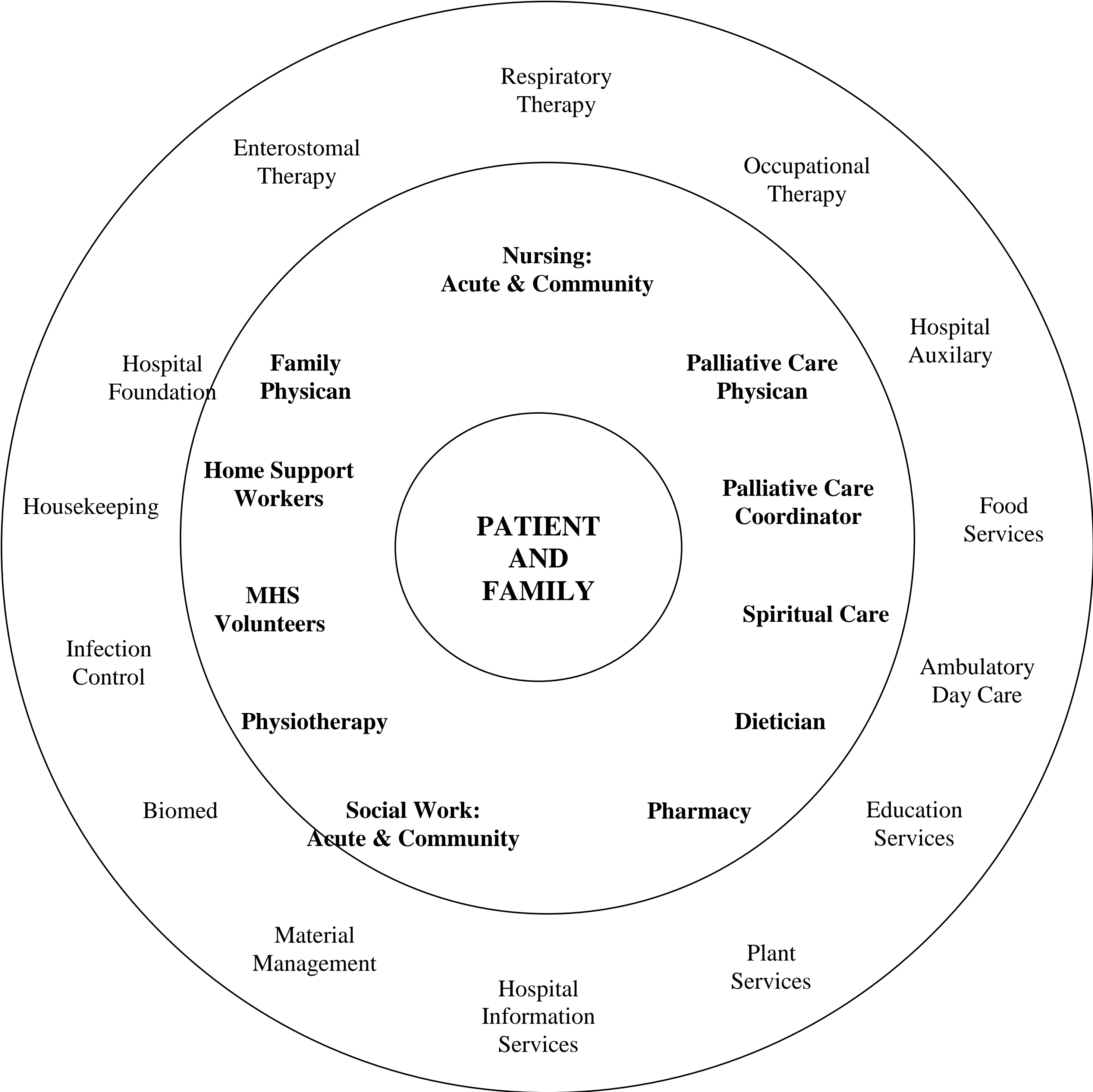
The Cycle of Care model used in this Training Guide is based upon a similar model described in CHPCA's 2004 discussion paper on the role of informal caregivers[1]. It has been adapted here to help describe the various roles of the hospice volunteer in a range of settings.

The model is presented in a circle to reflect the interconnectedness of each aspect of the hospice palliative care journey and the natural back and forth flow between quadrants. Recognizing this fluidity, this manual begins in the top right hand quadrant with Medical Care, as it is usually the entry point for hospice/palliative care. The circle is completed by loss, grief and bereavement. As indicated earlier, trainers may present the modules in any order they wish, one or more at a time.

The repetitive themes of self-care and communication encircle the full range of experience. The volunteer is placed in the centre of the Cycle of Care diagram with the various settings in which he/she may work. The model helps to illustrate the roles of the volunteer in each stage of the client's and family's progression through the hospice palliative care journey.

Diagram on next page

Mission Palliative Care Team
And Other Resources



Medical Care

Medical care is a significant factor in the lives of most hospice clients and their families. It is appropriate that the hospice volunteer have some understanding of the most common elements of this care component. Historically, medical care, including disease management, pain and symptom management and side effects of medication, has been the exclusive purview of professionals. In most hospice settings, this continues to be true. A significant increase in hospice care in the home, however, has led to the delegation of some medical care tasks (e.g. administering medications) to informal caregivers. It is inevitable that the hospice volunteer will occasionally find her/himself being asked to support the informal caregiver in these tasks. Volunteer training must address these issues in an appropriate and comprehensive way.

Personal and Practical Care

This element of care may be of primary importance to the hospice volunteer who is likely to be involved in some aspects of practical or personal care regardless of the setting. These essential elements greatly affect the quality of day-to-day life and may include feeding, exercise, diversionary activities such as reading and other activities of a personal nature. The policies of individual hospice organizations may prohibit volunteers from carrying out some or all of these activities. These limitations should be thoroughly addressed in the training.

Psychosocial and Spiritual Care

This very special aspect of care is frequently the principal focus of the hospice Volunteer, whose professional counterparts may be more involved with the physiological dimensions of care. The psychosocial factors refer to the client's relationships with family members and others and to the emotional dimensions dealing with values, fears and meaning. Spiritual care refers to the spiritual dimension, which may include the client's faith and religious beliefs. Volunteers are not meant to be counsellors. However, a good grounding in what the dying client might be experiencing will help prepare the volunteer to listen compassionately to whatever the client may choose to share.

Loss, Grief and Bereavement Care

Although the sense of loss associated with death affects different people in different ways, nearly everyone involved is affected to some degree. By being aware of the dynamics of the grief and loss process, hospice volunteers play an important role in helping the people they serve.

Bereavement Care: Bereavement is a period of sadness and/or loneliness following the loss of a family member or friend/loved one. This period of time may be extended up to a year or even more. Our Hospice Society offers bereavement care

as a separate service using specially trained volunteers who may or may not be involved in providing end of life care. Others provide some additional training to hospice volunteers who may offer bereavement care in addition to the other elements of hospice care.

Communication and Self-Care

Communication and self-care are included around the outside of the circle to indicate their connection to all four aspects of hospice palliative care. Both the communication and self-care modules are equally important components of hospice volunteer training. These are areas that volunteers must constantly tend to in order to be trusted and effective supports to their clients and families.

In addition to personal requirements, both communication and self-care are presented in relation to their HPC team, their clients and their hospice organization's team. Though you may choose to hold training sessions specifically in these areas, it is highly recommended that you also incorporate communications and self-care into each of the other modules.

Communication: Training and practice in communication will support volunteers to understand the dynamics of communication in a variety of settings and to respond effectively, whether it be through active listening, sitting quietly with a client, or providing feedback to a staff member.

Self-Care: While the work of the hospice volunteer is very rewarding, it can also be highly emotional and, at times, very stressful. It is important that strategies be available to deal with stress and prevent burnout. Self-care options for volunteers will vary with each hospice organization, depending upon training and proximity to resources. Volunteers should have access to both group and individual self-care options that work well for them.

Hospice Palliative Care Settings

The settings in which a volunteer may work are listed in the centre of the circle as that is where the clients and families are. A client may remain in one setting throughout the volunteer's involvement with them or the client may move from setting to setting. It is important for a volunteer to understand the differences in how hospice palliative care is delivered in each setting and to know how each setting will affect their responsibilities.

Creating Safe Spaces

Hospice work involves clients who are vulnerable, isolated and often elderly. We continuously seek to identify ways that we can protect everyone's well-being. We define well-being as a person's emotional, mental, spiritual and physical health. Therefore, it is the responsibility of the hospice organization to identify safety issues and to reduce potential risks in order to protect volunteers, staff and clients. Regardless of the hospice setting, creating a safe place is a management responsibility – part of general risk management. Volunteers have a contributory role to play in ensuring that everyone's well-being is protected, including their own. Training should clarify the nature of some of these risks and the volunteer's role in addressing them.

The Hospice Palliative Care Team and the Role of the Volunteer

The interdisciplinary HPC Team should include the client and family, nurses, physicians, other health professionals, para-professionals and volunteers. Volunteers are respected and important members of this team. In addition to extensive hospice palliative care training, their range of life experiences contribute rich and diverse perspectives. Their gifts of time and compassion are essential to the team's holistic approach. It is most helpful if all members of the HPC team are aware of and, if possible, able to participate in relevant aspects of the volunteers' training. This strengthens the team and provides all members with a shared understanding of the depth of knowledge and experience that volunteers offer.

Members of the hospice palliative care team may include, but are not limited to (in alphabetical order): chaplains, clients, dieticians, family members, nurses, pharmacists, physicians, psychologists, social workers, speech pathologists, integrative therapists, occupational therapists, physiotherapists, recreational therapists, volunteers.

Registered Complementary Therapies

Increasing numbers of people have been supplementing their health care needs with complementary therapies. Complementary therapies have been used to promote health and treat clients with a variety of ailments. Types of complementary therapies

used in hospice palliative care have included massage, reflexology, healing touch, therapeutic touch, Reiki, art and music therapy, aromatherapy, and hypnotherapy. Working in palliative and supportive care is complex and challenging. Therapists need to be well qualified and experienced in the therapy (ies) they practice and they must be able to adapt their practice for use with people at different stages of illness. It is also helpful if therapists have undertaken some professional development training in adapting complementary therapy to working in a palliative hospice care setting, and/or have some experience in this area.