**Level 3 End-point Assessment for ST0217/AP02 Senior Healthcare Support Worker –**

**Adult Nursing Support (9043-22)**

**Assessment 702/752 - Practical observation**

**Apprentice Reflective Statement to confirm competency**

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| **Apprentice Name** | Name | **Enrolment number** |  |
| **Expert Witness Name** | Name | **Date** | DD/MM/YY |
| **Organisation Name** |  | | |
| **Relationship to apprentice** | ***Please provide details of your relationship to the apprentice (eg: how long have you worked with the apprentice and in what capacity).*** | | |

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| Reflective Statement  Level 3 Senior Healthcare Support Worker – Adult Nursing Support |
| Your reflective statement should be a reflection on either a single or a range of clinical or therapeutic-based activities. In addition, where possible, this should be based on activity/ activities undertaken in the last three months. However it is acknowledged that some Apprentices may require a longer period of time to meet individual circumstances. It is suggested that your statement should not exceed **2000 words** in length. Your focus should be providing an accurate account of the practice undertaken rather than meeting a required word limit. Should your account be over 2000 words, you should review the content and reduce the number of words used. Your City & Guilds End-point Assessor will review the statement in full.  The statement must meet as many of the required skills and behaviours as possible, although you are encouraged to meet all requirements. Any requirements which are not met within the statement or require further clarification will be assessed during the Question and Answer session. You should check that you have met as many of the statements as you can  A checklist has been provided below to assist you in referencing your statement back to the requirements. |

**The following Skills and Behaviours must be met to achieve a pass.**

**Criteria that are not referenced within the Reflective Statement will need to form part of the** **Question and Answer session.**

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| Skills and behaviour requirements for observation of practice | |
| **Skills from core** | |
| **C1.01** | Assist registered healthcare practitioners with clinical or therapeutic tasks; follow care plans; notice and report changes |
| **C1.02** | Gather evidence to assist in obtaining a client history, review health-related data and information |
| **C1.04** | Assist with an individual’s overall comfort, identity and respond to signs of and/or  Discomfort |
| **C1.06** | Recognise limitations in mental capacity and respond appropriately |
| **C1.07** | Perform basic life support for individuals |
| **C2.01** | Follow the principles for equality, diversity and inclusion |
| **C3.01** | Demonstrate what it means in practice to promote and provide person centred care, treatment and support by obtaining valid consent, and carrying out risk assessments |
| **C3.02** | Work in partnership with the individual, their carer, families and the wider health are team |
| **C4.01** | Demonstrate and promote effective communication using a range of techniques |
| **C4.02** | Observe and record verbal and non-verbal communication |
| **C4.03** | Handle information (record, report and store information) in line with local and national policies, keep information confidential and support others to do so; take part in audits |
| **C5.01** | Act within the limits of your competence and authority; ensure that anyone your supervise acts within theirs |
| **C5.03** | Work as a part of a team, seek help and guidance when you are not sure, escalate concerns in a timely manner to the correct person, support or supervise colleagues as required, delegate well defined tasks appropriately |
| **C6.01** | Maintain a safe and healthy working environment, take appropriate action in response to incidents or emergencies, following local guidelines |
| **C6.02** | Move and position individuals, equipment and other items safely |
| **C6.04** | Use a range of techniques for infection prevention and control e.g. waste management; spillage; hand washing; use of Personal Protective Equipment (PPE) |
| **Skills from Option B1: Adult Nursing Support** | |
| **B1.1a** | Assist nurses with delegated clinical tasks |
| **B1.1b** | Undertake a range of physiological measurements on adults |
| **B1.1g** | Contribute to discharge from services |
| **B1.1h** | Monitor and maintain the environment, equipment and resources; perform first line calibration on clinical equipment and manage stock control |
| **Other clinical tasks** are determined by your local work setting and policies e.g.: support people to receive medication or non-oral treatments; monitor the effects of medication; care for stomas; take ECGs; care for individuals with catheters or nasogastric tubes; carry out screening activities e.g. hearing or vision; monitor swallowing, prepare or carry out extended feeding techniques. | |
| **B2.1a** | Support adults to develop and maintain skills for everyday life, continuing recommended therapeutic and activities and encouraging them take responsibility for own health and wellbeing; Support carers to meet the needs of the adult; Advise and support adults on managing their own condition |
| **B2.1b** | 1.2b Support or enable adults to eat/drink |
| **B2.1c** | 1.2c Support or enable adults to wash and dress and use the toilet |
| **B2.1d** | 1.2d Support adults to be mobile; rest, sleep keep safe or express sexuality |
| **Behaviours** | |
| **BH1** | Treat people with dignity respecting individuals diversity, beliefs; culture needs, values, privacy and preferences |
| **BH2** | Show respect and empathy for those you work with |
| **BH3** | Show discretion |

**You must use this section to record you reflective statement.**

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| Reflective Statement |
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| **Word count:** |  |

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| Expert Witness Declaration |
| **I can confirm that:**   * I have read/listened to the Reflective Statement in its entirety and I can confirm that in my opinion, the detail is an accurate and a fair account of the named Apprentice’s ability. * I am an appropriate person to be an Expert Witness * I am a registered professional working at least one level above the apprentice * I have worked alongside the Apprentice on at least three occasions  |  |  | | --- | --- | | **Expert Witness Role** |  | | **Professional Registration Number** |  | | **Registered Body** |  | |

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| **Expert Witness Signature** | Name | **Date** | DD/MM/YY |

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| Apprentice Declaration |
| ***I confirm that:***   * *The examples provided within this reflective statement are accurate and based on real-work based examples where I have practically demonstrated competency against the standard.* * *I understand that the details of the examples included will be explored further by the Independent End-point Assessor during the Question and Answer session.* |

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| **Apprentice Signature** | Name | **Date** | DD/MM/YY |