

Higher National Unit Specification

General information

Unit title:	Pre and Post-operative Care (SCQF level 8)
Unit code:	H8X3 35
Superclass:	РН
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Source:	Scottish Qualifications Authority
Version:	01

Unit purpose

This Unit will develop knowledge and understanding to enable learners to assist with and perform care related to the pre/post-operative phase of the patient's perioperative care. Through the completion of clinical competencies, this will include implementing an appropriate plan of care, assisting with and performing activities related to the surgical intervention demonstrate the ability to assess and manage the deteriorating patient and undertaking reflection on their own practice. Learners will also Identify and apply health and safety legislation relating to the perioperative environment to enhance the patient experience and ensure patient safety.

Outcomes

On successful completion of the Unit the learner will be able to:

- 1 Analyse the health and safety legislation in relation to the patient in the pre/postoperative setting.
- 2 Analyse the clinical assessment and management of the deteriorating pre/postoperative patient.
- 3 Demonstrate the competencies required to care for a patient during the pre/postoperative phase.
- 4 Reflect on own performance while assisting in the management of the pre/postoperative patient.

Credit points and level

2 credits at SCQF level 8: (16 SCQF credit points as SCQF level 8)

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Recommended entry to the Unit

Learners should have good written and oral communication skill. Ideally the learner should have achieved a relevant qualification equivalent to SCQF level 7 (SVQ3/HNC) to ensure they have the underpinning knowledge to work at SCQF level 8. Exemplary learners may still be considered through the completion of a pre course interview part of which could take the form of a written assessment. The skills to undertake this Unit could also be demonstrated through an employer's reference or the process of application and interview in the absence of certified learning.

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes for this Unit specification.

This Unit has the Critical Thinking component of Problem Solving embedded in it. This means that when candidates achieve the Unit, their Core Skills profile will also be updated to show they have achieved Critical Thinking at SCQF level 6.

Context for delivery

If this Unit is delivered as part of a Professional Development Award *Perioperative Care*, it is recommended that it should be taught and assessed within the subject area of the Professional Development Award to which it contributes.

Equality and inclusion

This Unit Specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

Higher National Unit Specification: Statement of standards

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Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Learners should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Analyse the health and safety legislation in relation to the patient in the pre/post-operative setting.

Knowledge and/or Skills

- Policy, national guidelines and legislation related to pre/post-operative care practices
- Health, safety and security practices within the pre-operative environment
- Moving and handling policies/procedures related to transfer and positioning of patients within the preoperative environment

Outcome 2

Analyse the clinical assessment and management of the deteriorating pre/post-operative patient.

Knowledge and/or Skills

- Airway, Breathing, Circulation, Disability, Environment (ABCDE) assessment
- Recording systems relating to the deteriorating patient
- Treatment of acute conditions
- Communication pathways
- Multi professional care relating to the deteriorating patient

Outcome 3

Demonstrate the competencies required to care for a patient during the pre/post-operative phase.

Knowledge and/or Skills

- Clinical procedures for pre and post-operative patient care
- Preparation of equipment and environment in the pre and post-operative areas
- Insertion of urethral catheters
- Management of urethral catheters
- Sutures, wound supports, dressings and drains

Higher National Unit Specification: Statement of standards (cont)

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Outcome 4

Reflect on own performance while assisting in the management of the pre/post-operative patient.

Knowledge and/or Skills

- Models of reflective practice
- Role of the assistant practitioner in the pre/post-operative environments
- Monitor and review perioperative patient in the pre/post-operative clinical areas
- Discharge criteria
- Transfer/handover of patients

Higher National Unit Specification: Statement of standards (cont)

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Evidence Requirements for this Unit

Learners will need to provide evidence to demonstrate their Knowledge and/or Skills by showing they can:

Outcome 1

- Explain two national guidelines and two examples of legislation relevant to health and safety in the perioperative environment.
- Analyse two health safety and security practices used within the perioperative environment.
- Explain the role and responsibilities of an Assistant Perioperative Practitioner to promote a safe care environment while undertaking the transfer and positioning of patients.

Outcome 2

- Analyse the assessment, treatment and management of a deteriorating perioperative patient including relevant recording systems.
- Reflect on the role of an Assistant Perioperative Practitioner in relation to the management of the deteriorating patient.
- Explain communication pathways with the multi professional team regarding changes/deterioration of the pre/post-operative patient.

Outcome 3

Learners will need to provide evidence to demonstrate their Knowledge and/or skills by showing that they can perform procedures in accordance with organisational policy. The learner must recognise areas of competence and the parameters of their role. Learners will be observed by a registered perioperative practitioner on three occasions. Learners will demonstrate a holistic approach when carrying out competencies. This will include:

- Demonstrate skill in a range of clinical procedures when delegated by a registered practitioner in keeping with organisational policy, legislation and codes of practice.
- Prepare the pre and post-operative environments.
- Assess and manage immediate postoperative surgical wounds.
- Insert and manage urethral catheters.

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Outcome 4

- Explain a model of reflection and relate it to clinical practice.
- Reflect on the assistant practitioner role in providing evidence based interventions to meet the needs of the patient in either the anaesthetic, or immediate postoperative phase of their perioperative journey.
- Critically evaluate the role of evidence based practice in quality care.
- Analyse the framework of clinical governance and its relationship to multidisciplinary working.



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Unit Support Notes are offered as guidance and are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 80 hours.

Guidance on the content and context for this Unit

This Unit is mandatory within the Professional Development Award (PDA) in Perioperative Care at SCQF level 8. It is designed to meet the knowledge and skill requirements of learners in preparation for the role of assistant practitioners in perioperative care and allows them to practice skills in a supervised environment. It will support learners in the provision of an Assistant Perioperative Practitioner clinical role within a defined scope of practice. The knowledge and skills gained will enable learners to provide safe and effective care to patients as part of an agreed treatment plan and undertake a range of duties delegated by the mentor.

Trainee Assistant Perioperative Practitioners studying this Unit as part of the PDA in Perioperative Care SCQF level 8 will be working with patients in a clinical environment. In this environment, learners will be under direct supervision by a registered perioperative practitioner who will identify patients undergoing care in the pre and post-operative clinical areas that are suitable for the learner's level of training.

Outcome 1

The aim of this Outcome is to assess the practical application of health and safety guidance and principles. The learner should understand the different safety requirements of the pre/post-operative patient and the impact this has on the care professional.

The learner should understand the importance of **current** health and safety legislation as it applies to the perioperative setting and be familiar with the key features and the implications for practice of the relevant pieces of legislation for example:

- Health and Safety at Work Act 1974
- Manual Handling Operations Regulations 1992
- Control of Substances Hazardous to Health Regulations 2002
- Fire (Scotland) Act 2005
- Electrical Safety Regulations.1989
- Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995

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It is important that if learners are going to be able to identify safe practice they should also be able to identify risks or hazards in a care setting. They should be familiar with the process of risk assessment and the identification of strategies to reduce the risks. The learners should know how to deal with accidents in the workplace and the requirement of reporting of accidents or injuries at work.

They should have an understanding of Hospital Associated Infections and the importance of infection control in reducing such infections. Infection control measures should be examined including:

- Universal precautions
- Hand washing
- Appropriate clinical and non-clinical waste disposal (according to local policies and procedures)
- The procedures for dealing with blood borne infections and spilled body fluids
- Needle stick injuries
- Single use and multiple use equipment and sterilisation procedures
- The use of different types of personal protective equipment

The learner should understand the principles of safe moving and assisting procedures, including risk assessment. It is strongly recommended that learners undertake an introductory course of moving and handling of people prior to placement. They should demonstrate an understanding of the principles of safe moving and handling and be able to demonstrate safe moving and handling techniques.

Outcome 2

Learners must examine the ABCDE assessment framework. Learners must be aware how to identify life threatening emergencies and treat them simultaneously. Learners must know about using communication and observational skills as vital components of assessment. In relation to the assessment process tutorial should include:

- Airway clear, partial/total obstruction and airway management.
- **Breathing** look, listen feel, respiratory rate, accessory muscles effort, bilateral chest movement, the use of pulse oximetry.
- Circulation recording patient's pulse, blood pressure, capillary refill time, and use of any monitoring equipment. Learners must explore different types of IV access for patients.
- Disability assess central nervous system function. The learner should be aware how to undertake an Alert, Voice, Pain, Unresponsive (AVPU) Glasgow Coma Scale assessment and Blood glucose levels Learners must explore the causes of altered conscious level and the treatment required.
- Exposure expose and examine the patient fully. Tutor input should provide information on all of the elements listed below. Experts within the field could be involved, as visiting speakers, to ensure current evidence based practice is delivered to provide underpinning knowledge in the following procedures. Where learners are unable to provide evidence for all procedures, simulation may be used in two procedures.

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- Manage emergency situation the appropriate response for emergency situation within the assistant practitioner's scope of practice. The signs and symptoms of potential or actual failure or deterioration of bodily function and other potentially life-threatening conditions. The risks associated with emergency procedures and how to manage these types and correct use of personal protective equipment and clothing. Protocols and procedures for resuscitation and emergency response, including those relating to valid consent and the location of and access to emergency life support equipment. The range of emergency medical equipment and devices, their purpose and correct use and their application to a range of situations. How to work effectively with team members and colleagues to deliver an effective emergency response. How and from whom to seek additional support and advice to manage an emergency situation.
- Monitoring and Recording intravenous infusions learners need a firm knowledge and understanding of this procedure based upon employer's protocols guidelines and patient group directives, where used. The importance of applying standard precautions when responsible for intravenous infusion and the potential consequences of poor practice should be discussed. Current evidence based practice related to the management of risks associated with the administration of intravenous fluids should be explored. The approved methods of checking the patency of inserted cannula and the clinical indications of infection in the cannula site could be examined. The procedures for preparing fluids for administration and the possible adverse reactions to intravenous fluids and actions to be taken can be examined.
- **Provide care for a patient during the administration of oxygen safely and effectively** — learners must be aware of responsibilities and accountability under the current, national and local legislation, policies, protocols and guidelines with respect to the administration of oxygen. The hazards and complications which may arise during the administration of oxygen and how you can minimise such risks. The range of information which should be made available to the individual should be explored. The effect of oxygen on individuals and oxygen delivery devices must be explored as well as the potential adverse effects of therapy and how they can be prevented and/or minimised.
- The learner should understand what further information and investigation should be done at this stage. Normal clinical values and the indication of abnormal clinical results must be examined. It is important to recognise the importance of early intervention in acute episodes to prevent any further deterioration and improve patient Outcomes. The learner has to be confident that he/she can monitor patients appropriately so that any deterioration can be promptly recognised. In order to achieve this use of early warning systems is essential to ensure the correct expert help is summoned as soon as required. It is essential that the patient's physiological measurements are tracked to ensure the correct expert help is summoned in a timely manner.
- Interpersonal and interprofessional communication and its importance in the management of the acutely ill adult must be explored. Accurate record keeping must also be examined. The importance of teamwork and the members of the multi-disciplinary team and their role in the management of the acutely ill adult will be examined.

Outcome 3

The aim of this Outcome is to assess the practical application of clinical skills relating to the pre and post-operative period of patient care. Learners will be able to demonstrate safe and effective perioperative clinical practice within scope of practice in a variety of clinical specialities.

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This range of settings may include adult, child and maternity patients undergoing day case, elective or emergency procedures utilising a variety of anaesthetic options.

The following skills are used as an example of the possible scope of practice:

- Admission and monitoring of the patient in the anaesthetic area.
- Giving formal handover to the anaesthetic practitioner prior to induction of anaesthesia.
- Urethral catheterisation.
- Insertion of peripheral cannula.
- Preparation of equipment and environment prior to insertion of arterial lines or central venous line.
- Undertaking the care of a patient in a 'step down' area of the post anaesthetic recovery area.
- Undertaking formal hand over to ward staff while discharging a patient from the post anaesthetic recovery area.

The acquisition of skills should be seen as a process and a Record of Achievement can demonstrate that learners have:

- underpinning knowledge/an evidence base relating to procedures.
- promoting safe practice which complies with employer's policies and procedures.
- observed the procedure being carried out correctly (this may be on one or more occasions depending on learner competence).
- demonstrated the procedure under supervision (this may be on one or more occasions depending on learner competence).
- judged to have carried out the procedure competently on a minimum of three occasions when supervised by a qualified member or members of staff, preferably the named mentor.

Learners should aim to demonstrate ability in relation to these procedures on a minimum of three occasions. Learners should be observed on each occasion. Evidence can be compiled in the form of checklists, completed recording sheets and reflective accounts. Where learners are unable to provide evidence for all the procedures, simulation may be used for up to two procedures.

Examples of procedures

Learners should demonstrate awareness of the impact of supportive communication skills such as ensuring a person centred approach, active listening, positive body language, tone, stance, etc. On occasion, a patient may become anxious or upset during the treatment session and learners should be able to recognise the features of distressed behaviour and demonstrate a supportive and caring approach to help manage that distress.

At the end of the patient care episode learners should demonstrate the ability to clear and clean the clinical area to an acceptable standard. Any used instruments should be prepared for decontamination/transport to sterilisation services and all waste including sharps should be disposed of in accordance with local guidelines.

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Outcome 4

For this Outcome the learner is expected to reflect on, and evaluate their practice on an ongoing basis. Tutorial will include models of reflection for example Gibbs Reflective cycle (1988) Schon (1983) and Johns (1995). The learner must participate in the individuals care plan and be actively involved in assessment, planning, implementation, evaluation and referral of the perioperative patient where necessary. To achieve this end the learner will be allocated a small number of patients/clients for whom he/she will have a significant role in helping to meet their health care needs. The care priorities and interventions in the context of the care practitioner role will be examined. This would include the initial management of cardiac and respiratory problems, the hypotensive patient and the patient with altered conscious levels. This will require the learner to analyse the role of clinical governance and evidence based practice. Evaluating how they are utilised to ensure that the best available evidence including appropriate research underpins the health care practice and interventions in which they have been involved.

Guidance on approaches to delivery of this Unit

This Unit is most likely to be studied by learners undertaking the Professional Development Award (PDA) in Perioperative Care at SCQF level 8, however, it could also be studied as part of a Group Award. It is primarily designed to equip Trainee Assistant Perioperative Practitioners with the underpinning knowledge and skills to work with patients undergoing a surgical procedure.

This Unit is mandatory within the Professional Development Award (PDA) in Perioperative Care at SCQF level 8. In terms of sequence of delivery it is recommended this Unit is delivered after or concurrently with the *Principles of Professional Practice* Unit (FN2C 34) and is followed by the *Intraoperative Care* Unit.

Each Outcome is mutually supportive of each other and builds on knowledge and skills in a sequential way. An understanding of each of the Outcomes will be required in order to evidence all the Outcomes of this Unit.

Guidance on approaches to assessment of this Unit

This Unit could be assessed using a range of assessment instruments and strategies and these could be integrated for all the learning Outcomes where possible. These could include observation in practice, multiple choice and extended response questions, clinical presentations and review of the learners portfolio and competency record.

In order to achieve this Unit, learners are required to submit sufficient evidence to demonstrate they have met the knowledge and skills requirements for each Outcome.

An understanding of the both theory and its application to clinical practice is a requirement for all four Outcomes.

Learners will be required to submit evidence of participation in at least 450 hours of clinical work in a perioperative clinical setting.

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Ongoing assessment can be carried out through practice observation by the mentor Competences will be formally assessed and recorded by the mentor with practice undertaken in a range of clinical settings where possible.

Learners should be encouraged to complete a reflective log for all learning activities and to maintain this within a portfolio of evidence. This portfolio can be used to support the Evidence Requirements of the learner's knowledge and skills in relation to all Outcomes.

Assessment of application within a clinical practice setting will be carried out in a live or simulated clinical setting.

Evidence can be generated using different types of assessment. The following are suggestions only. There may be other methods that would be more suitable to learners.

Outcome 1

The assessment could be extended or restricted response questions and should be completed under closed-book supervised conditions.

Outcome 2

Assessment of Outcome 2 could be integrated with Outcome 4 and take the form of an integrated case study generated from the learners work setting and should be approximately **2500 +/- 10% words.** This report should be academically referenced and submitted by an agreed date.

Outcome 3

An integrated assessment in the form of a record of achievement should be used for recording evidence of the learners ability. A mentor will observe the learner carrying out competencies, learners will provide evidence of:

- using appropriate interpersonal skills when carrying out competencies
- promoting safe practice which complies with employer's policies and procedures
- identifying the appropriate equipment and demonstrating the correct procedure for the practical technique/competencies
- having been signed as satisfactory when observed by a mentor

Learners should aim to demonstrate ability in relation to these procedures on a minimum of three occasions. Learners should be observed on each occasion. Evidence can be compiled in the form of checklists, completed recording sheets and reflective accounts. Where learners are unable to provide evidence for all the procedures, simulation may be used for up to two procedures.

Outcome 4

Assessment could be integrated with Outcome 2 and take the form of an integrated case study generated from the learners work setting and should be approximately **2500 +/- 10% words.** This report should be academically referenced and submitted by an agreed date.

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Centres are reminded that prior verification of centre-devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at www.sqa.org.uk/e-assessment.

Opportunities for developing Core and other essential skills

This Unit has the Critical Thinking component of Problem Solving embedded in it. This means that when candidates achieve the Unit, their Core Skills profile will also be updated to show they have achieved Critical Thinking at SCQF level 6.

There are opportunities to develop the Core Skills of *Communication* at SCQF level 5 and *Numeracy* at SCQF level 5 in this Unit.

Communication: will be evidenced via the learners' work with individuals and groups. Group discussions are particularly important.

Numeracy: will be evidenced through the learners' ability to carry out numerical calculations with regard to homeostasis.

Disabled learners and/or those with additional support needs

The additional support needs of individual learners should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website **www.sqa.org.uk/assessmentarrangements**.

This has influenced the assessment format, allowing more options, therefore allowing the learner more opportunity to apply their knowledge.

Pass mark 60% for each assessment — Ensuring that the specified Evidence Requirements have been met.

Remediation 56–59% for each assessment.

55% and under learners must be given an alternative assessment.

It is suggested that learners achieving between 56 and 59% need only be assessed on those parts which were not achieved and learners achieving 55% and under should be reassessed using a different assessment instrument.

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The following texts are useful as a resource:

Abbott H., Booth H. 2014 Foundations for Operating Department Practice: Essential theory for practice 1st edition. Maidenhead, Open University Press. Adam, S Odell, M Welch, J 2010 *Rapid Assessment of the Acutely III Patient* London Wiley Blackwell

Association for Perioperative 2013 AfPP in Your Pocket. AfPP Harrogate.

Association for Perioperative 2010 Foundations in Practice. AfPP Harrogate.

Association for Perioperative 2009 **Safeguards for invasive procedures: The Management of Risks** 2nd edition. AfPP Harrogate

Association for Perioperative Practice 2011 Standards and Recommendations for Safe Perioperative Practice. AfPP Harrogate

Conway N., Ong P., Bowers M., Grimmett N. 2014 **Operating Department Practice** 2nd edition. Clinical Pocket Reference. Oxford.

Cooper, N Forrest, K Cramp, P 2006 *Essential Guide to Acute Care* 2ed Oxford Blackwell Publishing

Hughes S., Mardell A. 2009 **Oxford Book of Perioperative Practice**. Oxford, Oxford University Press.

Wicker P., O'Neill J. 2010 **Caring for the Perioperative Patient (essential Clinical Skills)** 2nd edition. Wiley- Blackwell, Chichester.

Woodhead K., Fudge L. 2012 **Manual of Perioperative Care: An Essential Guide** 1st Edition. Chichester, Wiley- Blackwell,

History of changes to Unit

Version	Description of change	Date

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General information for learners

Unit title: Pre and Post-operative Care (SCQF level 8)

This section will help you decide whether this Unit is suitable for you by explaining what the Unit is about, what you should know or be able to do before you start, what you will need to do during the Unit and opportunities for further learning and employment.

This Unit has been designed to meet the range of skills you will require to develop as an Assistant Perioperative Practitioner and support you to practice clinical skills in a supervised environment. The Unit builds upon the theory and underpinning knowledge gained from the previous Units within the Group Award, PDA in Perioperative Care at SCQF level 8 and will support you in the provision of an Assistant Perioperative Practitioner clinical role within a defined scope of practice. The knowledge and skills gained will enable you to provide safe and effective care to patients undergoing an operative procedure and undertake a range of duties delegated by the mentor.

This Unit is made up of four Outcomes and on completion of these you should be able to:

- Analyse the health and safety legislation in relation to the patient in the pre/postoperative setting.
- Analyse the clinical assessment and management of the deteriorating perioperative patient.
- Demonstrate the competencies required to care for a patient during the pre/postoperative phase.
- Reflect on own performance while assisting in the management of the pre/postoperative patient.

Outcome 1 will allow you to develop knowledge of the health and safety legislation that undertaken safe patient care.

Outcome 2 will develop the skills and knowledge you require to ensure safe and effective care of the deteriorating patient and provide assistance to a registered practitioner within the perioperative environment.

Outcome 3 will also develop skills and knowledge that will allow you to undertake a range of clinical and treatment procedures.

Outcome 4 will develop skills and knowledge that will allow you to reflect on your practice in the perioperative environment.

Although entry is at the discretion of the centre it is recommended that you have previous work or voluntary experience working in a health care environment and are currently employed as an Assistant or Trainee Assistant Perioperative Practitioner with at least 450 hours clinical work in a perioperative clinical setting. You should have an understanding of the role and scope of practice of the Assistant Perioperative Practitioner and have either successfully completed or undertaking the *Understanding Personal and Professional Development* Unit (H29T 34) the *Intra-operative Care* Unit is undertaken following this Unit.

This Unit is mandatory if you are studying for the Professional Development Award (PDA) in Perioperative Care at SCQF level 8. If you are studying this Unit as part of the Group Award, it is recommended that you complete this Unit as the final stage in the process. The knowledge and skills highlighted within this Unit provide a theoretical and practical base for further study.

General information for learners (cont)

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You may be assessed using a range of assessment instruments and strategies which could include multiple choice, extended response questions and discussion of the clinical findings. Clinical practice competences will be formally assessed by your mentor and documented in a competency record.

Over the course of this Unit there may be opportunities for you to develop the Core Skills of *Communication* and *Working with Others*. If employed within the NHS you could use this as evidence of the Core Skills detailed within the Knowledge and Skills Framework.