

F073 04 (CHS159) Provide support to individuals to develop their skills in managing dysphagia

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 unit 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.**

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Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

| SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT |
|---|
| Simulation: |
| <ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit. |
| <ul style="list-style-type: none"> ◆ The following forms of evidence ARE mandatory: |
| <ul style="list-style-type: none"> ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, how you give the individuals oral intake of the right consistency and appearance as in their plan of care. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, discuss with your assessor/expert witness the main types of dysphasia and how they present. |
| Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following: |
| <ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation. |
| GENERAL GUIDANCE |
| <ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice. |

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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.

| You need to show that you know, understand and can apply in practice: | Enter Evidence Numbers |
|---|-------------------------------|
| 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 providing support to individuals to develop their skills in managing dysphasia. | |
| 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 valid consent prior to working with an individual and the methods used to achieve this where the individual is not able to give their valid consent directly. | |
| 5 Why you should seek to support and encourage the individual to promote their own health and wellbeing and how this might be achieved. | |
| 6 The sorts of secondary difficulties that can arise in individuals suffering from dysphasia, how to recognise their emergence and what action you should take to deal with them. | |
| 7 The importance of communication that is responsive to the needs of the individual. | |
| 8 The types of information and advice which you are able provide the individual with according to your scope of practice. | |
| 9 The types of activities that can be carried out with people in order to help them develop swallowing skills. | |
| 10 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. | |
| 11 The information that should be recorded and the importance of doing this contemporaneously. | |
| 12 Record keeping practices and procedures in relation to diagnostic and therapeutic programmes/treatments. | |
| 13 Anatomy and physiology relevant to maintaining a safe swallow. | |
| 14 The main clinical causes of dysphasia. | |

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| You need to show that you know, understand and can apply in practice: | Enter Evidence Numbers |
|--|-------------------------------|
| <p>15 Why the environment and support required by the individual is important including:</p> <ul style="list-style-type: none"> (a) lighting (b) heating (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 | |
| <p>16 How an individual's medical and physical state may impact on their ability to swallow, in terms of:</p> <ul style="list-style-type: none"> (a) sensory impairment (b) loss of bodily function (c) loss of cognition | |
| <p>17 The sorts of issues and risks that can arise with dysphasia.</p> | |
| <p>18 The main types of dysphagia and their presentation/identification.</p> | |
| <p>19 The reasons for modification of the consistency and appearance of oral intake including:</p> <ul style="list-style-type: none"> (a) impact on nutrition (b) safe working practices when modifying oral intake (c) complying with manufacturer's instructions and local protocols | |

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| Performance Criteria | | DO | RA | EW | Q | P | WT | PD |
|----------------------|--|----|--|----|---|---|----|----|
| | | 1 | Obtain valid consent from the individual before carrying out the agreed treatment programme. | | | | | |
| 2 | Carry out the skill development activities correctly as specified in the individual's care programme using the methods directed by the therapist. | | | | | | | |
| 3 | Seek immediate advice and assistance from a relevant contact where the level of support needed by the individual is beyond your scope of practice. | | | | | | | |
| 4 | Provide the individual with relevant information and advice, as instructed by an appropriate specialist, at a level and pace that is appropriate to their: (a) level of understanding (b) culture and background (c) preferred ways of communicating (d) needs | | | | | | | |
| 5 | Refer any questions which are outside your scope of practice to answer to a relevant member of the individual's care team. | | | | | | | |
| 6 | Provide the individual with sufficient time, opportunity and encouragement to practice existing and newly developed skills, in accordance with the individual's care programme. | | | | | | | |
| 7 | Encourage the individual to develop their knowledge and understanding of dysphasia and the techniques used in its management. | | | | | | | |
| 8 | Support and encourage the individual to promote their own health and wellbeing and be as self managing as possible. | | | | | | | |
| 9 | Provide oral intake in the consistency and appearance identified in the individual's care programme. | | | | | | | |
| 10 | Provide accurate and prompt feedback to the individual's therapist and care team to support them in their effective future planning of the individual's care. | | | | | | | |
| 11 | Keep accurate, complete and legible records of the support provided and the individual's response to it, in line with organisational policy. | | | | | | | |

DO = Direct Observation
EW = Expert Witness
PD = Professional Discussion

RA = Reflective Account
P = Product (Work)

Q = Questions
WT = Witness Testimony

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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: