



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Care of Children and Young People

Assignment 2 – Practical activities part 2

Provider delivery guide with mark scheme

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Assignment 2

Practical activities part 2

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Document security

To be opened on (day of the week) (date) (month) (year) at 9.00am, 7 working days prior to the assessment period from (day of the week) (date) (month) (year) to (day of the week) (date) (month) (year).

This assessment material must **not** be shared with students. Any breach of this assessment material must be reported to NCFE **immediately** in accordance with the assessment regulations found on the NCFE website.

Time allowed

1 hour 45 minutes

Paper number

[paper number]

SAMPLE

Introduction

This document must be used to deliver and mark the practical activity assessment for the (insert series) series of Supporting the Care of Children and Young People.

It is the responsibility of the internal moderator to follow the guidance contained within this document and ensure that a consistent approach is taken to the delivery and marking for all students through a satisfactory internal standardisation process.

SAMPLE

Summary of the practical activities assessment (PAA)

The PAA aspect of the occupational specialism component requires students to demonstrate practical activities taken from the list of practical activities published by NCFE CACHE in September (insert year). The list of practical activities is published in the tutor guidance document which can be found on the NCFE website.

The PAA is externally set by NCFE.

The PAA is internally marked by provider assessors and moderated by NCFE. Providers are required to audio-visually record the performances of all students.

The PAA requires students to complete the **4** practical activity scenarios detailed in this document.

The PAA is assessed against 2 mark schemes:

- a scenario specific skills mark scheme - this mark scheme is applied to award a mark for every practical activity scenario
- an underpinning skills mark scheme - this mark scheme is applied to award a mark across the practical activity scenarios

Assessor instructions

- this assessment requires students to demonstrate the **4** practical activity scenarios detailed in this document - the practical activity scenarios are taken from the list of practical activities published by NCFE CACHE in September [insert year]
- it is the responsibility of the internal moderator to follow the guidance contained within this document and ensure that the practical activity scenarios are set up correctly at different stations within a suitable assessment environment
- the floor plans included are illustrative to suggest an appropriate layout for each scenario; it is not a requirement to exactly replicate the floor plan and there may be resources and equipment not represented on the floor plan
- students will move between the **4** stations during the assessment, once the first student has completed station 1 and has moved to station 2, the next student will be admitted to station 1 and so on
- students must be given up to **5** minutes when they get to each station to prepare for the practical activity scenario, they should use this time to carefully read each practical activity scenario, including any supporting information and familiarise themselves with the station
- students will have a maximum amount of time to complete each practical activity scenario, the time available is written clearly at the beginning of each practical activity scenario, and if a student goes over this time, you must tell them to move on to the next station
- assessors should read the instructions and information on the front of the assignment brief to the student and confirm understanding before the practical activity assessment begins, students should be made aware that some stations might take more time than others, meaning they may have a short wait before being allowed to progress to the next station and understand that this waiting time will still be under supervised conditions, as specified in the tutor guide and assessment regulation documents
- where providers are delivering the assessment with assessors remaining at each station, providers must have ensured that there is mechanism by which the student's assessment booklets can be kept securely between stations
- assessors will need to collect the students completed assignment brief booklets at the end of the assessment

Assessor information

Marks

- the marks available for each practical activity scenario are shown in brackets
- the marks for this assessment are broken down into scenario specific skills and underpinning skills:
 - 16 marks are available for scenario specific skills and students will be awarded a scenario specific skills mark for their performance in each practical activity scenario they demonstrate
 - 12 marks are available for underpinning skills and students will be awarded an underpinning skills mark for their holistic application of these skills in their performance across the practical activity scenarios they demonstrate
- the maximum mark for this assessment is 76

Materials

For this assessment students must have:

- a black or blue ball-point pen

Equipment and resources

The equipment and resources listed under each practical activity scenario are in line with those detailed in the qualification specification. All equipment and resources should be familiar to the student and should have been used during teaching and learning delivery of the qualification.

Standardised patients and role play

Where the practical activity scenario requires a standardised patient or element of role play, these roles must be fulfilled by a member of the provider staff. It is not appropriate to use students or any other person in these roles for the assessment.

Standardised patients and role players must be fully briefed on the requirements of their role in each of the scenarios, prior to the assessments taking place. Role play scripts are provided in the resources, where appropriate.

Number of provider staff required

The table below indicates the number of provider staff that are needed to deliver **each** practical activity scenario.

Practical activity scenario	Assessor	SP/RP*	Total
1	1	2	3
2	1	2	3
3	1	1	2
4	1	1	2

Note: The assessor will act as one of the role players if their role is minimal, and **only** where it does not distract from the focus being on applying the mark scheme. Further detail is provided in the specific requirements for each practical activity scenario.

Assessing the practical activity stations

Providers can manage the marking of the practical activity assessment in either 2 ways:

- individual students are assessed on all practical activity stations by one assessor
- individual students are assessed by multiple assessors located at the different practical activity stations

It is the responsibility of the internal moderator to ensure that the assessors marking, in either approach, is in line with the agreed standard.

PAA delivery

For further guidance on the general delivery of the PAA, please refer to the tutor guidance document which can be found at on the NCFE website.

Please be aware that the details provided in this section, whilst reflecting the assignment brief document given to students, do contain additional information. The additional information is provided to help providers establish a consistent approach to the delivery and marking of the PAA.

Most of the items contained within this document will be repeated in the students' assignment brief. There will, however, be instances where providers need to make copies of items from this document. Clear instructions will be given where this is the case.

SAMPLE

Practical activity scenario 1

This practical activity scenario requires students to:

OPA11: Support or enable children and/or young people to dress and undress

Purpose

To assess the student's ability to provide the appropriate support to a child or young person.

To assess the student's ability to empower parents to take an active role in their child's independence.

Brief

A 6-year-old child with Down's syndrome has been admitted to hospital for further tests to explore a potential diagnosis. They have just been discharged and are now able to go home.

The child has been attending hospital regularly and you can see from the patient notes that some comments have been made about the child's lack of self-care skills. A colleague mentions to you that usually one of the child's parents 'does everything for them'.

Task

You have been asked by the nurse in charge to support the child to get changed out of their pyjamas into their clothes now that they are able to go home. You should:

- encourage parents to let the child take the lead
- model appropriate support strategies and levels of intervention
- support the child with dressing
- promote active participation from the child
- engage the parent and child in discussion

(16 marks)

plus marks for underpinning skills – person-centred and family-centred care and service frameworks, communication techniques and strategies and health and safety.

Supporting information

Mode of assessment

This practical activity scenario involves role play. The parent is played by a member of staff.

The child will be played by a member of staff who will dress the manikin as instructed by the student.

The simulated station should be set up as a consulting room.

Equipment

This practical activity scenario requires the following equipment:

- a manikin wearing pyjamas
- a variety of clothes

Time

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 25 minutes.

Performance outcomes

This practical activity scenario assesses:

PO1: Assist with clinical tasks and treatment for children and young people

PO2: Provide care and support to children and young people before, during and after clinical or therapeutic procedures

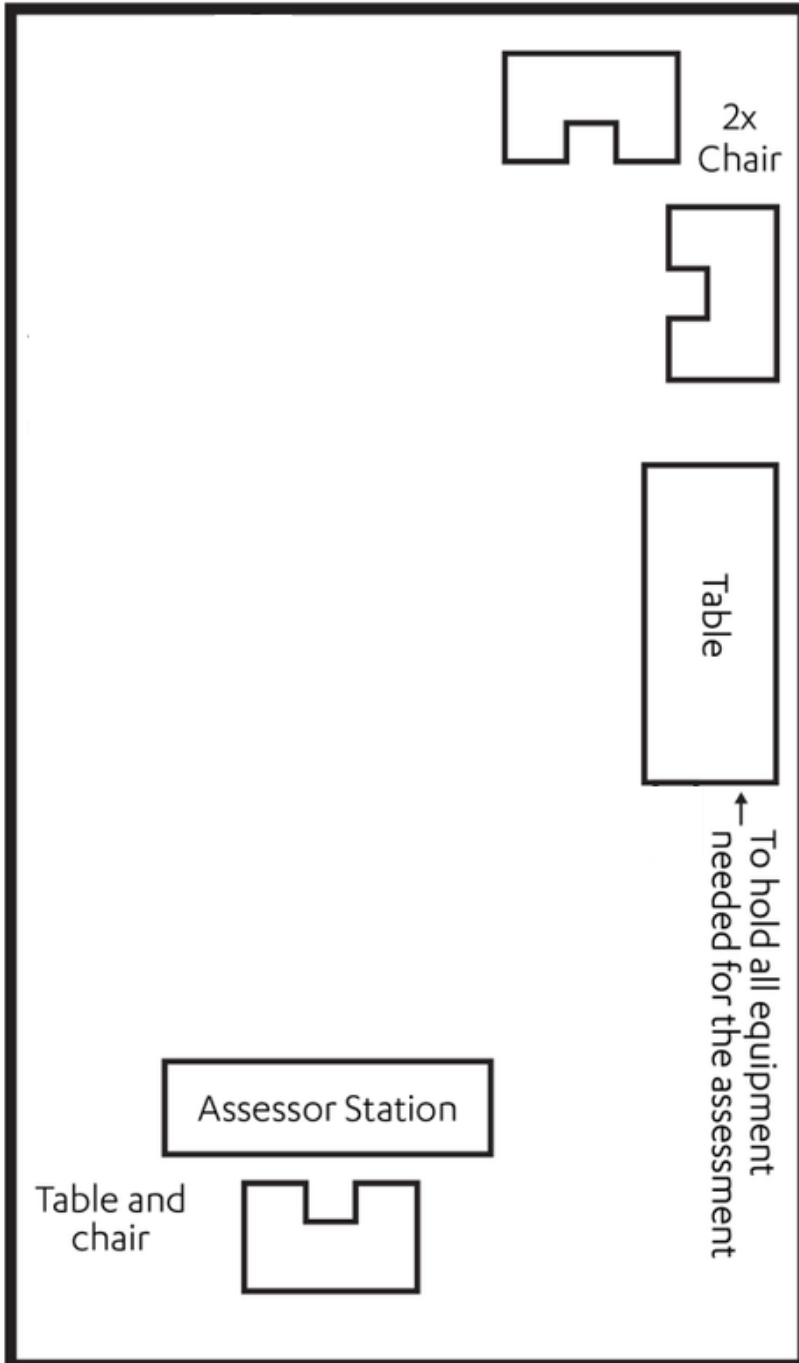
PO3: Support parents, families and carers to meet the needs of the children and young people

Role play information

The parent will

- disclose that he/she is too busy to allow the child to dress for themselves
- suggest that the child cannot manage buttons and has to be helped to dress and undress
- suggest that the child cannot take an active role due to speech impairment

Floor plan scenario 1



Practical activity scenario 2

This practical activity scenario requires students to:

OPA5: Use known strategies to implement family-centred decision making to deliver the child and/or young person's healthcare needs

Purpose

To assess the student's ability to provide the appropriate support to a CYP and parent.

To assess the student's ability to empower the CYP.

Brief

George is 11 and has type 1 diabetes. He has expressed a wish to manage his diabetes more independently in preparation for starting secondary school.

Task

You need to use the SHARE approach (item A) to have a discussion with George and establish his capacity to manage his diabetes. You should:

- establish any concerns George may have
- encourage family-centred decisions
- use the information from Diabetes UK (item B) to suggest ways that George can prepare for adult care

You have 5 minutes to set up the session, 10 minutes with the child and 10 minutes to record the session.

(16 marks)

plus marks for underpinning skills – person-centred and family-centred care and service frameworks, communication techniques and strategies

Supporting information

Mode of assessment

This practical activity scenario involves role play. The parent is played by a member of staff who should sometimes speak for George when it is not appropriate to do so.

George is played by a member of staff.

A role play information sheet is provided below.

The simulated station should be set up as a consulting room.

