

<b>Title</b>	<b>Describe relationships between practitioners, and <del>roles and responsibilities in group processes</del> <u>es</u> in a health <del>care context</del> <u>and wellbeing setting</u></b>		
<b>Level</b>	<b>4</b>	<b>Credits</b>	<b>4</b>

<b>Purpose</b>	<p>People credited with this unit standard are able to: <del>describe professional relationships between health care practitioners, and roles and responsibilities in group processes within a health care context.</del></p> <ul style="list-style-type: none"> <li>• <u>describe professional relationships between health care practitioners;</u></li> <li>• <u>describe group process roles and responsibilities within a health or wellbeing setting.</u></li> </ul>
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<b>Classification</b>	Health, Disability, and Aged Support > Health and Disability Principles in Practice
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<b>Available grade</b>	Achieved
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**Explanatory notes** **Guidance Information**

**1** Definitions

~~Complementary health professions refer to a number of different health care models which may use alternative models to the medical model.~~

~~Group processes within a health care context involve health care practitioners from both mainstream and complementary contexts collaborating as colleagues to provide patient care. Such group processes do not dilute the unique contributions to health care of the individual contexts.~~

~~Health or wellbeing setting includes but is not limited to the aged care, acute care, community support, disability, mental health, social services, whānau ora providers, and youth development sectors.~~

~~Health care is perceived holistically; made up of integrated sets with their own properties and relationships which form both open and complex systems as defined in systems theory.~~

~~Group processes within a health care context involve health care practitioners from both mainstream and complementary contexts collaborating as colleagues to provide patient care. Such group processes do not dilute the unique contributions to health care of the individual contexts.~~

Mainstream health professions are those whose preferred frame of reference in addressing health care issues is the medical model.

~~Complementary health professions refer to a number of different health care models which may use alternative models to the medical model.~~

## Outcomes and ~~evidence requirements~~ performance criteria

### Outcome 1

Identify and describe professional relationships between health care practitioners.

Range may include but is not limited to – ~~doctors~~ medical health professionals, general practitioners, registered nurses, enrolled nurses, physiotherapists medical specialists, occupational therapists, dieticians, speech and /language therapists, radiographers, anaesthetic technicians, cardiopulmonary technicians, social workers, ambulance officers, naturopathosteopaths, herbalists, aromatherapists, acupuncturists, Chinese traditional medicine practitioners, rongoa practitioners, exercise physiologists massage therapist, hypnotherapists, homeopathy practitioners; evidence is required of two mainstream health profession relationships and two complementary health profession -relationships care.

#### Performance criteria

#### Evidence requirements

- 1.1 Health care occupation ~~r~~Roles and responsibilities ~~of health care occupations~~ are identified.
- 1.2 The similarities and differences between hHealth care practitioners' roles and responsibilities are ~~explained described~~ in terms of their similarities and differences.

### Outcome 2

Describe group process roles and responsibilities ~~in group processes~~ within a health ~~care~~ context ~~or wellbeing setting~~.

#### Performance criteria

#### Evidence requirements

- 2.1 ~~A range of~~ identified roles within group processes are described.
- Range roles may include but are not limited to – leadership, collaborative, facilitative, questioning, specialist expertise.
- 2.2 Collaborative group processes are described ~~in terms of those that~~ that would ensure ~~the addressing of that an~~ interdisciplinary needs is addressed.

<b>Planned review date</b>	31 December 20 <u>25</u> <del>17</del>
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### Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	20 September 2012	<del>N/A</del> <u>31 December 2022</u>
<u>Review</u>	<u>2</u>	<u>MM 2021</u>	

<b>Consent and Moderation Requirements (CMR) reference</b>	0024
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This CMR can be accessed at <https://www.nzqa.govt.nz/framework/search/index.do>.

**Please note**

~~Providers must be granted consent to assess against standards (accredited) by NZQA, before they can report credits from assessment against unit standards or deliver courses of study leading to that assessment.~~

~~Industry Training Organisations must be granted consent to assess against standards by NZQA before they can register credits from assessment against unit standards.~~

~~Providers and Industry Training Organisations, which have been granted consent and which are assessing against unit standards must engage with the moderation system that applies to those standards.~~

~~Requirements for consent to assess and an outline of the moderation system that applies to this standard are outlined in the Consent and Moderation Requirements (CMR). The CMR also includes useful information about special requirements for organisations wishing to develop education and training programmes, such as minimum qualifications for tutors and assessors, and special resource requirements.~~

**Comments on this unit standard**

~~Please contact Careerforce [info@careerforce.org.nz](mailto:info@careerforce.org.nz) if you wish to suggest changes to the content of this unit standard. Please contact the Community Support Services ITO Limited [info@careerforce.org.nz](mailto:info@careerforce.org.nz) if you wish to suggest changes to the content of this unit standard.~~