FP9T 04 (CHS206) Adapt healthcare equipment, medical devices, assistive technology, or products

About this Unit

This standard relates to working with individuals, relevant others and members of a multi-disciplinary team, where appropriate, to adapt equipment medical devices, assistive technology and/or products to meet individual needs.

Adaptation involves tailoring the equipment or device to meet the needs of the individual or their circumstances in accordance with the manufacturer's instructions. The process may include a trial use of the equipment and/or device in the user environment.

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

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
♦ 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**, applying appropriate health and safety measures and storing equipment. Your assessor may use a **checklist** to record this. ♦ **Professional discussion:** Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. **For example**, how you involve stakeholders in the process and your understanding of relevant anatomy and physiology.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
♦ **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
♦ 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	Your own level of competence, authority and specialist knowledge.	
2	Liaise and work with the range of stakeholders related to adapting equipment, assistive and medical devices and products within your area of work.	
3	How to communicate effectively in the appropriate medium to meet all the recipient's needs and preferences.	
4	Relevant anatomy, physiology and associated speciality knowledge applicable to the adaption of the prescribed equipment, medical device, product and associated systems within your area of practice.	
5	The procedures and systems within the organisation for the authorisation of any adaption to equipment, medical devices, products and associated systems.	
6	The appropriate measurements and limits of use for each type of equipment, device, product and the associated systems to ensure any adaption maintains its integrity, safety and is fit for the intended purpose.	
7	The acceptable range of measurements used in the adaption to meet the specification of the original prescription in addressing individuals need.	
8	How to evaluate the user environment when applicable, to inform the adaption of the equipment, device, product and associated system.	
9	How the adaption may impact on the equipment or other devices and systems and where to seek advice to address any identified issues/problems.	
10	The types of information that should be documented and the importance of doing this accurately, completely, legibly in a required format with the appropriate level of detail for the target audience.	
11	The current national legislation, guidelines, local policies and protocols which affect your work practice.	
12	The policies and guidance that clarify your scope of practice, accountabilities and the working relationship between yourself and others.	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
1	Work within your level of competence, responsibility and accountability.							
2	Liaise with key stakeholders, individuals or agencies involved in the adaption process for the individual and check authorisation for the adaption.							
3	Check the equipment, device, product and associated system conform to the required quality standards, manufacturers' guidelines and prescription prior to any authorised adaption.							
4	Apply appropriate health and safety measures, infection prevention and control and personal protective equipment within the adaptation process.							
5	Make the required adaption in line with the prescribed/authorised recommendations in accordance with approved protocols and procedures.							
6	Work with any relevant stakeholders during the adaption process for any additional adaption that is outside your competence and level of responsibility.							
7	Confirm the effective operation and safe working order of the equipment, device, product and associated system within expected performance parameters.							
8	Where applicable, check the adaption does not affect any other associated system.							
9	Inform the relevant stakeholders and/or the individual user that the adapted equipment, device, product and associated systems is ready for fitting.							
10	Make arrangements to safely and securely store the equipment, item and/or associated systems prior to the fitting stage.							
11	Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols.							

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: ……..……..