Scottish Vocational Qualification
in

Health (Allied Health Profession Support) level 3
Group Award Code: G8A5 23

Health (Maternity/Paediatric Support) level 3
Group Award Code: G8A1 23

Health (Renal Support) level 3
Group Award Code: G8A7 23

Health (Decontamination) level 3
Group Award Code: G8A6 23

level 3

ASSESSMENT STRATEGY and GUIDANCE

General Introduction

This document is based on the final Assessment Strategy which was produced along with the new National Occupational Standards by Skills for Health (Sector Skills Council).

Welcome

……to the Scottish Vocational Qualification (SVQ) in Health, there are four specific awards which are linked to areas in Health Profession Support these are:

SVQ Health (Allied Health Profession Support) level 3
SVQ Health (Renal Support) level 3
SVQ (Maternity /Paediatric Support) level 3
SVQ Health (Decontamination) level 3

All of these are nationally recognised awards accredited by the Scottish Qualifications Authority (SQA), and are suitable for those working in health support roles within hospital or community based settings.

To achieve the SVQ level 3, candidates must achieve **10 units**. The selection of units for each award is dependent on the specific award selected.

The full selection of units that make up each of the SVQs can be found in the Information Sheets for each award.

The following pages offer assessment guidance to candidates, assessors, expert witnesses, internal verifiers and external verifiers — in short — anyone who is involved in the assessment process.

About Scottish Vocational Qualifications (SVQs)

SVQs are work-based qualifications, which set the level of competence required by health and social care workers in their particular field. These are called standards and they have been designed and developed by Sector Skills Councils (SSCs) through consultation with employers and practitioners from across the statutory and voluntary health and social care sectors.

SVQs are nationally recognised awards, which cover a wide range of health and social care activities. They also have levels assigned to them, which are related to the responsibilities of a person's actual job.

In undertaking these Awards which are at level 3 — the candidate would be expected to already have some experience, be able to work without direct supervision, and to take some responsibility for planning and working with individuals receiving treatment.

To achieve these SVQs, candidates must provide evidence of experience from support for more than one individual. Where this is not possible, for example, where a person is employed directly to care for one individual as an employee, advice should be sought from SQA or the External Verifier.

What does an SVQ look like?

All SVQs — follow the same format. There are:

- **Units**
- **Elements**
- **Performance Criteria**
- **Scope**
- **Knowledge Specification**
- **Evidence Requirements**

UNITS are simply different tasks that are familiar areas of work to all health care support workers.

Each Unit comprises **ELEMENTS** — which describe the activities workers are expected to perform.

PERFORMANCE CRITERIA (PCs) are built into each element and are **the standards** against which the work activities should be measured — and for which evidence of actual performance must be provided.

SCOPE — is a statement to indicate situations where candidates can carry out workplace competences in a variety of contexts and situations. There are suggestions about this in each individual Unit. Scope is **not tracked** it is there as a guide to the types of situations where candidates may generate evidence for performance criteria.

KNOWLEDGE — this requires that candidates **understand** their actions, and can integrate their knowledge and practice.

EVIDENCE REQUIREMENTS — are specific to each Unit, and detail what particular evidence is required for the Unit in order for a candidate to meet the performance criteria and knowledge. It is important that these instructions are followed. So for example, if it says " the assessor/expert witness **must** observe the candidate", then observation **must** be done — simulation or witness testimony will not do instead.

Who's who in SVQs

the candidate	is the person undertaking the SVQ. The responsibility of a candidate is to meet with the assessor, plan how to undertake units and then produce evidence to demonstrate competence.
the assessor	is the person who assesses the candidate and makes a decision if he/she is competent, based on a variety of evidence. The assessor is normally (but not always) in the same workplace as the candidate. The assessor has the responsibility to meet with the candidate regularly, to plan, support, judge and give feedback on performance.
the expert witness	is a person who is occupationally competent in the candidate's area of work and who may see the candidate working on a daily basis — more so than the main or 'co-ordinating' assessor. They are able to make a judgement about competence, but it is still the role of the assessor to incorporate these judgements into the final (or summative) assessment decision for the whole SVQ.

the internal verifier is someone designated by the assessment centre to ensure that assessors are performing consistently in the use of assessment methods and assessment decisions. This can be carried out by sampling evidence on a regular basis and by ensuring that candidates are being properly supported to achieve their award.

the external verifier is appointed by the SQA, the Awarding Body, to ensure consistency in assessment and internal verification across all centres offering the award. Centres are normally visited by an External Verifier twice a year. SQA's External Verifiers also meet with EVs from other Awarding Bodies to ensure UK wide standardisation.

Required expertise of assessors, expert witnesses and internal verifiers

Assessors

The assessor is key to the assessment process and must be

- Occupationally competent – this means that each assessor must be capable of carrying out the functions covered by the competences/units they are assessing to the standard described within them, according to current sector practice. This experience should be credible and maintained through clearly demonstrable continuing learning and development. In due course, the implementation of regulatory requirements may mean that assessors will need to hold appropriate care/health qualifications.
- Have knowledge of the health, social care or educational settings, the regulation legislation and codes of practice for the service (where applicable) and the requirements of the national standards at the time any assessment is taking place
- Hold (D32/33 or A1)or be working towards, an appropriate assessor qualification (A1). Achievement of the qualification will need to be within appropriate timescales
- Be able to assess holistically the values contained and embedded in the 'principles of care' competences
- Take the lead role in the assessment of observed candidate performance. Assessors are expected to take on this role in relation to at least the core competences of the award. Where only two of the core units are undertaken, assessors are expected to observe candidate performance in relation to at least 2 further units.

Note: If more than one assessor is required, assessment needs to be co-ordinated. One of the assessors involved in the process will draw together all assessment decision made by specialist assessors, and the contributions from expert witnesses across the whole qualification.

Expert Witnesses

The use of Expert Witness is encouraged as a contribution to the assessment of evidence of the candidate's competence, where there are no occupationally competent assessors for occupationally specific competences.

The expert witness must have:

- A working knowledge of the National Occupational Standards (NOS) and the Units on which their expertise is based.
- Current experience and occupational competence i.e. within the last two years, either as a practitioner or manager for the competences/units on which their expertise is based.

This experience should be credible and clearly demonstrable through continuing learning and development. In due course the implementation of the regulatory requirements may mean that expert witness will need to hold appropriate Care/Health qualifications.

- Hold either a qualification in assessment of workplace performance such as L20 (Support Competence Achieved in the Workplace) from the Learning and Development Suite, , OR have a professional work role which involves evaluating the practice of staff.

Note: Expert Witnesses should be determined and agreed in advance with the SVQ co-ordinator in a centre.

Internal Verifiers

The Internal Verifier is key to the quality assurance and verification of the assessment of performance evidence in the workplace

Internal Verifiers must:

- Be occupationally knowledgeable in respect of the competences/units they are going to verify prior to commencing the role. It is crucial that internal verifiers understand the nature and context of the assessors' work and that of their candidates due to the critical nature of the work and the legal and other implications of the assessment process.
- Have working knowledge of the health, social care and education settings, the regulation, legislation and codes of practice for the service (where applicable), and the requirements of national standards at the time any assessment is taking place.
- Occupy a position that gives them authority and resources to co-ordinate the work of the assessors, provide authoritative advice, call meetings as appropriate, visit and observe assessments and carry out all the other internal verification roles as defined by the relevant occupational standard (i..e. V1)
- Hold (D34 or V1) or be working towards, the appropriate IV qualification (V1). Achievement of the qualification must be within appropriate timescales.

Service Users and Carers

Individual Patients and **Carers** are in an advantageous position in relation to receiving a service and having direct contact and experience of health support worker provision. Their views of the care received should be seen as relevant and important in the assessment of the candidate's performance, alongside other sources of evidence.

Individual patients and carers may provide witness testimony about the candidate's work. Final decisions about the status of this testimony in the candidate's assessment will be made by the assessor.

Assessment Methods

There are a number of methods of assessing evidence which can be used to demonstrate a candidate's competence. These are:

DO	**D**irect **O**bservation by the assessor or expert witness of real work activities. For this Award, the assessor must do the observation for the Mandatory Units, although the Expert Witness may provide additional evidence if required.
RA	**R**eflective **A**ccount by the candidate, which is a detailed description of real work activities. Sometimes this reflection on practice can take the form of a Professional Discussion (which also must be recorded).
EW	Evidence provided by an **E**xpert **W**itness — this can be either observation of practice or questioning/professional discussion on a particular area of work. The expert witness could also give a candidate feedback on a reflective account.
P	**P**roducts — these are usually reports and recordings made by candidates as part of their normal work duties. Projects and assignments from college or in-house courses could also be considered as products, as well as Achievement of Prior Learning (APL).
Q	**Q**uestioning/**P**rofessional **D**iscussion — can be used to cover some gaps in PCs, for clarification of observed practice or for knowledge.
WT	**W**itness **T**estimony – this is a statement or comment by someone who was present while the candidate was carrying out an activity (e.g. colleague, patient, carer or other) and can confirm that the candidate's evidence is authentic. Care and sensitivity must be exercised if patients are providing this.

It is not acceptable for a portfolio to be completed in pencil — nor to delete details using correction fluid (e.g. Tippex) as this still does not ensure confidentiality of information. In addition, too many alterations can result in a very unprofessional looking portfolio inconsistent with the role of a health care support worker.

In addition to the evidence requirements for each Unit of the SVQ, SQA from time to time issues 'assessment guidance' where it is thought that guidance may assist the process of assessing a candidate. This information is provided on the Care Scotland web pages on the SQA website, http://www.sqa.org.uk. In addition, the **Care Scotland Bulletin,** which is published by SQA twice per year, and distributed to all assessment centres, gives the same information.

Evidence

observation	The assessor/expert witness records judgements of observed practice, showing the skills demonstrated by a candidate, and records how performance criteria and knowledge have been evident in the candidate's practice. **It is not acceptable for candidates to record assessor observations**: if this is done, then it has the status of a Reflective Account.
reflective account	Candidates are required to produce reflective accounts that are written in the first person and describe their actions in completing a task. The candidate is expected to indicate the PCs, and knowledge which are demonstrated in the practice. The reflective account should always explicitly focus on the candidate's real work and not on what *might* be done.
the expert witness	Is a person who is occupationally competent in the candidate's area of work and who may see the candidate working on a daily basis — more so than the main or 'co-ordinating' assessor. They are able to make a judgement about competence, but it is still the role of the assessor to incorporate these judgements into the final (or summative) assessment decision for the whole SVQ. The expert witness can observe and record practice for any of the Optional Units, question and record the candidate's answers or give feedback on a reflective account. The candidate should not record the observation done by the Expert Witness. Who can be an Expert Witness must be determined and agreed in advance with the SVQ co-ordinator in a Centre.
product	Any work product that shows how a candidate meets the PCs, and knowledge can be used as evidence. PCs that indicate that the candidate should have recorded information are best met by products. Products should be the candidate's own work. It is not necessary for work products to be actually in the portfolio, as long as the assessor/IV and EV has access to them and there is an audit trail.
witness testimony	If someone other than an assessor sees the candidate carry out some work, then the assessor can request confirmation of this from a witness. Whereas a witness can make a qualitative comment on the performance of the candidate, it is the assessor who makes the judgement of the witness testimony matched against the specific PCs, and knowledge.
simulation	Simulation is used by assessors where the work task is unlikely to occur. An artificial version of the situation is created to allow the candidate to demonstrate performance and possibly knowledge in a given area by simulating the activity and judging how the candidate would deal with the task if it arose. Simulation is only permitted if the evidence requirements explicitly say so.

projects and assignments	Projects and assignments are occasionally set by assessors to allow the candidate to meet some gaps in performance and knowledge evidence. Assignments from college courses can also be used for knowledge evidence.
accreditation of prior learning(APL)	Prior achievements of the candidate can be used to evidence the PCs, and knowledge, provided there is an audit trail. However, current practice must also be included to show that the candidate still has the skill at the time of completing the qualification. Candidates using work from e.g. an HNC Assignment must clearly indicate on the evidence the PC's and knowledge being claimed.
knowledge specification	Each Unit lists the knowledge and understanding that is required to effectively carry out the specific area of work practice. Most of the knowledge should be inherent in the candidate's work and must be explicitly evident in the records of observations, reflective accounts or by answers to questions.

Further Guidance on Knowledge Evidence

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. When reading the knowledge specification for a particular Unit, **it is important to read the knowledge requirements in relation to expectations and requirements of your job role. Remember that knowledge is not visible therefore candidates need to explain why they have done something in a particular way in order that the assessor can be sure they really know.** You need to provide evidence for **ALL** knowledge points in every Unit (**N.B. assessors beware of duplication)** and you can claim the knowledge in a number of ways:

- in Reflective Accounts and/or in the Direct Observation — but this needs to be explicit. If it is not explicit enough, then additional questioning or professional discussion on the practice may be necessary —please note that this must be recorded.
- on assessed work from courses (e.g. assessments from In-Service training, relevant College assignments or similar) — if so, the Knowledge Evidence numbers should be marked in the relevant sections of the assignment. However, candidates would still have to demonstrate through questioning or discussion with the assessor that they are still able to put this knowledge into practice, especially if the course work was done some time ago.
- by evidence from in-house courses — provided it is clear how and on what the candidate was assessed. If there was no assessment, then the course content can be used along with additional questioning by the assessor to ascertain application of knowledge — or by the candidate's own comments in Reflective Accounts showing how they are using the knowledge.
- Through written and oral questions by the assessor — all of which need to be recorded (if oral, this can be written up either by the assessor or the candidate).

It is essential that evidence of the candidate's ability to put their knowledge into practice is primarily recorded through Reflective Accounts and Direct Observations as only using questions diminishes the importance of the integration of knowledge and practice. Questions from pre prepared 'Question banks' are **not** acceptable as the only form of knowledge evidence.

In each case, the evidence number where a particular knowledge point is to be found should be entered into the box beside that knowledge point.

Remember, the 'amount' and 'depth' of knowledge required should be consistent with your job role.

A glossary of terms related to each specific SVQ is included in the candidate portfolio.

How to get started

The above guidance and explanations should be sufficient to allow an assessment to commence.

The best way to fully understand an SVQ award is **simply to start!**

At the start, the assessor and candidate should meet and draw up an **ASSESSMENT PLAN**.

The first assessment plan should contain some general decisions about how often candidate and assessor will meet — and where. It may be important to agree a place where meetings will not be interrupted. Subsequent plans should be specific about what evidence is suitable for the particular Unit(s) being discussed, when this evidence will be collected and should include review dates.

It is a good idea to make a decision about which Unit will be tackled first. The award has been designed to focus on the practical tasks that relate to the candidate's job role, these come from the General Clinical/Therapeutic Activities unit and the Pathway specific units. During the assessment of these units evidence will be generated for the mandatory units relating to communication and health and safety.

It is encouraging to try to start with a familiar area of everyday work, and be very specific about what piece of work the assessor will observe. The candidate, with the help of the assessor, should also leave the planning meeting with a very clear idea of what has to be written for the Reflective Account. Finally, a date should be agreed when the assessment plan for the Unit (or Units) will be reviewed and a target date set for completion.

At subsequent planning sessions it is recommended that candidates and assessors take a more 'holistic' view of both the job role and the assessment of competence. What this means is that you are encouraged **not** to approach the SVQ on a Unit by Unit basis, but to see how normal day to day workplace activities will provide evidence of competence for several SVQ Units. This "holistic approach" may seem complicated when you start your SVQ as in previous awards it was possible to focus on one Unit. However, by following this approach you and your Assessor will quickly become more familiar with the standards and this will enable a more holistic approach to your work.

The exemplars ahead provide an insight into how this might be tackled including an example of an assessment plan.

Although the attached exemplars relate to one specific award, the provide structural guidance and exemplification for all of the awards referred to in this guidance.

WORKED EXAMPLES

Scottish Vocational Qualification
In

Health (Allied Health Profession Support)

level 3

The following pages contain **some** worked examples, for one of the awards, of how to write evidence of performance and knowledge and how to match it against the units, elements, PCs, and knowledge of the standards. The examples do not **necessarily** show all the evidence which would be required for a complete Unit, but provide guidance on how to structure the assessment process.

We hope you will find the worked examples helpful. Please note, that whilst you are requested to use the SQA recording documentation, it is recognised that candidates and assessors will have different styles describing, explaining and writing about events and incidents. You should do this in the way most suitable to you.

Blank recording documentation can be downloaded from the Care Scotland pages of the SQA website – www.sqa.org.uk/carescotland

ASSESSMENT PLAN

UNIT(S) TO BE ASSESSED *(insert title(s) and number(s)*	**AHP1 Implement physiotherapy programmes and treatments under direction with individuals who have severely restricted movement /mobility.** **HSC32 Promote, monitor and maintain health, safety and security in the working environment.**

activities	when	assessment method & possible criteria to be covered
This is the first planned assessment task for Jane's SVQ and has been chosen as it focuses on Jane's clinical work with patients.	Planned to take place next week when Jane & I will be working together	Knowledge required in preparation for activity AHP1 Values identified in discussing the activity AHP1, HSC32
The activity selected is Jane working with a patient, Mrs T, during a rehabilitation session, in the Therapy Gym.	During Therapy Session	My written account of Jane's observed practice prepared following the observation. Feedback given to Jane following the activity
	The day following the Observed Session	Discussion of knowledge and practice issues raised relating to AHP1, HSC 32.Written questions targeting areas where more in depth questioning may be needed.
Identify any knowledge evidence already achieved	**Which course**	**How will this be used?**

Record of any additional discussion including when there will be a review of the above work:

Following the observation and knowledge review we will meet to consolidate learning and ensure that the full Performance Criteria and Knowledge Specification has been covered. We will consider links with other units and plan how best gaps can be addressed. We may be able to draw on Expert Witness Testimony from your other clinical supervisor.

Candidate Signature:	*Jane Smith*
Assessor Signature:	Polly Peck
Date:	01/05/06

PORTFOLIO/EVIDENCE INDEX

AWARD TITLE AND LEVEL:	**SVQ Health (Allied Health Profession Support) level 3**
CANDIDATE NAME:	**Jane Smith**

evidence number	description of evidence	Units covered	location of evidence
1	Direct observation	AHP1 & HSC32	**portfolio**
2	Reflective Account	AHP2, HSC31,HSC32, HSC35	**portfolio**
3	Questioning relating to Physiotherapy Practice, Communication &Health & Safety	AHP2, HSC31,HSC32	**portfolio**
4	Expert Witness relating to Stroke Physiotherapy	AHP1, HSC32	**portfolio**
5	Unitary Patient Record Entry (Mrs T- Product)	AHP1, HSC32	**In patient record**

EVIDENCE GATHERING FORM

EVIDENCE NO:	1
DATE:	6/5/06

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	☒	**REFLECTIVE ACCOUNT**	☐
QUESTIONS	☐	**EXPERT WITNESS**	☐
PRODUCT	☐	**WITNESS TESTIMONY**	☐

CANDIDATE NAME:	Jane Smith

EVIDENCE:	**Unit, Element, PCs**	**Knowledge**
As agreed at our initial assessment meeting, I met with Jane on the ward to observe her working with Mrs T Prior to going to see Mrs T, Jane ensured that the gym area was clean, free from hazard and appropriately heated, ventilated and illuminated. She positioned a chair at the far end of the walking bars and removed the walking sticks that were lying on the ground between the bars. She placed them in the stick store. She then checked the Nursing handover sheet and the Unitary Patient record. She also asked the nurse on the bay, if there were any changes in Mrs T's condition. Mrs T was lying on top of her bed but was awake. Jane introduced herself, explained clearly why she wanted to work with Mrs T and what the potential benefits of the exercise programme. Mrs T stated that she had not slept well and was feeling a little breathless but would agree to going to taking part in the Therapy Programme. Jane went and got the saturation monitoring machine and measured Mrs T's oxygen saturation prior to helping her transfer from the bed to a wheelchair. She also checked the Observation section within the Nursing care plan at the end of the bed. Mrs T was wearing a thin nightdress and Jane offered to get her dressing gown from the wardrobe. Mrs T agreed. Jane then wheeled Mrs T to the therapy gym where she explained specifically what exercises she had planned to do and why. She also told Mrs T to tell her if she felt more breathless or unwell in any way or if she felt that she needed to stop and rest. Mrs T agreed. Jane positioned the wheelchair at the end of the walking bars and instructed Mrs T on how to move from sitting to standing. She allowed room for Mrs T to push up from the chair and safely hold on to the bars when she was erect. Mrs T stood up and began to mobilise between the bars holding on with one hand as instructed. Jane stood close to the bars and moved along close beside Mrs T. Mrs T had performed three lengths of the bars when she suddenly became more breathless and needed to use both hands to support herself. Jane promptly asked her how she was feeling and said that she would assist her back to the wheelchair. Jane immediately took Mrs T back to the ward and helped her transfer on to the bed. Mrs T's breathing now appeared more settled but she appeared pale and a little clammy. Jane immediately spoke with the staff nurse in charge of the bay and advised her of the incident to ensure that observations where performed straight away. After, ensuring that the nurse was with Mrs T, Jane went and spoke to the physiotherapist and advised her what had happened. She also documented the patient intervention and outcome in the unitary patient record.	**HSC32.5** **HSC32.7** **HSC32.4** **AHP1.1** **AHP1.8** **AHP1.2** **AHP1.3** **AHP1.5** **AHP1.9** **AHP1.7**	**HSC32.11** **AHP1.3** **AHP1.13** **AHP1.10** **AHP1.14** **AHP1.15**

EVIDENCE contd	Unit, Element, PCs	Knowledge

ADDITIONAL EVIDENCE AND CLARIFICATION

This might be used to record additional questions or the candidate may use it to write an additional paragraph.		
This episode reinforced to me the importance of possessing adequate knowledge about a patient's medical condition, their current status and being vigilant in monitoring change		

COMMENTS/FEEDBACK TO CANDIDATE

Jane, you gathered background knowledge on Mrs T's health status carefully and were able to establish that it was safe for her to be taken to the Therapy gym. When she became less well, you acted calmly and appropriately ensuring patient safely at all times.

You showed concern for this lady's health, rehabilitation progress and modesty in your interaction with her.

If witness testimony used please state who supplied testimony and relationship to candidate.

Expert Witness Signature (*if applicable):*	
Candidate Signature:	*Jane Smith*
Assessor Signature:	Polly Peck
Date:	06.05.06

EVIDENCE GATHERING FORM

EVIDENCE NO:	2
DATE:	05.05.06

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	☐	**REFLECTIVE ACCOUNT**	☒
QUESTIONS	☐	**EXPERT WITNESS**	☐
PRODUCT	☐	**WITNESS TESTIMONY**	☐

CANDIDATE NAME:	Jane Smith

EVIDENCE:	**Unit, Element, PCs**	**Knowledge**
Today I was asked to work with Mrs P, an older lady with a history of ischemic heart disease and chronic obstructive pulmonary disease. Mrs P has a complex family background and lives in a small ground floor flat. She struggles to cope at home. The aim of the physiotherapy session was to work on Mrs P's exercise tolerance. Having agreed to take part in a rehabilitation session, I gave Mrs P the choice of mobilising on the ward or being taken to the hospital entrance in a wheelchair and walking outside. Mrs P stated that she was keen to go out of the ward. She also stated that she liked to visit a friend who lives, locally, in a second floor flat, where there is no lift. We discussed how her exercise tolerance could be best improved to enable her to meet her goal. It was decided that I take her by wheelchair in the lift to the main entrance where she could walk outside. She would then rest and attempt to climb back up the two flights of stairs to return to the ward. I told the staff nurse and the ward physiotherapist that we would be going off the ward and outside and that we would be about half an hour. They were both agreeable to this plan. Mrs P and I chatted about her home life and family as we went out of the hospital. When outside she stated that she needed to talk to me so I positioned the wheelchair beside and angled towards a bench and sat down beside her so that she could talk comfortably to me. She appeared anxious and a little distressed so I took her hand. She stated that she wanted to go home as she had lived in the area since she was a child but that she was frightened of her son-in-law as he would call on her when he was drunk, demand money and had once hit her when she was unable to give him any. She did not want to give her daughter more worries by telling her of these incidents. She said that she was telling me this as a friend and that she didn't want me to discuss this with anyone. I spoke gently to Mrs P explaining what my job was and also my responsibilities about to passing on information to my superiors relating to protection of individuals from harm, danger and abuse. Mrs P looked very anxious initially but when I again slowly and clearly explained why I needed to pass on this information, she said that she did understand and accepted this. She then said that she wanted to continue with the session and we practiced walking measured distances between the wheelchair and the seats at the hospital entrance. We discussed that this distance was about the distance from her hospital bed to the nurse's station and that she could incorporate this walk into her daily routine. We returned to the main stairway, where I had positioned a chair between the flights in case Mrs P was unable to complete both flights without sitting down. With the assistance of the handrail, Mrs P managed to climb both flights with three standing rests.	**HSC35.1** **HSC35.12** **HSC32.16** **HSC32.4** **HSC35.19** **HSC31.7** **HSC35.2** **HSC31.9** **HSC31.10** **HSC35.21** **HSC31.14** **AP2.6**	**AHP2.10** **HSC31.16** **HSC31.14** **HSC35.3** **HSC35.20** **HSC32.11**

EVIDENCE contd	Unit, Element, PCs	Knowledge
When we returned to the ward, I told the nurse in charge and the physiotherapist about the conversation with Mrs P and her rehabilitation progress. I then clearly documented the session including the conversation with Mrs P in the Unitary Patient Record.	**HSC35.23** **AHP2.10** **AHP2.11**	**AHP2.15**

ADDITIONAL EVIDENCE AND CLARIFICATION

This might be used to record additional questions or the candidate may use it to write an additional paragraph.		
Jane recently attended a Protection of Vulnerable Adults session and the Certificate of Attendance will be attached for evidence of Knowledge and Understanding.		HSC35.8

COMMENTS/FEEDBACK TO CANDIDATE

You acted with sensitivity with Mrs P Jane and calmly and clearly made clear to her where your professional responsibilities lay.

If witness testimony used please state who supplied testimony and relationship to candidate.

Expert Witness Signature (*if applicable):*	
Candidate Signature:	*Jane Smith*
Assessor Signature:	Polly Peck
Date:	05.05.06

EVIDENCE GATHERING FORM

EVIDENCE NO:	3
DATE:	07/05/06

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	☐	**REFLECTIVE ACCOUNT**	☐
QUESTIONS	☒	**EXPERT WITNESS**	☐
PRODUCT	☐	**WITNESS TESTIMONY**	☐

CANDIDATE NAME:	Jane Smith

EVIDENCE	**Unit, Element, PCs**	**Knowledge**
Question: Explain why is it necessary to obtain consent prior to working with an individual. Give examples, from your area of work, of instances where obtaining consent could be difficult and methods that could be used. **Answer:** It is a fundamental ethical principle that every person has the right to determine what happens to his/her own body. For an individual to be able to give consent three factors must be present. 1. They must have enough information relevant to the decision to be made i.e. informed consent 2. They must be able to weigh up the pros and cons and make a judgment relating to the decision i.e. have capacity 3. The decision must be made without coercion		**AHP2.3**
I work within Acute Medicine of the Elderly. Many of our patients have very poor hearing and/or vision. Some have suffered a stroke and have dysphasic problems. Others suffer from dementia or acute confusion related to their current illness. In some cases, they are so unwell that they are comatose. Where an individual has a communication difference, the extent of this is assessed and efforts are made to ease communication by creating an optimum environment and focusing on their stronger senses.		**AHP1.9** **HSC31.10**
1. Where an individual is deaf and does not have a hearing aid, I would write my communication in clear, large print or I would obtain a communicator aid. I would also ensure that the environment was quiet and had appropriate lighting. I would position myself so that the patient could see my lips and any gestures that I might use. 2. Where an individual was dysphasic, I would read the notes relating to their communication difference prior to seeing them. In particular, I would look at the Speech and Language Therapist's assessment and follow communication advice provided. When seeing the individual, I would be very clear and precise with my explanation using straightforward language. I would encourage a response and be sensitive to gesture and body language and facial expression. Where I was unclear if the individual understood, I would seek further advice.		**AHP1.11** **HSC31.15** **HSC31.16** **HSC31.7**
Question: Outline the rehabilitation equipment and materials that you currently use within your job. Explain their use within different treatment programmes.		**AHP2.14**

EVIDENCE contd	Unit, Element, PCs	Knowledge
Answer: Within Elderly Rehabilitation we use a variety of different types of equipment as detailed below: 1. Wheeled Zimmer frames, Zimmer frames, gutter frames, delta walkers, streetwalkers, elbow crutches, walking sticks and fisher walking sticks. These are all walking aids that can be used with patients to facilitate their safe mobility and encourage independence. An appropriate walking aid would be issued to an individual patient following a mobility assessment and may be altered if the patient's mobility status changed. 2. Balls, cones, sticks, wobble boards, parallel bars, Velcro darts, balloons These are examples of equipment that would be used where the aim is to improve a patient's balance and increase their ability to safely move out with their base of support. 3. Encore standing aid, full body hoists These aids would be used to safely and appropriately transfer patients prior to or as part of their physiotherapy programme. When using the Encore, there are different belts, arm straps etc that can be used or the shin pad or footplate can be removed depending on the level of support required to transfer. For rehabilitation purposes, this piece of equipment can also be used for early, safe mobilization. 4. Weights, steps Weights can be used to strengthen muscles by moving body parts against gravity. Steps can be used to functionally increase lower limb power by active exercise.		**HSC32.14** **HSC32.13**

ADDITIONAL EVIDENCE AND CLARIFICATION

This might be used to record additional questions or the candidate may use it to write an additional paragraph Initial questioning took place prior to Jane being assessed in her work role. This ensured that she had the required background knowledge to allow her clinical practice to be assessed. This more in depth written questioning took place after observation of her practice and explored more detailed knowledge of some key areas. Our discussion was broader than the examples recorded here and further questions will be recorded as we progress through the award		

COMMENTS/FEEDBACK TO CANDIDATE

You can include these questions in your portfolio as examples of the in depth level of some of the questioning.

If witness testimony used please state who supplied testimony and relationship to candidate.

Expert Witness Signature (*if applicable):*	
Candidate Signature:	*Jane Smith*
Assessor Signature:	Polly Peck
Date:	07/05/06

EVIDENCE GATHERING FORM

EVIDENCE NO:	4
DATE:	14/05/06

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	☐	**REFLECTIVE ACCOUNT**	☐
QUESTIONS	☐	**EXPERT WITNESS**	☒
PRODUCT	☐	**WITNESS TESTIMONY**	☐

CANDIDATE NAME:	Jane Smith

EVIDENCE	**Unit, Element, PCs**	**Knowledge**
I am the senior physiotherapist in stroke rehabilitation working within the hospital. Although I am not Jane's assessor, Jane works some hours with me in the Acute Stroke Unit and I can confirm that Jane has, in the last 6 months, developed sound therapeutic handling skills with stroke patients who have severely restricted movement and mobility. I asked Jane to work with a Mr J, a patient that Jane and I had previously worked with together, but who now was able to stand safely with minimal assistance from one person. Jane and I discussed MrJ's Therapy Treatment Plan and identified the objectives that she would work on with Mr J. I was also going to work in the gym but with another patient The identified aims were to work on standing balance and controlled right shoulder movement. I witnessed Jane checking Mr J's notes, asking Mr J how he was feeling and gaining his consent to treatment. She then took him to the Therapy Gym, assisted him into a standing position with a plinth on his left and his left forearm supported on it. In a wide based stance and with a light pole placed I his right hand, Jane helped facilitate Mr J to gain right shoulder flexion and extension. Jane positioned herself in front and to the right of Mr J where she was able to give him additional physical support if required and monitor him closely. I heard Jane question Mr J as to whether he had pain around the shoulder. She stated that she could see him wince when he tried to move his arm and that the movement was less than at his previous session. Mr J stated that it was more painful and that his shoulder had been traumatized the previous day when another member of staff had been assisting him to dress. Jane immediately stopped the session and assisted Mr J to sit down and supported his right forearm on a pillow to minimize further trauma. She then called me over to assess Mr J's shoulder. I was able to confirm that his shoulder had subluxed. After Jane had taken Mr J back to the ward and alerted the Nursing Staff to Mr J's shoulder trauma, she documented the incident in the Unitary Patient Record and filled out an incident report. She then observed while I applied a shoulder support and was able to describe clearly how this should be done. On instruction from me, Jane reported to the Nursing Staff that Mr J should wear the support at all times.	**AHP 1.1** **AHP 1.2** **AHP1.5** **HSC32.15** **AHP1.4** **HSC32.11** **AHP1.7** **HSC32.8**	**AHP1.22** **AHP1.5** **HSC32.18**

ADDITIONAL EVIDENCE AND CLARIFICATION

This might be used to record additional questions or the candidate may use it to write an additional paragraph		
A certificate of attendance and participation on the Introductory Stroke Care course has been included.		

COMMENTS/FEEDBACK TO CANDIDATE

Assessor note: this evidence is provided by an expert witness, a Senior Physiotherapist in the Stroke Unit, who works closely with Jane.

If witness testimony used please state who supplied testimony and relationship to candidate.

Senior Physiotherapist Stroke Unit and line manager for 50% of Jane's clinical time.

Expert Witness Signature (*if applicable):*	***Joe Soap***
Candidate Signature:	*Jane Smith*
Assessor Signature:	Polly Peck
Date:	14/5/06

EVIDENCE GATHERING FORM

EVIDENCE NO:	5
DATE:	15/05/06

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	☐	**REFLECTIVE ACCOUNT**	☐
QUESTIONS	☐	**EXPERT WITNESS**	☐
PRODUCT	☒	**WITNESS TESTIMONY**	☐

CANDIDATE NAME:	Jane Smith

EVIDENCE:	**Unit, Element, PCs**	**Knowledge**
Evidence number 6 is the Unitary Patient Record entry for Mrs T written outlining the outcome of her rehabilitation session and disclosure regarding her abuse from her son-in-law. This is not included in the portfolio as it contains confidential information on Mrs T's identity, and details of a sensitive nature relating to the abuse allegations. The entries have been seen and checked by my assessor.	HSC32.2.4 AHP1.7	AHP1.16

ADDITIONAL EVIDENCE AND CLARIFICATION

COMMENTS/FEEDBACK TO CANDIDATE

If witness testimony used please state who supplied testimony and relationship to candidate.

Expert Witness Signature (*if applicable):*	
Candidate Signature:	*Jane Smith*
Assessor Signature:	Polly Peck
Date:	15.05.06