

About this Unit

This standard covers the positioning of individuals during endoscopic procedures. The individual undergoing the procedure has to be positioned prior to, and a number of times during, the procedure. The positioning has to be undertaken safely, and needs to be coordinated with other practitioners. During this process the individual should be monitored to ensure their safety.

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.**

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. ◆ The following forms of evidence ARE mandatory: ◆ 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, demonstrate how you follow moving and handling guidelines and position individuals safely and in the correct position for the specific endoscopy procedure and use the correct moving and handling equipment. ◆ 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 risks and complications involved with specific endoscopies e.g. bronchoscopes and what specific observations have to be made.
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.

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 ethics and responsibilities of practitioners, and relevant professional bodies, codes of conduct, and guidelines.	
2 Evidence-based practice and its role in improving care.	
3 The legislation relating to the: (a) role of practitioners and clinical practice (b) health and safety (c) the care of individuals, include impact of the Human Rights Act (d) freedom of information and data protection	
4 Government and organisational policies relating to the provision of endoscopy.	
5 Aetiology, pathogenesis, and progress of specific conditions, including genetic or environmental factors.	
6 The anatomy, physiology, and pathology relevant to specific conditions.	
7 The methods for managing specific conditions.	
8 The short, medium, and long term effects of specific conditions on individuals and their carers.	
9 Symptoms of specific conditions, and potential complications and outcomes.	
10 The signs of abnormalities revealed by endoscopic procedures.	
11 Legislation and legal processes relating to consent.	
12 The principles of informed consent, including implied consent and expressed consent.	
13 The process and timing for obtaining informed consent during endoscopic procedures, and what to do if consent is withdrawn during procedures.	
14 The relevant national and organisational policies and guidelines on consent.	
15 Statutory statements, living wills, advanced directives, and other expressions of an individual's wishes.	
16 Established and new endoscopic procedures and techniques that are available for use with specific conditions.	
17 The equipment and accessories to be used with specific endoscopic procedures.	
18 The suitability of endoscopic procedures and techniques for specific groups of individuals.	

FP0H 04 (END8) Position individuals during endoscopic procedures

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
19 The risks and complications of specific endoscopic procedures and techniques.	
20 The guidelines and procedures for quality assurance, and evidence of effectiveness of specific endoscopic procedures.	
21 The methods to assess and monitor the individual during endoscopic procedures.	
22 The needs of individuals and carers, including issues relating to dignity, confidentiality, and privacy.	
23 The role, responsibilities, needs, and relationships between individuals and carers.	
24 The services and assistance that the individual and their carers should be entitled to.	
25 The type of information that is most useful to individuals and their carers, their rights to obtain it, and how they can access it.	
26 How individuals and carers respond to endoscopic procedures.	
27 National and local policies and guidelines relating to the management and effective use of endoscopy resources.	
28 Organisational management structures, roles, and responsibilities.	
29 The procedures, protocols, and pathways for liaising with individuals, carers, practitioners, departments, and agencies.	
30 Record keeping systems and policies.	
31 How to provide feedback on services.	
32 The equipment and safe moving techniques used for positioning and supporting individuals.	
33 The equipment and safe moving techniques used for positioning and supporting individuals.	
34 The procedures and methods relating to the coordination of inter-disciplinary and multi-disciplinary teams within and across services.	
35 The role of different types of practitioners and agencies in providing an endoscopy service.	
36 The services provided by relevant national, local, and voluntary social and health care agencies.	

FP0H 04 (END8) Position individuals during endoscopic procedures

Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Respect the individual's rights and wishes relating to their consent, privacy, beliefs, and dignity.					
2	Provide support to the individual, and the carers they specify, to enable them to make informed choices throughout positioning procedures.							
3	Ensure health and safety measures are implemented at all times when positioning the individual.							
4	Prepare the environment and resources ready for positioning, and remove all obstructions.							
5	Coordinate positioning with other practitioners involved.							
6	Position the individual according to the requirements of the endoscopic procedure and the endoscopy equipment that will be used.							
7	Position the individual in a dignified way which minimises any discomfort or pain.							
8	Use appropriate padding, support, and covers to prevent injury to the individual and excessive heat loss.							
9	Identify any unexpected change in the individual's condition during positioning, and report it promptly to the appropriate member of the care team.							
10	Ensure positioning equipment is returned to the correct place after use.							

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: