

About this Unit

This standard relates to the provision of advice, guidance and information to individuals and relevant others on the day-to-day management of their condition and arrangements for their treatment plan.

This standard is applicable to a wide range of health contexts in emergency, primary and secondary care.

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.
<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 discuss with the individual their treatment plan and how you provide them with clinical information and make sure you give them the opportunity to ask questions. ◆ 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 situations when you have had to seek expert advice from colleagues on the management of an individual's treatment plan or condition.
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.

FP9V 04 (CHS55) Facilitate the individual's management of their condition and treatment plan

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 Work within your own level of competence, authority and knowledge in relation to providing advice, guidance and information within your specialist area.	
2 When to refer to colleagues for advice, guidance and information and where to seek expert advice and assistance.	
3 The type and significance of treatment plans in relation to the individual's condition and in line with current guidance in your field of practice.	
4 How the availability of resources to undertake procedures to manage a condition or provide a treatment plan can impact upon the suitability of options for the individual.	
5 The relevance of clinical, social and life style behaviours and attitudes and how they can affect the condition or treatment plan.	
6 Regulatory and safety implications of the range of therapeutic and treatment procedures under discussion.	
7 The range of support available to the individual and how they can access this.	
8 Implications and suitability of delays to clinical treatment.	
9 Actions that can be taken by individuals to reduce or minimise risks to health or to obtain emergency support if needed.	
10 Requirements and steps involved in management of conditions and treatment processes and the implications for the individual and relevant others.	
11 How to communicate effectively in the appropriate medium to meet the individual's needs and preferences.	
12 How to confirm an individual's understanding of their condition and treatment plan.	
13 The current national legislation, guidelines, and local policies and protocols which affect your work practice.	
14 The policies and guidance that clarify your scope of practice, accountabilities and the working relationship between yourself and others.	

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	Refer to colleagues for advice, guidance and information when you are unable to resolve the individual's or relevant other's request.							
3	Respect the individual's rights and wishes relating to their privacy, beliefs, and dignity.							
4	Communicate effectively in the appropriate medium to meet the individual's needs and preferences.							
5	Explain the expected and likely effects of the individual's condition and/or treatment plans on their lifestyle, range of activities and limitations.							
6	Explore and discuss the expectations of the treatment plan and provide opportunities to clarify any clinical information.							
7	Advise on and encourage lifestyle changes that could improve their condition or reduce or minimise any symptoms.							
8	Confirm that the individual understands their condition and/or proposed treatment plan.							
9	Provide sufficient time for the individual to reflect on what has been said and if necessary repeat it.							
10	Encourage the individual to manage their situation and to recognise and report problems in a timely manner.							
11	Answer any questions raised by the individual, and refer any questions that cannot be answered to the appropriate sources of information.							
12	Maintain full, accurate and legible records of information in line with current legislation, guidelines, local polices and protocols.							

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: