

### **About this Unit**

This standard applies to anyone whose role requires them to work under the direction of a registered practitioner to offer assistance during clinical or therapeutic interventions. Within this standard the term clinical/therapeutic interventions refers to any clinical/therapeutic intervention where there is a registered practitioner carrying out the work role. This standard covers the assistant's role in supporting the practitioner within the context of surgery, a recovery suite, ward round activity, therapeutic interventions, or clinical procedures. The focus of the standard is on being effective in an assisting role rather than the clinical/therapeutic skills involved in the intervention, which are covered by other standard. This standard is applicable to a wide range of health contexts and roles in emergency, primary and secondary care. It may include patients in conscious or unconscious states.

Users of this standard will need to ensure 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> <li>◆ <b>The following forms of evidence ARE mandatory:</b></li> <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>, your assessor may observe you responding promptly to requests and directions from the practitioner leading the clinical or therapeutic intervention.</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>, your assessor may ask you to explain using an example from practice, why it is necessary to confirm the identity of the individual and obtain valid consent prior to working with an individual.</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 Why it is necessary to confirm the identity of the individual and 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 consent.          |                               |
| 2 Appropriate methods and procedures for communicating information to others and factors that facilitate an effective and collaborative working relationship.  |                               |
| 3 The type and range of information that might be needed by the practitioner prior to or during the course of a clinical/therapeutic intervention.   |                               |
| 4 Your own level of competence, authority and knowledge in relation to assisting practitioners.  |                               |
| 5 How to explain your assisting role and procedures to individuals/relevant carers in terms that they will understand.   |                               |
| 6 How to manage the privacy and dignity of individual’s throughout required procedures.  |                               |
| 7 Protocols and procedures relating to the clinical/therapeutic intervention to be undertaken.   |                               |
| 8 The importance of following standard precautions relevant to the clinical/therapeutic intervention and the potential consequences of poor practice.  |                               |
| 9 Policies and guidance relating to the moving and positioning of individuals and the impact they have upon your work.   |                               |
| 10 Types of information it is appropriate to give others about an individual’s programme and treatment.  |                               |
| 11 Correct procedures to be followed where other colleague’s actions give you cause for concern.   |                               |
| 12 Record keeping practices and procedures in relation to clinical/therapeutic interventions.  |                               |
| 13 Current European and national legislation, national guidelines and local policies and protocols which affect your work practice in relation to providing assistance to practitioners during clinical/therapeutic interventions. |                               |
| 14 Your responsibilities under the current European and national legislation, national guidelines and local policies and protocols within your working environment.  |                               |
| 15 Policies and guidance which clarify your scope of practice and the relationship between yourself and the practitioner in terms of delegation and supervision.   |                               |

**FP97 04 (GEN8) Assist the practitioner to implement healthcare activities**

| Performance Criteria |   | DO | RA   | EW | Q | P | WT | PD |
|----------------------|---|----|--|----|---|---|----|----|
|                      |   | 1  | Work within your level of competence, responsibility and accountability and respond in a timely manner to meet individual's needs. |    |   |   |    |    |
| 2                    | Ensure effective infection control at all times.  |    |  |    |   |   |    |    |
| 3                    | Respond promptly to requests and directions from the practitioner leading the clinical or therapeutic intervention.   |    |  |    |   |   |    |    |
| 4                    | Check the patient's identity and that valid consent has been obtained.  |    |  |    |   |   |    |    |
| 5                    | Carry out delegated activities following the protocols and procedures related to the clinical/therapeutic intervention in accordance with the individual's care/treatment plan and your own scope of practice in accordance with clinical governance. |    |  |    |   |   |    |    |
| 6                    | Collaborate effectively and proactively during actions that require close team working.   |    |  |    |   |   |    |    |
| 7                    | Communicate required information to others clearly, accurately and in a timely fashion.   |    |  |    |   |   |    |    |
| 8                    | Ensure you maintain the confidentiality of information in accordance with information governance.   |    |  |    |   |   |    |    |
| 9                    | Keep accurate, complete and legible records as directed by the practitioner, in accordance with local policies and procedure and information governance.  |    |  |    |   |   |    |    |
| 10                   | Take appropriate and prompt action in line with relevant protocols and guidelines where other colleagues' actions give you cause for concern.   |    |  |    |   |   |    |    |

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

RA = Reflective Account  
 P = Product (Work)

Q = Questions  
 WT = Witness Testimony

*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: .....