

## **F05L 04 (HAS3.1) Examine the feet of an individual with diabetes and assess risk status**

### **About this Unit**

This standard covers assessing the condition of the feet of an individual with diabetes for symptoms of complications. The activities described in this standard may be a part of the regular review of the health of a person with diabetes, or the review of progress with a care plan. The individual may be accompanied by a carer, who should be included in the discussions if the individual chooses to involve them.

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.**

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**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></li> </ul>
<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 communicate with individuals and carers throughout the discussion and examination in a manner which is appropriate to them and which encourages an open exchange of views and information.</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>, the signs symptoms and causes of diabetes.</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>

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**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 Relevant national guidelines for diabetes.	
2 Causes of diabetes.	
3 Signs and symptoms of diabetes.	
4 The importance and effects of patient education and self management.	
5 The impact of nutrition and physical exercise.	
6 The risks of diabetes for foot health.	
7 How to examine feet and assess risk status.	
8 Sources of professional and patient information on diabetes and foot care.	
9 How to gather information from patients about their health.	
10 How to work in partnership with patients and carers.	
11 The person's own role in diabetes healthcare as a member of a multidisciplinary team.	
12 The roles of other members of the team.	
13 Local guidelines on diabetes healthcare.	
14 Local systems for recording patient information.	
15 Local quality assurance systems.	
16 The law and good practice guidelines on consent.	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Communicate with individuals and carers throughout the discussion and examination in a manner which is appropriate to them and which encourages an open exchange of views and information.					
2	Confirm that the individual understands the purpose and nature of any examinations which need to be carried out, and gives consent.							
3	Assess for peripheral sensory neuropathy using appropriate tools.							
4	Identify: (a) gross foot deformities (b) evidence of trauma (c) current infection							
5	Examine any current ulceration, and assess ulcer type.							
6	Assess for peripheral vascular disease by palpating pedal pulses.							
7	Examine the individual's footwear and assess its suitability for foot type and risk status.							
8	Gather information on subjective symptoms through discussion with the individual.							
9	Identify the main factors that are likely to limit the individual's ability to care for their feet.							
10	Consult with colleagues, or seek advice from others who are able to assist, where the information you have gathered is difficult to interpret.							

*DO = Direct Observation*

*RA = Reflective Account*

*Q = Questions*

*EW = Expert Witness*

*P = Product (Work)*

*WT = Witness Testimony*

*PD = Professional Discussion*

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*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: .....