

About this Unit

This standard covers collating and communicating health information to individuals, their family or significant others in response to queries or as part of health promotion and giving advice. Examples include providing information regarding the reported success of a particular treatment; significant news; giving advice following a diagnosis or clinical intervention and associated record keeping. This will include both verbal and written communication.

This standard is applicable to a wide range of health contexts and roles in emergency, primary and secondary care.

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

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit. ◆ The following forms of evidence ARE mandatory: ◆ Direct Observation: 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. For example, communicating with individuals in line with their needs and understanding. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, how you present evidence based information in an appropriate format.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: 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. ◆ Questioning/professional discussion: 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. ◆ Expert Witness: 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. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: 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. ◆ Prior Learning: 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. ◆ Simulation: 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.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ 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. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ 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. ◆ All evidence must relate to your own work practice.

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.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The principles of effective written and verbal communication.	
2 Your own role and responsibilities and how to get assistance when situations are beyond your competence and authority.	
3 The ethics concerning confidentiality, and the tensions which may exist between an individual's request for information and the organisation's responsibilities within information governance.	
4 The available sources and types of health information and the relative value of each to the situation and individual need.	
5 The importance of using secure sources of information.	
6 The importance of using reliable evidence based health information sources.	
7 The importance of communicating with individuals and relevant carers in a manner that is consistent with their level of understanding, culture, background and preferred ways of communicating.	
8 Difficulties that can occur when communicating with individuals and family members/significant others in stressful situations and how to manage these.	
9 Risks that can arise when providing information to individuals and/or family members/significant others and the need for tact and diplomacy when exchanging information of a potentially stressful nature.	
10 National and local policy and guidelines for accessing, updating and maintaining individuals' health records and confidentiality in accordance with information governance.	
11 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines, local policies, protocols and information governance concerning the collection and provision of information.	

FN9A 04 (GEN 62) Collate and communicate health information to individuals

Performance Criteria		DO	RA	EW	Q	P	WT	PD
1	Work within your level of competence, responsibility and accountability and respond in a timely manner to meet individual's needs in accordance with clinical governance.							
2	Identify the purpose of the communication and needs of the recipients.							
3	Adhere to legislation, protocols and guidelines particularly those relating to giving/sharing information, confidentiality and record keeping in relation to information governance.							
4	Communicate with the individual and relevant carers or family at a pace and level appropriate to their understanding and identify any barriers to communication.							
5	Use relevant secure sources to access the required health information.							
6	Ensure the health information is: (a) evidence based (b) accurate and reliable (c) timely (d) up-to-date (e) relevant to the stated requirements							
7	Present the evidence base health information in a format that is consistent with the individual's level of understanding, culture, background and preferred ways of communicating.							
8	Actively listen to the recipients' reactions to the information you provide and take steps to clarify issues in a manner that is consistent with the individual's level of understanding, culture and background.							
9	Confirm that the information needs of the recipient has been met.							
10	Record the nature and outcome of the communication by updating records in line with information governance.							

DO = Direct Observation

RA = Reflective Account

Q = Questions

EW = Expert Witness

P = Product (Work)

WT = Witness Testimony

PD = Professional Discussion

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: