



Higher National Unit specification

General information

Unit title: Practical Caring Skills (SCQF level 6)

Unit code: H9XE 33

Superclass: PM

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Version: 01

Unit purpose

This Unit is designed to introduce learners to the knowledge understanding and basic care skills required to undertake the role of a care worker in a health or social care setting. This Unit will also provide an understanding of relevant organisational policies and procedures.

Outcomes

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

- 1 Explain the skills required to deliver safe care to meet the needs of individuals.
- 2 Explain relevant organisational policies and procedures in relation to safe effective care.
- 3 Deliver direct personal care to individuals.

Credit points and level

1 Higher National Unit credit at SCQF level 6: (8 SCQF credit points at SCQF level 6)

Recommended entry to the Unit

The Unit is suitable for learners who are beginning employment in Health or Social Services, entering employment in a new Health or Social Service organisation or who are changing/developing their role within a Health or Social Service organisation. It is also suitable for learners undertaking a placement or volunteering in a Health or Social Service organisation.

Higher National Unit specification: General information (cont)

Unit title: Practical Caring Skills (SCQF level 6)

Core Skills

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

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes. If it is being delivered as part of a National Progression Award (NPA) it should be taught and assessed within the subject area of that NPA.

Centres wishing to develop their own assessments can refer to a list of existing Assessment Support Packs which are available to download from SQA's website (<http://www.sqa.org.uk/sqa/46233.2769.html>) to ensure a comparable standard.

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

Unit title: Practical Caring Skills (SCQF level 6)

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

Explain the skills required to deliver safe care to meet the needs of individuals.

Knowledge and/or Skills

- ◆ Prevention of infection
- ◆ Nutrition
- ◆ Hydration
- ◆ Personal care
- ◆ Falls prevention measures

Outcome 2

Explain relevant organisational policies and procedures in relation to safe effective care.

Knowledge and/or Skills

- ◆ Organisational policy related to safe care
- ◆ Organisational procedures for reporting concerns
- ◆ Role of supervision
- ◆ Role of continuous professional development (CPD)

Outcome 3

Deliver direct personal care to individuals

Knowledge and/or Skills

- ◆ Intimate personal care
- ◆ Continence care
- ◆ Pain management
- ◆ Physiological measurements
- ◆ Tissue Viability/Pressure Care
- ◆ Principles of assisting administration of medicine
- ◆ Principles of palliative care including grief and loss

Higher National Unit specification: Statement of standards (cont)

Unit title: Practical Caring Skills (SCQF level 6)

Evidence Requirements for this Unit

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

- ◆ demonstrate how to prepare and dress for work in a care setting.
- ◆ demonstrate effective infection control.
- ◆ assist individuals to eat and drink.
- ◆ explain the use of fall prevention techniques.
- ◆ demonstrate continence care.
- ◆ explain two organisational policies essential to the delivery of safe care.
- ◆ explain two requirements for continuous professional development.
- ◆ describe two signs and symptoms of pain and the appropriate response.
- ◆ demonstrate an understanding of physiological measurements.
- ◆ recognise three changes in skin integrity and identify the appropriate responses.
- ◆ describe two requirements for assisting in the administration of medicine.
- ◆ demonstrate an awareness of principles of palliative care and support for the individual.



Higher National Unit Support Notes

Unit title: Practical Caring Skills (SCQF level 6)

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 40 hours.

Guidance on the content and context for this Unit

Learners need to be enabled to work using a person centred approach to the delivery of health and care services.

Outcome 1: Understand and explain the skills required to deliver safe care to meet the needs of individuals.

The focus of Outcome 1 is to ensure learners have a basic understanding of their role as a care worker. They should be reminded of the care values required to ensure the establishment and maintenance of a positive care environment the promotion of individual rights, confidentiality, dignity, privacy, anti-discriminatory practice, will all assist this process learners should visit Scotland's Human Rights website which is located at:

Scottish Human Rights Commission: Care About Rights
<http://www.scottishhumanrights.com/careaboutrights>

Learners should also know about NICE (National Institute for Health and Care Excellence) quality standards for individuals experience in Adult Health Care which can be located at:

NICE Guidelines CG138
<https://www.nic.org.uk/guidance/cg138>

GIRFEC
<http://www.gov.scot/topics/people/young-people/gettingitright/background>

The role of a care worker has many component parts. Learners in their work/placement setting will provide assistance to individuals with activities of daily living which are likely to include; dressing, undressing, elimination needs. In some situations they may also be required to promote continence, assist with urinary catheter care, prepare and supervise an immersion bath, bed-bath, shower, deliver skin care, mouth care, hair, care, eye care, nail care, shaving.

In preparation for placement or work, learners must understand the need for prevention of infection, this should begin with effective hand washing techniques the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents used by all staff in all care settings at all times, for all individuals.

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

They should also understand the need for and use of personal protective equipment used in care settings how to put this on, remove and dispose of it safely, how to apply standard precautions for infection prevention and control and other appropriate health and safety measures required in specific settings.

Both NES and the Care Inspectorate in Scotland have produced workbooks and detailed guidance in these areas which would be useful resources for learners. Preventing Infection in Care includes a comprehensive DVD learning programme and a CD of additional resources with links to relevant websites and other courses run by NES. You can find out more about the resource at: www.nes.scot.nhs.uk

Nutrition for people receiving a care service has been recognised as another important area.

Learners should ensure they understand the key aspects of this.

Nutrition Now goals are:

- 1 Nutrition to be treated as a greater priority by nurses, other members of the multidisciplinary team, management and government.
- 2 Individuals experiences of nutrition and hydration to be enhanced.
- 3 All care environments and care settings to implement the principles of Protected Mealtimes effectively.
- 4 All inpatients and people in care settings to have a nutritional screening completed and actioned within 24/48 hours of admission (PYMS and MUST nutrition assessment tools).
- 5 Each country to have its own standards for nutrition and hydration.
- 6 Initiate change in attitudes and behaviours towards nutrition and hydration.

Improving Nutritional Care

http://www.rcn.org.uk/_data/assets/pdf_file/0003/329430/2_participants_pack.pdf

Learners should understand when the use of eating and drinking aids can be useful to individuals. They should be aware of how to use beakers, bottles, adapted cutlery and crockery.

Learners should understand how to assist individuals to make appropriate food choices that adhere to their identified nutritional needs, assist individuals with eating and drinking and make appropriate use of nutritional assessment tools. They should also understand how to complete fluid intake/output charts.

Hydration is another area learners need to understand in order to work with people effectively. Maintaining adequate fluid balance is an essential component of health across the life span; older adults are more vulnerable to shifts in water balance, both over hydration and dehydration, because of age-related changes and increased likelihood that an older individual has several medical conditions. Dehydration is the more frequently occurring problem.

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

Dehydration is most often, caused by not drinking enough fluid or by fluid that is lost and not replaced. Warm weather, physical exercise and diet can also contribute to dehydration. Dehydration can be the result of a variety of issues including illness and individuals may have symptoms such as persistent vomiting and diarrhoea or sweating from a fever, or simply from being too hot.

The symptoms of dehydration can be feeling thirsty and lightheaded, or passing dark-coloured urine. It is important to replace fluid lost after an episode of diarrhoea as this can lead to dehydration. Learners should understand the need to monitor individual's fluid intake, how to record this, and who to inform if they are concerned an individual is becoming dehydrated.

Falls prevention is a key area of learning, to assist with this guidance has been prepared by The Care Inspectorate and Nurse Education Scotland have produced a range of guidance documents regarding falls and falls prevention. They note that falls are not an inevitable part of ageing, in many cases, taking the right steps at the right time can prevent falls and enable an older person to continue a physically active life.

Care Inspectorate: Managing Falls and Fractures

www.careinspectorate.com/index.php?option=com_docman&task=cat_view&gid=329&itemid=720

They also note that Care staff have a key role to play in falls prevention, but they need to have the knowledge and understanding, and the support of the wider health and social care team. Learners therefore need to understand that there are many factors can contribute to this heightened risk, such as physical frailty, the presence of long-term conditions, physical inactivity, taking multiple medications and the unfamiliarity of new surroundings. For this reason, it is important that all care environments for older people implement a person centred process to manage and reduce falls and fractures. It is particularly important for learners wishing to work with individuals that they have a clear understanding of the steps to take if someone in their care has a fall.

Learners must be familiar with and able to implement assessment approaches such as observation and questioning. As well as the more traditional assessment and evidence gathering tools; locally-devised checklists, for example, Early Warning Scores (SEWS/PEWS/NEWS) assessment chart, Situation, Background, Assessment, Recommendation (SBAR) communication tool and appropriate recording documentation.

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

Outcome 2: Understand relevant organisational policies and procedures in relation to safe effective care skills.

Central to this outcome are supervision and continuous professional development.

This should also include an understanding of Data Protection legislation, confidentiality of information, and accountability and duty of care.

Learners should be aware of the policies that underpin good practice and have an understanding that a safe environment is not simply one that is physically safe but emotionally safe and socially supportive. This includes self-awareness (physical and ability level), recognition of stress and strategies to manage this. They should have awareness of their role in areas of care, the limitation of their role and who they will report to in a work situation.

As well as the care regulator's requirement for staff to receive supervision on a regular basis, learners should be able to recognise their own need for professional and/or clinical support. They should be aware of the need to recognise their limitations as well as their competence, and be clear about how to use supervision as guidance and support. They should view supervision as the gateway to additional learning and development, which is central to good practice.

Self-Management: Learners should gain an understanding of the strategies for self-management a key skill that will help them throughout life. It involves setting goals and managing your own time. It also covers developing self- motivation and concentration skills to help the need to provide succinct information in a non-judgmental manner. Effective self-management helps us to avoid stress.

A key skill in self-management is self-regulation. Self-regulation refers to individuals monitoring, controlling and directing aspects of their learning for themselves.

Being self-aware can also help us to recognise stress in both in our self and in others. Many care workers practice either alone in the home of an individual or in small groups in a care home or hospital environment and learners need to develop excellent time management skills in order to deliver services. To that end they should learn and understand the importance of prioritising and planning, learning how to break tasks into small manageable parts, setting goals which are specific.

This could be taught through classroom demonstration and practice. Sample documentation could be available for learners to examine and use to record results working in groups to evaluate the individuals condition and report on their findings in the context of person centered care.

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

Outcome 3: Deliver direct personal care to individuals.

Prior to delivering personal care to an individual learners should understand how to obtain that persons informed consent either verbally or written, they should be reminded of the need to maintain confidentiality, privacy, and health and safety in their practice.

The following care procedures should be covered:

- ◆ Contenance care
- ◆ Intimate personal care
- ◆ Physiological measurements
- ◆ Tissue Viability (Pressure Care/Ulcer Prevention)
- ◆ Pain management
- ◆ Principles of assisting administration of medicine

Learners should understand the need to provide care with dignity and respect, to ensure the maximum level of privacy possible when assisting with intimate personal care.

Obtaining and testing specimens may include urine, faeces, sputum and blood. Learners should be aware of the process of taking samples and know the common tests that will take place, including routine urinalysis, capillary blood tests for glucose/haemoglobin levels, and occult blood in faeces.

Learners should be aware of the appropriate health and safety measures and the need to apply infection prevention methods. They should ensure they communicate effectively with the individual, gain the required consent and take account of cultural and religious requirements.

Prior to taking any sample they should ensure they have the appropriate container prepared, that they label the specimen correctly if it is to be sent to a laboratory, that it is placed in the appropriate biohazard bag for transportation.

Where tests are carried out at home, learners should know how to ensure the correct prevention of infection measures are taken. They should be able to identify the correct equipment and materials required and the importance of timing, for example, for individuals with diabetes.

Contenance management should include an identification of the common causes of incontinence, assessment of continence and the treatment pathways and aids available, eg bladder training, absorbent pads, convenes, underwear with built-in continence pads and catheters, treatment of infection and the accurate recording of fluid balance.

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

Catheter care should include knowledge of how to use national guidelines as well as local policy to ensure:

- ◆ Appropriate hygiene measures to prevent infection, recognition of localised infection.
- ◆ Procedures for the safe removal of a urinary catheter and disposal of used equipment, including personal protective equipment.
- ◆ Supporting individuals who have urinary catheters by the insertion and removal of an in and out catheter
- ◆ Recognition of how to use the equipment and materials required for urinary catheterisation.

Learners should be competent in taking basic physiological measurements and understand the appropriate methods used to record these. This may include checking blood pressure, temperature, pulse, respiration, peak flow, oxygen saturation, BMI, height and weight. They should be aware of the normal values for each of these and what to do if the tests reveal abnormal results.

Sterile dressing technique;

For this aspect of care, learners should be able to understand and give an explanation of the procedure and preparation of the individual. They should be able to explain hygiene measures, disposal of dressings, observation of site and application of new dressing.

The equipment and materials required should be discussed in relation to this task, including how to safely perform basic wound care using clean and aseptic techniques.

Reporting and recording of outcomes to be covered and areas to focus on are:

- ◆ Documentation of wound charts
- ◆ Types and purposes of dressings
- ◆ Tissue Viability(Pressure care /Ulcer prevention and treatment)

An understanding of assessment tools for example those covered by Waterlow and Branden, and Glamorgan (paediatric) should be discussed. Observation monitoring and reporting, in relation to skin conditions, should be covered and learners made aware of the role of local policy and protocols, as well as national guidelines.

The first pressure ulcer risk assessment tool was developed in the 1960s. Subsequent tools have been based on a similar design comprising a selection of intrinsic and extrinsic factors that are believed to contribute to pressure ulcer development. Each risk factor is awarded an arbitrary numerical value, and practitioners are expected to choose at least one option from each parameter, and then calculate a final score. The final score is supposed to reflect the degree of risk a patient has of developing a pressure ulcer (Waterlow, 1987; Bergstrom et al, 1987; Bridel, 1994; Edwards, 1996).

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

One study demonstrated remarkable differences among the three commonly used risk assessment tools, in regards to sensitivity and specificity. Moreover, the Care Dependency Scales seem to have a diagnostic value similar to the three commonly used risk assessment calculators:

The Norton, Waterlow, Braden, and Care Dependency Scales: Comparing Their Validity When Identifying Patients' Pressure Sore Risk

http://journals.ww.com/jwocnonline/Abstract/2007/07000/The_Norton._Waterlow,_Braden,_and_Care_Dependency.6.aspx

Learners should be competent in; wound assessment, recognition of infection and factors contributing to poor healing particularly in individuals suffering with diabetes. The process of factors affecting wounds, and potential complications of wound healing, removal of wound closure materials and appropriate disposal, reporting and recording of findings including appropriate advice to service user are all areas that learners should cover particularly where these will be relevant to their work practice or placement experience.

Assisting in the administration of medication:

Although learners will not be administering medication, they may well be assisting the administration of medication to individual.

The Medicines Act 1968 classifies medicines into three categories;

- ◆ POM — Prescription Only Medicine; a prescription is required for supply and to authorise administration to another person
- ◆ P — Pharmacy Medicines; must be sold under the supervision of a Pharmacist
- ◆ GSL — General Sales List; can be sold without a Pharmacist being present, eg. supermarket, petrol station

Learners should understand the different routes for the administration of medicine, storage of medication and record keeping.

Assisting of medicines is one, all or a combination of:

- ◆ Picking up prescriptions from the GP Surgery
- ◆ Collecting dispensed medicines from the Pharmacy (Chemist)
- ◆ Ordering repeat prescriptions from the GP Surgery
- ◆ Bringing packs of medicines to a person so that the person can take them
- ◆ Opening bottles, or medicines packaging, at the request of the person who is going to take the medicine.

There should be a policy in place in each organisation to make it clear what is expected of the care worker in relation to what prompting is the policy has to clearly define what the organisation means by 'prompting' someone.

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

When a person knows what their medicines are and how to take them but can be a bit forgetful about the time or whether they have already taken them. Prompting would be where the care worker reminds the person of the time and asks them if they have taken their medicines, etc.

Risks with prompting:

If carers are expected to 'prompt' the person to take their medicines, they need to know what time(s) of the day to do this. The 'prompt' should include telling the person the time of day.

The routes for the administration of medication are:

- ◆ Oral
- ◆ Sublingual
- ◆ Rectal
- ◆ Topical
- ◆ Parenteral — Intravenous, intramuscular, subcutaneous

The decision on whether an individual requires help with their medication should have been made as part of their care needs assessment and this should have been recorded in the care plan. Learners should be clear that if an individual may forget to take their own medicine then there are aids available to prompt them, these could be as simple as taking their medicine when they get up, go to bed, with meals, setting a timer, etc.

The role of the care worker in this situation may well be to ask the individual if they have taken their medication or to remind them of the time and that the medication is due. Simple tasks such as providing support with opening the medication bottle, ensuring the individual has a drink to take their medication, opening packaging are important to supporting independence and maintaining self-esteem.

Liaising with other colleagues, family members and other professionals and reporting on any concerns is important for the protection of the individual. Learners also need to be aware of the procedure to follow where an error has been made for example if the individual has taken the wrong dose, missed a dose, lost their medication someone needs to be informed this could be the pharmacist, GP, CPN or their own line manager.

End of life care

The following should be covered using national guidelines and local policy:

- ◆ Candidates should understand the principles of palliative care management of common symptoms and care needs.
- ◆ Candidates should under direction develop skills in supporting and caring for individuals during their last days of life within the limits of the role.
- ◆ Candidates should understand how to support relatives/carers during grief, loss and bereavement.

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

- ◆ Candidates should be able to identify the concept of the Anticipatory Care Planning (ACP) approach.
- ◆ Candidates should have knowledge of the following: Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR), Child/Young Person Acute Deterioration Management Plan (CYPADM)

Telehealth and Telecare Devices

It would be useful for the candidates to have an awareness of the benefits of Telehealth and Telecare devices if relevant to their role.

The Scottish Government estimates that the number of people 'aged over 75 years in Scotland will increase by over 25%' in the next ten years, and by '2030 will increase by over 60%.' Juxtaposed to this, the number of adults with 'multiple long-term conditions, many also challenged by mental illness' is expected to increase. This changing demographic will increase demand for social care services in Scotland at a time when there is considerable financial pressures in respect to public sector spending. In response to these challenges, the Scottish Government is seeking to redesign services for the adult population in order to cope with increased demand. One of the changes to existing service models will be the increased use of telehealth and telecare technology in social care provision.

It is stated that by the Scottish Government that:

'Deployed thoughtfully and appropriately as part of service redesign, telehealth and telecare can:

- ◆ *support people to have greater choice, control and confidence in their care and wellbeing;*
- ◆ *enable safer, effective and more personalised care and deliver better outcomes for the people who use our health, housing, care and support services;*
- ◆ *help generate efficiencies and add value through more flexible use of our workforce capacity and skill mix and by reducing wasteful processes, travel and minimising access delays.'*

Scottish Government (2012) A National Telehealth and Telecare Delivery Plan for Scotland to 2015: Driving Improvement, Integration and Innovation.

Learners should therefore be given the opportunity to become familiar with common types of telecare devices used in social care provision. This may include, community alarms, fall detectors, motions sensors, etc.

The following link will provide more information in respect to the use of technology in social care services.

www.gov.scot/Resource/0041/00411586.pdf

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

Guidance on approaches to delivery of this Unit

The first part of this Unit will prepare the learner to gain the necessary knowledge and understanding of how to care for individuals, assess and plan treatment that is required to care for the individual.

This Unit should provide learners with the opportunity to put theory into practice in a non-threatening simulated environment prior to practical placement.

It is recommended that theory in this Unit be linked to theory contained in other Units in the programme; values and principles, health and safety.

Learners should be given opportunities to gain confidence in their ability to perform these competences through the provision of formative assessment opportunities.

Practical placement preparation could include role-play and simulation to enable learners an opportunity to develop the ability to explain and carry out procedures safely and sensitively.

Discussions should take place about the need to have organisational policies and learners should be encouraged to locate and read policies that exist within their placement workplace. They should have the opportunity to explore issues relating to developing competences to enable a contribution to a care setting.

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.

Much of the unit could be taught through classroom demonstration and it would be beneficial for learners to have the opportunity to become familiar with a range of equipment and procedures through classroom demonstration and practice prior to practical placement experience. They could have the opportunity to simulate situations in a practical classroom.

Guidance on approaches to assessment of this Unit

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.

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.

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

Assessment for all Outcomes should include a Record of Achievement noting the learner's ability to carry out competencies and procedures effectively using a person centred approach. Evidence of competence will be generated through a work placement and will be observed and monitored by a supervisor/mentor. Additional evidence will be supplied by the completion of:

- ◆ Reflective logs
- ◆ Skills passport
- ◆ Learning contract

This link contains a recording tool designed by the Social Care Institute for Excellence to be used with learners working in care situations which can be used to record the above areas:

Skills for Care: Skill Checks for Personal Assistants

All evidence should be included in a final portfolio for the completed NPA award.

College/placement liaison is essential, as learners will need access to a supervisor/mentor who will observe their practice and sign the evidence recorded in a Record of Achievement.

The acquisition of skills should be viewed as a process and the Record of Achievement used to demonstrate learners have demonstrated:

- ◆ Evidence of underpinning knowledge relating to procedures
- ◆ Promoting of safe practice which complies with employer's policies and procedures
- ◆ Observed practice confirming the learner's ability to correctly undertake, three specific procedures, on a minimum of three separate occasions.

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.

Higher National Unit Support Notes (cont)

Unit title: Practical Caring Skills (SCQF level 6)

Opportunities for developing Core and other essential skills

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

There are opportunities to develop:

Communication: will be evidenced via the learner's work with individuals and groups and competencies achieved through the Record of Achievement.

Problem Solving: may be evidenced through case discussion with clinical supervisor about the most appropriate courses of action for care delivery.

Numeracy: may be evidenced through learner ability to carry out physiological measurements.

Working with Others — will be evidenced in the learner's ability to interact, communicate and negotiate with those with whom they come into contact and to work collaboratively with other professionals and individuals, recognition of professional boundaries and professional conduct in practice.

History of changes to Unit

Version	Description of change	Date

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General information for learners

Unit title: Practical Caring Skills (SCQF level 6)

This section will help you decide whether this is the Unit 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 is designed to enable you to develop the knowledge and skills you will require to carry out competencies that are frequently used within your role of care practitioner. You will also develop knowledge of common medical conditions and the assessment, care and treatment required by individuals.

You will be encouraged to demonstrate good interpersonal skills, kindness, sensitivity and compassion when working with individuals.

You will be assessed through undertaking reflective accounts of your practical work, a pre-prepared integrated case study with written questions observation of your work and discussion with a supervisor/mentor in the practice placement you attend or own area of care work practice.

You will also complete a:

- ◆ Log book
- ◆ Skills passport
- ◆ Learning contract

These will be included in a final portfolio of evidence for the completed NPA. The submission of these assessment materials will help you improve your inter-personal and communication skills.