#### **About this Unit**

This standard covers providing specialist support services to help individuals to manage their body weight at optimum nutritional levels. This may be individuals who are overweight and those who need to gain weight.

In the context of this competence the term individual refers only to adults and older children.

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:

- 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, you could be observed as you obtain full, accurate details of the individual and their relevant background history.
- Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, discuss your knowledge of the effects of different cultures and religions on health related behaviour.

## 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.

### **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.

|    | need to show that you know, understand and can apply in ctice:  | Enter<br>Evidence<br>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 manage their body weight. |                              |
| 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  | The principle of valid consent, and how to obtain valid consent from individuals.   |                              |
| 5  | The policies and guidance which clarify your scope of practice<br>and the relationship between yourself and the practitioner in<br>terms of delegation and supervision.   |                              |
| 6  | The range of services available locally and nationally for people who need information and support in making and maintain changes in their behaviour, and how to access these services e.g. local registered dieticians, commercial slimming groups.                    |                              |
| 7  | How the ethnic diets differ.  |                              |
| 8  | The effects of different cultures and religions on health related behavior.   |                              |
| 9  | How to present information and advice in ways which are appropriate for different people.   |                              |
| 10 | The importance of involving individuals in discussions, and how to do so.   |                              |
| 11 | Behaviour modification techniques, and how to apply them.   |                              |
| 12 | The importance of encouraging individuals to ask questions, and how to do so.   |                              |
| 13 | How to create a suitable environment for open and confidential discussion.  |                              |
| 14 | The importance of obtaining full and accurate information about individuals, and how to do so.  |                              |
| 15 | The dynamics and relationships within groups, and how to manage these.  |                              |

|    | ı need to show that you know, understand and can apply in ctice:   | Enter<br>Evidence<br>Numbers |
|----|--|------------------------------|
| 16 | How to measure individuals' weight, waist circumference,   |                              |
|    | height, skinfold thickness.  |                              |
| 17 | The importance of waist circumference and skinfold thickness in relation to dietary change.                    |                              |
| 18 | How to interpret measurements taken from an individual to  |                              |
|    | inform the type of support you provide.  |                              |
| 19 | What information should be included within a weight  |                              |
|    | management plan and techniques for creating one.   |                              |
| 20 | The importance of realistic weight goals, and how to set them.   |                              |
| 21 | How to maintain a food diary and review it for completeness.   |                              |
| 22 | Basic anatomy and physiology relevant to weight  |                              |
|    | management.  |                              |
| 23 | The principles of the balance of good health.  |                              |
| 24 | The nutritional values attributed to different food groups.  |                              |
| 25 | The role of alcohol in diet.   |                              |
| 26 | Different cooking methods.   |                              |
| 27 | The effects and side effects of additives and preservatives.   |                              |
| 28 | Cultural diversity and how that may impact on the dietary plan.  |                              |
| 29 | The need to consider the effect of financial/social circumstances on nutritional intake.                       |                              |
| 30 | The impact of additional medical conditions on nutritional intake.   |                              |
| 31 | The relationship between exercise, diet and weight management.   |                              |
| 32 | The theory of energy balance, metabolism and how to achieve an energy balance to lose weight.                  |                              |
| 33 | The short and long term effects of being underweight or overweight.  |                              |
| 34 | Record keeping practices and procedures in relation to providing support to individuals to manage body weight. |                              |

| Per | formance Criteria  | DO | RA | EW | Q | Р | WT | PD |
|-----|--|----|----|----|---|---|----|----|
| 1   | Create an environment suitable for open, confidential discussion and for taking measurements.  |    |    |    |   |   |    |    |
| 2   | Obtain full, accurate details of the individual and their relevant background history.   |    |    |    |   |   |    |    |
| 3   | Obtain the individual's valid consent prior to taking measurements.  |    |    |    |   |   |    |    |
| 4   | Take and interpret specified measurements from the individual in accordance with your scope of practice.   |    |    |    |   |   |    |    |
| 5   | Help the individual understand the links between body weight, health and wellbeing.  |    |    |    |   |   |    |    |
| 6   | Assess and encourage the individual's readiness to promote their own health and wellbeing.   |    |    |    |   |   |    |    |
| 7   | Refer the individual to other services and professionals where this is appropriate and within your scope of practice.                              |    |    |    |   |   |    |    |
| 8   | Provide the individual with information about other services and professionals, where this is appropriate and within your scope of practice.       |    |    |    |   |   |    |    |
| 9   | Support the individual throughout, encouraging them to promote their own health and wellbeing and to express their concerns.                       |    |    |    |   |   |    |    |
| 10  | Provide leaflets, brochures and other materials to expand on the information you have provided.  |    |    |    |   |   |    |    |
| 11  | Provide the individual with opportunities to ask questions to increase their understanding of their weight management plan.                        |    |    |    |   |   |    |    |
| 12  | Ask the individual to keep a food diary, if appropriate, explaining what is involved in this and what it will be used for and agree a review date. |    |    |    |   |   |    |    |
| 13  | If appropriate provide contact details of the local services.  |    |    |    |   |   |    |    |
| 14  | Keep accurate, complete and legible records in accordance with local policies and procedures.  |    |    |    |   |   |    |    |

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:   |