

### **About this Unit**

This standard is about weighing up medical data, information on the individual's medical condition and preferences in order to judge whether their dialysis therapy needs to change. Sometimes changes will be made because of under dialysis. At other times changes will be needed because of new treatment developments. Adjustments can also be needed to accommodate some aspect of the individual's social, work or domestic life. Adjustments and compromises should concur with evidence for the overall benefits on individuals' wellbeing.

This activity could be carried out in a main dialysis unit, a satellite unit or the individual's own home.

Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

**Values** — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

**Key Words and Concepts** — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

**Specific Evidence Requirements for the Unit**

**It is essential that you adhere to the Evidence Requirements for this Unit**

<b>SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT</b>
<b>Simulation:</b>
<ul style="list-style-type: none"> <li>◆ Simulation is <b>NOT</b> permitted for any part of this Unit.</li> <li>◆ <b>The following forms of evidence ARE mandatory:</b></li> <li>◆ <b>Direct Observation:</b> Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. <b>For example</b>, establish nutritional status (eg using a nutrition screening tool, monitoring nutritional markers, taking a diet history).</li> <li>◆ <b>Professional discussion:</b> Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. <b>For example</b>, how to identify and respond to the concerns which individuals may have regarding dialysis and the way in which it affects their lives.</li> </ul>
<b>Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:</b>
<ul style="list-style-type: none"> <li>◆ <b>Reflective Account:</b> These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge.</li> <li>◆ <b>Questioning/professional discussion:</b> May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice.</li> <li>◆ <b>Expert Witness:</b> A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice.</li> <li>◆ <b>Witness Testimony:</b> Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen.</li> <li>◆ <b>Products:</b> These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier.</li> <li>◆ <b>Prior Learning:</b> You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit.</li> <li>◆ <b>Simulation:</b> There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.</li> </ul>
<b>GENERAL GUIDANCE</b>
<ul style="list-style-type: none"> <li>◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence.</li> <li>◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge.</li> <li>◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work.</li> <li>◆ All evidence must relate to your own work practice.</li> </ul>

**KNOWLEDGE SPECIFICATION FOR THIS UNIT**

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

**You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the ‘knowledge evidence’ section of the Assessment Guidance.**

<b>You need to show that you know, understand and can apply in practice:</b>	<b>Enter Evidence Numbers</b>
1 How to identify and respond to the concerns which individuals may have regarding dialysis and the way in which it affects their lives.	
2 How to give feedback to the individual on the performance of dialysis.	
3 The effects of dependence and independence on the individual, carer and the provision of the service.	
4 How to obtain from individuals a valid picture of their goals, aspirations, feelings and expectations.	
5 The importance of providing individuals with opportunities to ask questions and increase their understanding.	
6 Information that should be available in the plan of care, what it means and what to do if it does not seem to be there.	
7 The recording of agreements, plan of care and other communications.	
8 The importance of treating individuals fairly, and how to do so.	
9 The effects of culture and religious beliefs on individual communication styles.	
10 The different features services must have to meet people’s gender, culture, language or other needs (eg interpreters).	
11 Evidence-based practice and how to use it in decision making.	
12 How to make decisions from the multiple perspectives of a team.	
13 The nature of renal failure and the function of renal replacement therapy.	
14 How dialysis works for the individual and how its performance is measured.	
15 The nature and significance of parameters of dialysis care plans (eg machine set-up, frequency, rate, duration, bag strength) and how circumstances may allow or require these to be varied.	
16 Evidence of the relationship between individuals’ lifestyles and their wellbeing.	
17 The effect of nutrition on measures of a individual’s health.	
18 The relationship between dialysis, nutrition, medication and measures of the individual’s health (eg blood pressure, anaemia) and procedures for controlling these.	

**F042 04 (CHS31) Assess and agree the efficacy of the dialysis therapy**

<b>You need to show that you know, understand and can apply in practice:</b>	<b>Enter Evidence Numbers</b>
19 The preferences of individual individuals (eg in the way they like to be supported, how much of the procedure they take charge of themselves).	
20 The organisation's policy on use of resources for individual individuals.	
21 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to assessing and agreeing the efficacy of the dialysis therapy.	
22 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
23 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	

**F042 04 (CHS31) Assess and agree the efficacy of the dialysis therapy**

Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Develop a picture with the individual of their wellbeing and feelings about their dialysis therapy.					
2	Identify with the individual their goals and aspirations for dialysis and how it should enable them to live their day-to-day life.							
3	Identify the impact of the present plan of care on the individual's lifestyle.							
4	Find out how long the individual dialyses for and if they have their full treatment on all occasions.							
5	Make an assessment of dialysis performance (eg dialysis access performance, solute clearance and fluid removal, effects of infections).							
6	Make regular reviews of the individual's clinical health (eg blood pressure control, anaemia management, calcium phosphate management and other medication at intervals defined locally).							
7	Establish nutritional status (eg using a nutrition screening tool, monitoring nutritional markers, taking a diet history).							
8	Relate the individual's dialysis efficiency to national recommendations/guidelines.							
9	Interpret the medical and personal data alongside the individual's feelings and wishes with members of the multidisciplinary team to identify whether there is a case for making changes.							
10	Identify appropriate interventions to address dialysis adequacy.							

DO = Direct Observation  
 EW = Expert Witness  
 PD = Professional Discussion

RA = Reflective Account  
 P = Product (Work)

Q = Questions  
 WT = Witness Testimony

*To be completed by the candidate*

**I SUBMIT THIS AS A COMPLETE UNIT**

Candidate's name: .....

Candidate's signature: .....

Date: .....

*To be completed by the assessor*

*It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.*

**I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.**

Assessor's name: .....

Assessor's signature: .....

Date: .....

**Assessor/Internal verifier feedback**

*To be completed by the internal verifier if applicable*

***This section only needs to be completed if the Unit is sampled by the internal verifier***

Internal verifier's name: .....

Internal verifier's signature: .....

Date: .....