

## CH HM1 Assess the needs of the client

### OVERVIEW

This standard is based on the premise that for effective assessment to take place, you need to understand the clients' personal, cultural and social situation and the holistic nature of health, effective functioning and well-being. You must be able to communicate effectively with clients and any companion(s). Where particular issues or incidents cause concern you are expected to alert your professional body or other relevant organisation.

Element one involves evaluating requests for herbal medicine and the initial information received about the client, whether it is provided by the client him/herself or comes from another source, such as a referral.

Element two covers the preparation of the consultation area and the way in which you present yourself.

Element three focuses on determining the nature and extent of the client's needs and establishing a diagnosis. You may need to refer the client to another healthcare practitioner or may decide that herbal medicine is not appropriate for the client or you may go on to develop a treatment and management plan for the client.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Version No 1

### KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. structure and functions of the cells and their components
2. structure and functions of tissues: epithelium, connective tissue, membranes
3. structure and functions of biomolecules: carbohydrates, lipids, proteins, co-factors,enzymes
4. the metabolism of carbohydrates, lipids and proteins including control andintegration
5. structure and functions of the musculoskeletal system: bones, joints, muscles,ligaments

6. structure and functions of the nervous system: central and peripheral systems,autonomic nervous system, sense organs
7. structure and functions of the endocrine system: hypothalamus and the pituitary gland, thyroid gland and adrenal glands, feedback control
8. structure and functions of the lymphatic system: the lymphoid tissues and lymphatic circulation, natural (innate) resistance to disease, immunity
9. structure and functions of the cardiovascular system and components of blood and blood clotting
10. structure and functions of the respiratory system
11. structure and functions of the digestive system
12. structure and functions of the genito-urinary system and prenatal and postnatal growth and development
13. how to recognise conditions:
  1. for which herbal medicine is appropriate
  2. where herbal medicine must be used with caution
  3. for which herbal medicine is contra-indicated
  4. for which herbal medicine is inappropriate
14. the structural characteristics and function of key macronutrients and micronutrients
15. the processes involved in the catabolism of food components
16. terms used in Western dietetics to include RDA, RDI, DRV, EAR, LRNI, RNI, safe intakes, BMR, BMI, PAL and bioavailability
17. the effects of food additives, processing and drugs on nutrition
18. how to evaluate dietary assessment methodologies such as weighed dietary and portion records, questionnaires and surveys, food tables
19. the similarities and differences between different dietary approaches
20. dietary needs at different stages of development
21. the relationships between diet and disease
22. diets for individual specific cases
23. the relationship between herbal medicines and diet
24. the diagnostic techniques and clinical applications in orthodox medical practice and how to compare and contrast them with your traditional herbal medicine
25. the distribution of disease in the community and the approach to prevention from the orthodox and holistic points of view
26. how normal cell and tissue structure and function can change to produce genetic changes, abnormal cell growths, tissue injury, inflammation and repair
27. the general nervous, endocrine and metabolic responses to ageing, stress and tissue injury
28. the principles of infection and the ways in which alterations in natural and acquired defences (immunity) can lead to disease
29. the consequences of changes in the circulation, resulting from vascular narrowing and obstruction, fluid excess and loss and organ failure
30. diseases leading to the differential diagnosis of common symptoms and signs affecting the covering and support systems of the body (skin, joints and bone), control systems (nervous and endocrine systems) and maintenance systems (cardiovascular, respiratory, gastro- intestinal and urinary systems)
31. how to take effective case histories
32. how to perform a clinical examination of the major body systems
33. how to interpret basic pathology laboratory data and results of investigative procedures
34. the major actions and side effects of the major classes of orthodox drugs and how to access drug information (use of National Formularies etc)

35. how to recognise potentially serious signs and symptoms and when to refer clients to orthodox medical practitioners
36. the nature and properties of plant substances
37. the procedures for chemical identification tests
38. the value and uses of chemical identification tests and separation techniques
39. the pharmacological effects of the major groups of plant compounds
40. the mode of action of common medicinal plants
41. the limitations of plant biochemistry as an explanatory model for herb actions
42. how to carry out information searches and evaluate current information on plant biochemistry and phytopharmacognosy
43. the processes and issues of quality assurance in relation to herbal medicines
44. the identifying characteristics of commonly used herbs
45. the botanical terms used to describe herbs, including Latin terms and/or tradition specific names where relevant, for parts of plants
46. the legal requirements relating to the storage, labelling and dispensing of herbal medicine
47. the different forms of administering herbs and how to select the most appropriate form
48. the procedures for interacting with pharmacists, licensing authorities, the medical profession and toxicologists
49. the taxonomy and morphology of medicinal plants. How to recognise and identify a wide range of medicinal plants both growing and dried. How to use botanical reference material
50. how to classify plants according to their actions e.g. as stimulants, astringents etc. How to relate the action of an individual herb to its indications in treatment
51. the pharmacological actions of medicinal plants on the body in health and disease and which specific tissues, organs and physiological systems are affected by the administration of a given medicinal plant. The influence of plant remedies on the psycho-social and spiritual aspects of a client's being
52. the relative merits of whole plant preparations, standardised extracts and isolated plant constituents for application in holistic treatment
53. the dosage range for a wide range of medicinal plants
54. the contraindications and incompatibilities of a wide range of medicinal plants
55. the role of rationality, intuition and experience in prescribing treatment
56. the relative merits of simple and/or complex herbal prescriptions
57. the debate concerning the use of native versus foreign herbal remedies
58. conservation issues as they relate to herbal medicine. The merits of organic and wildcrafted herbs
59. the history and fundamental characteristics of Chinese medicine including the stages of development and literary landmarks; holism – seeing patterns of disharmony and the relationship between Traditional Chinese Medicine and Western Medicine in modern China
60. the concept of Yin-Yang, the basic aspects of the Yin-Yang relationship and the medical applications of Yin-Yang
61. the concept of the Five Phases, the Five Phase relationships of engendering (sheng), restraining (ke), rebellion (wu) and overwhelming (chang) and the medical applications of the Five Phase concept
62. the fundamental substances in Traditional Chinese Medicine i.e.
  1. qi – as a central concept in Chinese philosophy and medicine; the sources, functions and forms of Qi
  2. blood (xue) – the sources and functions of blood and the relationship to Qi and to the Zang Fu

3. essence (jing) – the characteristics and functions of essence
  4. spirit (shen) – the characteristics and manifestations of spirit
  5. body Fluids – the characteristics and functions of thinner fluids (jin) and thicker fluids (ye)
63. the function of the internal organs including:
1. differences between the Zang Fu in Chinese Medicine and the anatomical organs of Western medicine
  2. the Five Yin organs (wu zang): the functions of the heart (xin)/pericardium (xin bao); the liver (gan); the spleen (pi); the lungs (fei); the kidneys (shen) and the relationships between the Zang
  3. the Six Yang organs (liu fu): the functions of the gall bladder (dan); stomach (wei); small intestine (xiao chang); large intestine (da chang); bladder (pang guang); triple burner (san jiao) and their relationships with the Zang
  4. the Extraordinary organs (qi heng zhi fu): the functions of the brain (nao); the marrow (sui); bone (gu); vessels (mai); the uterus (zi gong) and the gall bladder (dan)
64. the function of the channels (jing) and network vessels (luo mai) i.e.
1. the distinction between channels (jing) and network vessels (luo mai)
  2. the channel system: the twelve regular channels (shi er jing mai); the eight extraordinary channels (qi jing ba mai); the channel divergences (jing bie); the channel sinews (jing jin); the cutaneous regions (pi bu); the relationship between the channels and the Zang Fu
65. the causes of diseases (aetiology):
1. external causes: the six pathogenic factors (liu xie): wind (feng), cold (han), heat (re) or fire (huo), dampness (shi), dryness (zao), (summer-) heat (shu) and the relationship between the normal or upright (zheng) Qi and pathogenic or evil (xie) Qi
  2. internal causes: the seven emotions (qi qing): joy (xi), anger (nu), worry (you), pensiveness (si), sadness (bei), fear (kong), fright (jing)
  3. not external and not internal causes (bu nei wai yin): diet, imbalances of work and rest, sexual excesses
  4. miscellaneous factors including trauma, burns, bites, parasites
66. how to identify patterns (bian zheng) of disharmony (pathology) according to:
1. the eight principles (ba gang): patterns of the interior (li) and exterior (biao); cold (han) and heat (re); deficiency (xu) and excess (shi); yin and yang
  2. qi, blood and body fluids: Qi deficiency (qi xu), Qi sinking (qi xian), Qi stagnation (qi yu), Qi counterflow (qi ni); blood deficiency (xue xu), blood stasis (xue yu), blood heat (xue re); oedema (shui zhong), distinction between thin mucus (yin) and phlegm (tan); phlegm patterns (tan zheng) including phlegm heat (tan re), damp phlegm (shi tan), cold phlegm (han tan), wind phlegm (feng tan), Qi phlegm
  3. pathogenic factors: wind patterns (feng zheng): wind cold (feng han), wind heat (feng re), wind dampness (feng shi); damp patterns (shi zheng): cold dampness (han shi), damp heat (shi re); cold patterns (han zheng): excess cold (shi han), deficiency cold (xu han); heat/fire patterns (re-/huo zheng): excess heat (shi re), deficiency heat (xu re); summer heat patterns (shu zheng); dryness patterns (zao zheng)
  4. the internal organs: patterns of the heart/pericardium, lung, liver, spleen, kidney; patterns of the stomach, small intestine, large intestine, gall bladder, bladder, triple burner
  5. the six stages (liu-jing): in accordance with the theory of injury by cold: greater yang (tai yang), yang brightness (yang ming), lesser yang (shao

- yang), greater yin (tai yin), lesser yin (shao yin), absolute yin (jue yin)
6. the four levels: in accordance with the theory of warm diseases: defence aspect (wei fen), Qi aspect (qi fen), nutritive aspect (ying fen), blood aspect (xue fen)
67. methods used to examine clients:
1. looking – the shen, physical shape and movement, facial colour, tongue, other external manifestations: eyes, nose, ears, mouth/lips/teeth/gums, throat, limbs, skin
  2. listening and smelling – sound of the voice; breathing cough; body odours
  3. asking about – sensations of cold and hot; sweating; headaches and dizziness; pain/aching/numbness in whole body, in joints, in back, in limbs; chest and abdomen: including epigastric and lower abdominal fullness and pain, oppression of the chest, palpitations, shortness of breath, hypochondriac pain; stools and urine; thirst, appetite and diet, tastes in the mouth, nausea/vomiting; ears and eyes: including tinnitus, hearing loss, pain or pressure in the eyes, blurred vision, floaters; sleep; vitality; mental-emotional state; gynaecological: cycle, periods, discharges; paediatric: including special events during pregnancy, traumas at birth, breast-feeding and weaning, vaccinations; medical history; medication
  4. touching – the pulse: method of palpation; levels of pressure; pulse-positions; pulse qualities including: floating (fu), sinking or deep (chen), slow (chi), rapid (shuo), empty (xu), full (shi), thin or threadlike (xi), wiry or stringlike (xian), slippery (hua), tight (jin), flooding (hong), soggy (ru) or soft (ruan), choppy (se), knotted (jie), interrupted (dai), and hurried (cu); integration of positions and qualities; palpating the skin, the hands and feet, the epigastrium and abdomen
68. the principles (zhi ze) and methods (zhi fa) of treatment i.e.
1. treating in accordance with the season, the locality, and the individual
  2. supporting the upright (zheng) Qi and expelling the evil (xie) Qi
  3. treating the manifestation (biao) and the root (ben)
  4. straightforward treatment (zheng-zhi) and paradoxical treatment (fan-zhi)
  5. the eight methods (ba fa) of treatment: sweating (han), vomiting (tu), draining downward (xia), harmonising (he), warming (wen), clearing (qing), reducing (xiao), tonifying (bu), applications, variations, contraindications
69. the differentiation and treatment of common diseases (refer to the list provided by the Regulatory Authority)
70. the identification, harvesting and storage of Chinese herbs
71. the preparation and treatment of Chinese herbs
72. the natures and properties of Chinese herbs i.e.
1. four Qi and five tastes
  2. ascending, descending, floating and sinking
  3. repairing and draining
  4. targeting of channels
  5. categories
73. the utilisation of Chinese herbs including:
1. combining herbs
  2. contraindications: symptomatic contraindications, contraindicated combinations, contraindications for pregnant women, contraindicated food and drink
  3. dosage: as determined by the nature of the herbs, as determined by the combination and the type of prescription, as determined by the disease situation, the constitution and age of the client

4. administration
74. the name, category, properties (four Qi and five tastes), actions and indications, dosage, contraindications, main combinations, differences between members of the same category and appropriate methods of preparations of the Essential Chinese herbs (refer to the list provided by the Regulatory Authority)
75. the name, category, main actions and indications and differences between members of the same category of the Useful Chinese herbs (refer to the list provided by the Regulatory Authority)
76. the general principles of composing and modifying formulae:
  1. internal structure of Chinese herbal formulae – the principles of formula building and of herb construction
  2. adjustment of formulae to fit the individual case – adding and deleting herbs and flavours, altering herb combinations and altering dose ratios
  3. categories of formula – pre-modern and modern categorisations
  4. types of formulation – decoctions, powders, pills, soft extracts, special pills, tinctures
  5. preparation and administration
77. the category, ingredients and dosage, indications of dosage, contraindications, major modifications, differences in properties and usage between formulae in the same category of the Essential Model Formulae (refer to the list provided by the Regulatory Authority)
78. the category, main ingredients, indications of usage, differences in properties and usage between formulae in the same category of the Useful Model Formulae (refer to the list provided by the Regulatory Authority)
79. the elemental nature of the universe and the five elements i.e. earth, water, fire, air and space
80. the Fourfold Treatise, the relationship between the individual and the environment, mutual dependence and interaction and its use in determining the timing and suitability of treatments
81. the root treatise
  1. normal physical condition viewed as the basis of illness
  2. the diagnosis and symptoms of disorders
  3. treatment, as diet, behaviour, medication and other therapies
  4. the tree metaphor – three roots, nine stems, 47 branches and 224 leaves
82. the explanatory treatise
  1. the object of treatment i.e.
    1. the body - formation of the body (embryology); metaphors for the body; nature of the body (quantitative anatomy dealing with the proportion of bodily constituents, nerves and blood vessels and other important channels in the body); characteristics (physiology) of the body; types of physical constitutions; signs of death
    2. illness - causes of illness; contributing factors of illness; mode of inception of illness; characteristics of illness; classification of diseases
  2. the treatment i.e.
    1. lifestyle – behaviour including usual, seasonal and occasional behaviour
    2. diet - survey of foods and their nutritional value; dietary restrictions; the right amount of food and drink to ingest
    3. medicines - 'taste' and 'post-digestive taste'; six basic tastes and eight fundamental 'potencies' which give each substance its own properties. What the basis is for compounding medicines, in order to achieve the desired curative effect, and the principles involved in compounding medicines.

4. instruments used in external treatments - surgical and medical instruments
3. the means of treatment i.e.
  1. health preservation - remaining healthy (preventive medicine)
  2. diagnosis - diagnosing the actual condition of the client; diagnosing by indirect questioning: gaining the client's confidence; four criteria and their use to investigate whether a disease can be treated or not
  3. treatment of illness - general method of treatment; specific methods of treatment; common and specific means of treatment
4. the one who treats i.e.
  1. the qualities and ethical standards required of a doctor
83. the instruction treatise
  1. 'disruption of the three Nyes pa' – diagnosis and treatment of Rlung disorders; Mkhris pa disorders; Bad kan disorders and the combination of all three in diagnosis and treatment
  2. 'cold' diseases ('consumptive' disorders) – digestive problems; tumours; 1st , 2nd and advanced stage oedemas; chronic metabolic disorder resulting in wasting of bodily constituents
  3. 'hot' disorders (fevers, inflammations, infectious diseases) – hot disorders in general; clarification of possible errors about hot and cold diseases; 'borderline situations' ('Nyes pa' reactions following the treatment of a fever); immature fever; fully-developed fever; empty fever; hidden or latent fever; old (chronic) fever; 'turbid' fever; post-traumatic fever; 'disturbing' fever; contagious diseases; pox-type diseases; infectious disease of intestines; infectious disease of throat and of muscle tissues; common cold and influenza
  4. diseases of the upper part of the body – head; eyes; ears; nose; mouth; goitre and throat diseases
  5. visceral diseases – heart; lungs; liver; spleen; kidneys; stomach; small intestine; large intestine
  6. sexual diseases – male genital disorders; female genital disorders
  7. miscellaneous diseases – problems of voice production; loss of appetite; intense chronic thirst; hiccups; breathing difficulties; sharp abdominal pains of infectious origin; infections/inflammations; vomiting; diarrhoea; constipation; urinary retention (12 different sorts of disorders); polyuria ( 20 sorts of disorders); infectious diarrhoea; gout; rheumatic diseases (osteoarthritis); 'Chu-Ser' disorders (skin affections of various sorts); neurological disorders; dermatological diseases; miscellaneous minor disorders
  8. 'endogenous sores/swellings' – swellings, tumours, cysts, growths; haemorrhoids; 'fire heat' (burn-like blisters); 'Surya' swellings (blood clots); swelling of glands; swelling of scrotum and testicles; swelling of lower limbs; anal fistula
  9. children's diseases (paediatrics) – child care; children's diseases; disturbances in children caused by negative influences in their environment
  10. women's diseases (gynaecology) – general, specific and common disorders
  11. disorders due to 'Severe Mental Disturbance' (Neurology and Psychiatry) disruptive influence of negative emotional states such as hatred and jealousy and their roots in the ultimate demon 'ego fixation' – 'elementals' influence; various patterns of mental disturbance accompanied by physiological manifestations and erratic behaviour; 'insanity makers' – physical signs and disturbed behaviour akin to bipolar affective disorders;

- 'making one forget' – neurological disorder possibly akin to dementia;
- 'planetary influence' – neurological disorders including strokes leading to hemiplegia and/or epilepsy; 'naga influence' relating mostly to leprosy l.
- wounds and injuries – general, head wounds; neck wounds; abdominal wounds; limb wounds
- 12. poisons – specially formulated poisons; food poisoning; natural poisons
- 13. geriatrics – revitalisation treatment
- 14. virility/fertility treatment – virility; women's fertility treatment
- 84. the final treatise
  - 1. diagnosis through examination of pulse and urine
  - 2. 'calming' medicinal treatment – decoctions; powders; pills; pastes; medicinal butters 'calcinates'; extracts; medicinal brews; preparations based on precious stones or substances; herbal preparations
  - 3. 'cleansing' medicinal treatment – lubrication (oil therapy); the five works: purgatives; emetics; cleansing via the nose; gentle enema; forceful enema; 'channel' cleansing as a supplement to the five works; five gentle and forceful external treatments: bloodletting; moxibustion; hot/cold applications; baths/steam baths; ointments; minor surgery as a supplement to the five external treatments; conclusion and entrustment
- 85. how to determine a specific treatment strategy, to select appropriate herbal prescriptions and dietary plans for a wide range of conditions and having regard to the pattern of disharmony particular to the individual concerned
- 86. how to select for any particular scenario or condition a range of possible herbal formulae, and the difference of approach in each case
- 87. how to adapt a prescription appropriately to respond to changing circumstances in the progress of an individual treatment
- 88. how to recognise and deal with adverse reactions
- 89. the factors involved in prognosis
- 90. the factors involved in selecting appropriate dosages of herbs and treatments for particular individuals and conditions, including dosages for the elderly, children and infants. Schedule III herbs and the contraindications in pregnancy
- 91. the history, principles and development of herbal medicine and its relationship to other healthcare modalities
- 92. how to recognise those occasions when herbal medicine may complement other healthcare which the client is receiving
- 93. how to recognise conditions for which herbal medicine is incomplete in itself and for which the client should seek advice from other sources (discipline specific)
- 94. the circumstances when you may choose not to accept a client:
  - 1. herbal medicine is unlikely to succeed
  - 2. the client does not want herbal medicine
  - 3. you do not wish to provide herbal medicine
- 95. the circumstances when you must not accept a client:
  - 1. your specific complementary healthcare discipline is contra-indicated
  - 2. you do not have the requisite experience or expertise
- 96. the range, purpose and limitations of different methods, which may be used for different clients with different needs
- 97. how to determine the most appropriate method(s) for different clients and their particular needs
- 98. how to tailor herbal medicine appropriately for each individual
- 99. how to judge whether self-care procedure(s) is/are appropriate for the client
- 100. how to provide an appropriate assessment environment for the client and the importance of doing so

101. how to select, prepare and use a range of equipment and materials that are needed to assess the client
102. how to prepare and present yourself correctly to carry out assessment
103. why it is important to introduce everyone present and confirm their role within the assessment process
104. how to clarify and confirm the client's (and any companion's) understanding of the assessment process
105. how to interpret the client's initial approach and manner and identify their needs
106. how to select and use different assessment methods effectively
107. the amount of time which each assessment method is likely to take to establish the client's needs
108. the importance of respecting the client's privacy and dignity and affording them as much comfort as possible during assessment
109. how to establish valid and reliable information about the client, determine the priority of need and to formulate your initial hypothesis
110. the information which would confirm or deny initial hypothesis and the reasons for this in particular cases
111. the likely causes of particular conditions and the possibility of changing these
112. the potential risks of various courses of action for the client and how to assess these realistically
113. how to determine the meaning and significance of the information given by the client and how to deal with any inconsistent information gained during assessment
114. why it is important to acknowledge your own limitations and when there may be a need to refer the client on to other healthcare practitioners
115. why it is important to explain the reasons for any delay between requests and assessment
116. the appropriate actions to take on the basis of the assessment to suit the client's condition and identified needs.
117. the importance of explaining treatment/self-care options and methods to meet the needs of the client and what the potential consequences of not doing so may be
118. the role which the client (and others) may take, and may need to take, if the treatment or self-care is to be successful and how to explain and agree them with the client (and any companion)
119. how to support the client to make informed choices
120. the importance of agreeing the location and timing of the herbal medicine sessions with the client, and the factors which may intervene and alter plans
121. why evaluation methods should be determined at the planning stage and what the client's role will be in the evaluation
122. the importance of encouraging the client to be as actively involved as possible and the relationship of this to the promotion of their health, effective functioning and well-being
123. how to monitor and evaluate changes in the client, assess which changes are related to herbal medicine and use this information to inform future practice
124. how to evaluate efficacy and suitability of herbal medicine for a client and how to decide when it should be halted and/or discontinued
125. methods and processes for evaluating information as treatment proceeds and using this to inform future practice
126. the potential risks associated with client self-care and the extent of your responsibilities
127. the importance of giving clear and accurate instructions on self-care and the consequences of not doing so
128. what information is needed for the review to be carried out effectively

129. how to review the effectiveness of the herbal medicine treatment and management plan with the client and evaluate the extent to which their needs have been met
130. the importance of evaluating the herbal medicine treatment and management plan as a whole
131. how and why you should encourage the client (and any companion) to take a full and active part in the review process and offer their views
132. how the client (and any companion) may indicate concerns in the process without making their concerns clear and explicit
133. the importance of active listening in evaluating the herbal medicine treatment and management plan with the client
134. the range of different ways in which the herbal medicine treatment and management plan can be altered to meet the needs of the client and the ways in which their needs may have changed
135. why it is necessary to help and support the client to consider the implications of any changes made to their herbal medicine treatment and management plan
136. how to record the content and outcomes of the review process and what information should be included
137. the variety of reasons there may be for discontinuing the herbal medicine treatment and management plan with the client
138. the professional standards and code of conduct for your discipline
139. the role of the professional body setting the rules and ethics of your discipline
140. the rules, ethics and codes of conduct of your profession and how they apply to your own practice
141. why it is important to keep your understanding of professional rules and codes of conduct up to date
142. how to balance your own responsibilities as a professional with any contractual or other requirements of any organisation within which you work
143. current relevant health and safety legislation and how it applies to your own work role
144. legislation relating to obtaining, storing and using information and supplying services
145. the importance of keeping your understanding of legislation up to date including legislation on banned and restricted herbs and medicinal products
146. the roles and functions of the principal agencies with whom you work
147. how to obtain information from the principal agencies with whom you may be working
148. why it is important to respect the rights of clients
149. the extent of your own remit as a practitioner and the limits of your responsibilities
150. how your own role relates to that of other professionals within the principal agencies
151. the organisational requirements and restrictions relating to the use of resources
152. the range of resources and options available to meet the client's needs
153. how to achieve effective communication through observation, sensitive questioning and listening
154. how to adapt vocabulary, pace and tone of speaking to meet the needs of the client
155. what forms of verbal and non-verbal communication are available and how to use these positively
156. what signals can be used to check the understanding of the client and how to interpret them
157. how to position self and client to encourage communication

158. how to recognise and overcome barriers to communication
159. why certain environments can inhibit communication and how to minimise this
160. why it is important to encourage the client (and any companion(s)) to ask questions, seek advice and express any concerns
161. the nature of a professional relationship and how to develop it with clients
162. how to respond to conflicting advice which clients may receive from different practitioners
163. why it is important to reflect on your own practice and identify any development needs
164. how to evaluate the effectiveness of your own actions and learn from experience
165. the information available on effective complementary healthcare and how to evaluate and use this information within your own practice
166. how the models and concepts in your area of practice have evolved and developed, how they tend to change with time and the similarities and differences between different versions
167. how to develop links with other healthcare providers and the protocols for doing this
168. how to acknowledge the limits of your own knowledge and competence and the importance of not exceeding these
169. the importance of recognising and maintaining the client's right to confidentiality
170. how to balance the client's rights against your responsibility to others
171. what to take into account when passing on information about clients
172. what the procedures and requirements on confidentiality, security and transmission of information are for your organisation and for any other organisation that you may need to contact regarding a client
173. the ways in which confidentiality may be breached and how to prevent their occurrence
174. what is meant by "implied" and "informed" consent and the circumstances in which these may arise
175. the guidance given by your professional body on implied and informed consent and when written consent should be obtained
176. why it is important to ensure that clients have been given sufficient information to give or refuse consent
177. who holds responsibility for gaining consent and when this should be done
178. how informed consent may be obtained for clients who are unable to give the consent themselves and who has the right to give this consent
179. how to confirm that the agreements reached are likely to be in the clients' best interest
180. what the policies on consent, including any specific requirements under contractual agreements are for your organisation and for any other organisation that you may need to contact regarding a client
181. why it is important to protect client confidentiality
182. how to keep records to protect confidentiality and security of information
183. how to keep records so that an audit can be undertaken
184. why it is important to record all the necessary information in a format suitable for further use
185. who has the right of access to information held on records
186. why it is important to acknowledge and respect an individual's rights and dignity and ways of doing this
187. what circumstances may indicate a need for the presence of a third party
188. who may act as a companion for the client and how to interact with them
189. what your legal and ethical responsibilities are in relation to the client's health and

safety

190. how to maintain your practice in line with health and safety legislation
191. how to be supportive to the client (and any companion(s)) whilst managing time effectively
192. how to obtain information on commonly encountered diseases, drugs and their side effects
193. the concept of health, effective functioning and well-being that is consistent with the practice, principles and theory underlying your discipline
194. why it is important to recognise that the client's previous and present care may affect their health, effective functioning and well-being
195. how the psychological and emotional balance of the client may affect their health, effective functioning and well-being
196. how to recognise when the body is in health balance and when it is not functioning as it should
197. how signs and symptoms may be suppressed or altered by other factors such as medication, exercise, diet
198. how the client's diet, lifestyle and emotional state can affect their health, effective functioning and well-being
199. how the physical, social, emotional and economic context in which people live affects their health, effective functioning and well-being
200. how personal beliefs and preferences affect how clients live and the choices they make
201. what resources are available to clients to make changes to the context in which they live and make choices about their lifestyles
202. the nature of illness and the impact this may have on a client's health, effective functioning and well-being
203. why it is important to recognise conditions which may pose a serious risk to the client and when to seek immediate help or advice from other professional sources
204. the nature of disability and your role in working with those who have disabilities
205. how an individual's abilities and disabilities may affect the nature and form of help and support and the manner in which you provide it

## PERFORMANCE CRITERIA

You must be able to do the following:

1. evaluate requests for services for their appropriateness
2. advise clients to consult other healthcare practitioners where appropriate
3. communicate in a manner which is understandable by the client
4. establish the client's particular requirements through sensitive questioning
5. assess the severity of the client's needs or the risk of their condition deteriorating
6. ensure that any fee structures, charges and different methods of payment are clearly understood
7. explain possible outcomes, charges and duration of services to the client
8. arrange a suitable time and location for the consultation and agree those who should be present
9. record arrangements made for the consultation fully and accurately

10. ensure that the consultation environment is appropriate for the client and their needs
11. present a professional appearance and be prepared and fit to carry out the consultation
12. ensure that any equipment, materials, and surrounding work area are prepared and meet professional codes of practice, legal and organisational requirements
13. introduce the client to those present, confirm individual roles and obtain consent if relevant for others to be present
14. communicate effectively and in a manner which maintains client goodwill, trust and confidentiality
15. explain the nature, scope and duration of the consultation and any related interventions
16. encourage the client to ask questions, seek advice and express any concerns about the consultation
17. obtain the consent of the client to any physical examination
18. interact with any companion(s) of the client in ways that are appropriate to the needs of all parties involved
19. respect the client's privacy and dignity throughout the consultation and ensure they are as comfortable as possible
20. conduct the consultation in a manner which encourages the effective participation of the client and meets their particular requirements
21. support the client to identify significant aspects of their lives and use this to inform the consultation
22. determine any contra-indications or restrictions to physical examination and investigation and take appropriate action
23. use examination and investigation methods which are safe, appropriate to the client's presenting condition and comply with professional and legal requirements
24. use systematic questioning and appropriate physical examination to establish a diagnosis
25. seek advice and support from an appropriate source when the needs of the client and the complexity of the case are beyond your own remit or capability
26. inform the client when additional information is required and obtain their consent to obtain the information
27. evaluate the information obtained for and during the consultation and determine appropriate action
28. ensure records are signed, dated and include all relevant details and any supporting information

## **ADDITIONAL INFORMATION**

This National Occupational Standard was developed by Skills for Health.

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB2 Assessment and care planning to meet people's health and wellbeing needs