

# Highfield Level 5 End-point Assessment for Healthcare Assistant Practitioner (EPA from the 19<sup>th</sup> July 2021)

## Reflective Statement Matrix Sheet

This document should be used to map the apprentice's reflective statement to the healthcare assistant practitioner standard and should accompany the statement when submitted to Highfield Assessment.

<b>Apprentice's Name:</b>	
<b>Employer:</b>	
<b>Training Provider:</b>	

### Criteria to be covered

Please complete the below mapping template to indicate if criteria have been covered by adding a Y if it has been fully covered or an N if partially covered.

Ref	Assessment criteria	Criteria covered Y/N:
OB1.1	<b>Communicate complex sensitive information through a variety of methods.</b>	
OB2.1	<b>Manage information, keeping accurate records and ensuring confidentiality.</b>	
OB3.1	<b>Use a range of techniques to prevent the spread of infection.</b>	
OB3.2	promote (a range of techniques to prevent the spread of infection) including hand hygiene, the use of Personal Protective Equipment (PPE) and waste management.	
OB4.1	<b>Maintain a safe and healthy working environment.</b>	
OB4.2	Promote (a safe and healthy working environment).	
OB5.1	<b>Identify and manage risks.</b>	
OB6.1	<b>Demonstrate what it means in practice to provide person-centred care and support.</b>	
OB6.2	Promote (what it means in practice to provide person-centred care and support).	
OB7.1	<b>Treat people with dignity.</b>	
OB7.2	Respecting individual's diversity, beliefs, culture, values, needs, privacy and preferences.	
OB8.1	<b>Show respect and empathy for those you work with.</b>	
OB8.2	Have the courage to challenge areas of concern and work to best practice.	
OB8.3	Be adaptable, reliable and consistent.	

Ref	Assessment criteria	Criteria covered Y/N:
OB9.1	Show discretion and self-awareness.	
OB10.1	Promote effective inter-professional and multi-disciplinary team working	
OB10.2	(Effective inter-professional and multi-disciplinary team working) with peers, colleagues and staff from other agencies.	
OB11.1	Provide appropriate leadership within the scope of the role.	
OB12.1	Undertake defined clinical or therapeutic interventions appropriately delegated by a Registered Practitioner.	

### Apprentice Declaration

*I confirm that the evidence contained within this statement is all my own work and any assistance given and/or sources used have been acknowledged.*

<b>Apprentice's signature:</b>	<b>Date:</b>
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Please ensure this matrix sheet is submitted with your statement and that all evidence submitted is saved in one of the following file formats:

.docx	.xlsx	.pptx
.pdf	.jpg	.png
.mp3	.mp4	.m4a

### Expert Witness Declaration

*I have read the reflective statement in full and I can confirm that this is a true reflection of the apprentice's abilities and I have observed the apprentice performing these tasks on more than 3 separate occasions, to a competent level. I confirm that I am a registered professional and work at a level that is above the learner's current level of competence.*

<b>Expert witness's name:</b>	
<b>Expert witness's signature:</b>	<b>Date:</b>
<b>Expert witness job role:</b>	
<b>Expert witness's PIN/Registration Number:</b>	