

## FP0R 04 (CM E3)      **Enable individuals to use assistive devices and assistive technology**

### **About this Unit**

This standard relates to working with individuals, their carers and other members of a multi-disciplinary team, where appropriate, to assist individuals to use assistive devices and technology. This may take place anywhere.

This standard is relevant to those who provide proactive and co-ordinated Case Management. Here, Case Management means identifying and risk stratifying vulnerable, high-risk people with complex multiple long term conditions. Case Management should take place within the philosophy of enabling and promoting self care, self management and independence.

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 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 could observe how you educate individuals and carers in the safe use, transportation and maintenance of the assistive device and technology, within the user environment.</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>, the principles of posture management and special seating, including an understanding of joints, balance and gait.</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>

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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.**

<b>You need to show that you know, understand and can apply in practice:</b>	<b>Enter Evidence Numbers</b>
1 The current European and national legislation, national guidelines and local policies and protocols which affect your work practice in relation to assisting an individual to use assistive devices.	
2 Your responsibilities under the current European and national legislation, national guidelines and local policies and protocols, and their effect on your actions within the care environment.	
3 The importance of testing assistive devices within the user environment.	
4 How to work effectively as a member of a multi-disciplinary team.	
5 The importance of working in accordance with the plan of care and potential effects if you do not do this.	
6 The importance of using the assistive devices specified in the care plan, even if the individual is experiencing difficulties with its use.	
7 The importance of giving the individual feedback and encouragement.	
8 The importance of encouraging and enabling the individual to be as self managing as possible.	
9 The importance of keeping individuals informed of their progress.	
10 The effect which different walking surfaces (eg slopes, stairs, types of floor covering) affect the use and safety of assistive devices and why it is important to explain this to the individual.	
11 The psychological factors which affect individuals with reduced mobility.	
12 The specific mobility/functionality issues relating to the different conditions for which assistive devices may be prescribed.	
13 How to provide the individual with safe physical support.	
14 The range of assistive devices and the associated systems and procedures for their provision.	
15 How to ensure that the assistive devices are safe and fit for use.	
16 The appropriate measurements and limits of use for each type of assistive device.	

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<b>You need to show that you know, understand and can apply in practice:</b>	<b>Enter Evidence Numbers</b>
17 The importance of making the environment safe for the use of particular assistive devices and methods of doing so.	
18 The importance of reporting adverse effects and progress.	
19 The importance of reporting defects in assistive devices immediately.	
20 The importance of explaining and reinforcing information on the use of assistive devices and how to do so.	
21 How to evaluate the user environment.	
22 How to fit, test and adjust assistive devices to meet individual needs.	
23 The range, associated systems and purpose of assistive devices.	
24 The key principles associated with the fitting and use of specific device being fitted or where to access information relating to the range of assistive devices, associated systems and purpose.	
25 The range of measurements required to prepare a specification for modification or adjustment to original prescription.	
26 Principles of posture management and special seating, including an understanding of joints, balance and gait.	
27 The procedures and systems within the organisation in relation to assistive devices, including repairs, ordering specific assistive devices, modification and so on.	
28 The types of information that should be documented and the importance of doing this accurately, completely, legibly and as contemporaneously as possible.	
29 The requirements for signing off handover documentation.	
30 Why it is important that documentation regarding use and maintenance of assistive devices is given to the individual or their family/carer.	

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Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Explain and reinforce information on the use of the assistive devices and technology with individuals in a manner, and at level and pace, appropriate to them.					
2	Confirm that the assistive device and technology is clean and in good working order for the individual's requirements before use.							
3	Label, remove from use and report defective assistive devices and technology to the appropriate person, and ensure an alternative is supplied as promptly as possible.							
4	Remove and minimise potential hazards in the immediate environment given the limits of the setting.							
5	Educate individuals and carers in the safe use, transportation and maintenance of the assistive device and technology, within the user environment as relevant.							
6	Offer individuals appropriate constructive feedback, encouragement and reinforcement.							
7	Provide safe physical support to enable the individual to use their assistive device and technology when they need it.							
8	Give verbal feedback and physical guidance where individuals are not using their assistive device and technology correctly.							
9	Monitor the effectiveness of the assistive device and technology for the individual and report any problems to the appropriate person with minimum delay.							
10	Accurately report any adverse effect and major progress to the appropriate member of the care team as soon as is practicable.							
11	Agree relevant trial and review periods to co-ordinate with patient treatment plan and develop full capabilities in use of the assistive device and technology.							
12	Complete any documentation or records of activities completed accurately, legibly and completely.							
13	Clean and arrange maintenance of the assistive devices and technology after use and ensure they are ready for future use.							

*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: .....