

### **About this Unit**

This standard covers working under the direction of an appropriate specialist, to support individuals participating in therapy programmes to restore or maintain optimum independence in the management of dysphagia.

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 Standard 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 Standard 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> </ul>
<ul style="list-style-type: none"> <li>◆ <b>The following forms of evidence ARE mandatory:</b> <ul style="list-style-type: none"> <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>, how you encourage the individual to maintain and manage their dysphagia.</li> </ul> </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>, discuss with your assessor/expert witness why and how you monitor the progress of the individual's dysphagia and the importance of this.</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 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 assisting others to monitor individuals' attempts at managing dysphagia.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 Why it is necessary to obtain informed consent prior to working with an individual and the methods used to achieve this where the individual is not able to give their informed consent directly.	
5 The actions you should take if adverse issues and risks emerge as a result of the monitoring and evaluation you undertake.	
6 The importance of regularly monitoring the individual's progress in relation to managing dysphagia.	
7 What is involved in assisting others to monitor an individual's progress and why it is important that this is carried out constructively and in a way that encourages the individual to continue.	
8 Why you should seek to support and encourage the individual to promote their own health and wellbeing and how this might be achieved.	
9 The sorts of secondary difficulties that can arise in individuals suffering from dysphagia, how to recognise their emergence and what action you should take to deal with them.	
10 The importance of communication that is responsive to the needs of the individual.	
11 How to create a suitable environment for open and confidential discussion.	
12 The types of information that should be fed back to the individual's therapist and/or the rest of the care team, and when and how you should do this.	

13	Your role in reviewing the individual's progress and the type of support the practitioner requires during this activity.	
14	The information that should be recorded and the importance of doing this contemporaneously.	
15	Record keeping practices and procedures in relation to diagnostic and therapeutic programmes/treatments.	
16	Anatomy and physiology relevant to maintaining a safe swallow.	
17	The main clinical causes of dysphagia.	
18	Why the environment and support required by the individual is important including: (a) lighting (b) geating (c) environmental stimulus, (ie distractions) (d) posture and mechanical supports, (ie pillows, standing frames, specialist seating) (e) utensils, cutlery and feeding aids (f) sensory aids, (ie glasses, dentures, hearing aids) (g) verbal and physical prompts (h) rate of presentation of oral intake (i) verbal and non-verbal cues from individual	
19	How an individual's medical and physical state may impact on their ability to swallow: (a) sensory impairment (b) loss of bodily function (c) loss of cognition	
20	The sorts of issues and risks that can arise with dysphagia.	
21	The main types of dysphagia and their presentation/identification.	

Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Ensure the environment is suitable for open, confidential discussion and where the individual's progress can be evaluated.					
2	Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns.							
3	Gain valid consent to carry out the planned activity.							
4	Assist others in the care team to review with the individual the progress made since the previous monitoring session.							
5	Work with the care team and the individual to identify and record: (a) areas of positive progress and success (b) specific difficulties arising							
6	Reinforce constructive feedback and advice provided by the care team in relation to the individual's approach/ability to manage their dysphagia.							
7	Support and encourage the individual to maintain and enhance their efforts at managing dysphagia.							
8	Reinforce the benefits of continuing to practice and develop their skills and knowledge of dysphagia.							
9	Keep accurate, complete and legible records of the review in line with organisational policy and provide regular feedback to the individual's care team.							
10	Promptly alert the care team to any issue or risks arising.							

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: .....