Equipment

This practical activity scenario requires the following equipment:

- blood glucose tests (for simulation only)

Resources

- SHARE approach (item A)
- role play information sheet – for provider staff only
- Diabetes UK information (item B)

Time

The total amount of time available for this practical activity scenario is 30 minutes, including 5 minutes preparation time.

Performance outcomes

This practical activity scenario assesses:

PO1: Assist with clinical tasks and treatment for children and young people

PO3: Support parents, families and carers to meet the needs of the children and young people

Role play information sheet

Parent

- The parent is played by a member of staff who should sometimes speak for George when it is not appropriate to do so
- Be overprotective and very concerned about George's ability to cope

George

- George is played by a member of staff who must show the student how he manages his diabetes
- George is able to calculate his carbohydrates and undertake blood glucose testing
- George should express his wish to be more independent but also to voice concerns about managing this at his new school

Item A: SHARE approach

The SHARE Approach: A Model for Shared Decision making - Fact Sheet | Agency for Healthcare Research and Quality (ahrq.gov)

The infographic illustrates the SHARE approach for shared decision making, consisting of five sequential steps. Each step is represented by a diamond-shaped icon with a number, a photograph of a healthcare professional interacting with a patient, and a corresponding text description. A large, faint watermark reading 'SAMPLE' is overlaid diagonally across the entire graphic.

- STEP 1**: **S**eek your patient's participation. (Image: A doctor in a white coat talking to an elderly male patient.)
- STEP 2**: **H**elp your patient explore & compare treatment options. (Image: A doctor and a female patient looking at a document together.)
- STEP 3**: **A**ssess your patient's values and preferences. (Image: A doctor in blue scrubs talking to a female patient.)
- STEP 4**: **R**each a decision with your patient. (Image: A doctor and a female patient looking at a document together.)
- STEP 5**: **E**valuate your patient's decision. (Image: A doctor talking to a smiling male patient.)

Item B: Diabetes UK information

Adapted from carer's checklist for children with diabetes

Childcare and diabetes | Diabetes UK

- How much does your child's carer know about diabetes and what are they prepared to do for your child?
- Give the carer as much information as they need about your child's diabetes, and back it up with written information.
- Is your child's carer going to **give your child insulin** or **do their blood sugar test**? If so, do they know how to do this correctly? Allow plenty of time for teaching and practising.
- Do they know what the blood sugar tests mean and how to respond? Make sure they know what your child's blood sugar targets are and what to do if their results are outside this range.
- Is your child going to eat with the carer? If so, tell the carer which foods to give your child and when. Make sure they know whether they need to give your child insulin with any snacks or meals, and how much.
- Does your child's carer know how to recognise and treat a hypo? Give them a written list of your child's usual hypo symptoms, as well as their usual hypo treatments.
- Is your child going to do any type of physical activity with their carer? Make sure they know how to manage this.
- Give your child's carer all the equipment they need to look after your child, plus spares in case of accidents.
- Have you given your child's carer your contact number in case of any problems? Make sure you also give them someone else's contact number in case they can't get hold of you.
- Talk to your diabetes team for more individual advice about leaving your child with a carer. Your Paediatric Diabetes Specialist Nurse (PDSN) may be able to help teach your child's carer about diabetes and how to manage it.
- If you're going to leave your child with a carer regularly for a long period of time, you may find it useful to give them the written healthcare plan that's recommended for use at school.

What to expect when your child moves into adult diabetes care | Diabetes UK

Make sure your child knows why they're moving into adult care

As your child gets older and they start to manage their diabetes more independently, adult care will suit them better. It's about giving them all the skills they need to be able to manage their diabetes which can include learning to carb count on their own, learning how to change their dose, or simply feeling comfortable enough in an adult clinic and asking for help from a doctor or nurse. This is important as it will prepare your child for growing up, moving out and just making them feel more prepared. But it might not always feel like this at the start though.

It's important that they know as much about moving into adult diabetes care as possible and that they know moving doesn't mean they'll have to do it all on their own straight away.

Set small goals to help your child learn about managing their diabetes. Setting goals is a way you can help your child grow in confidence and independence before they move into adult care. These could include different things like:

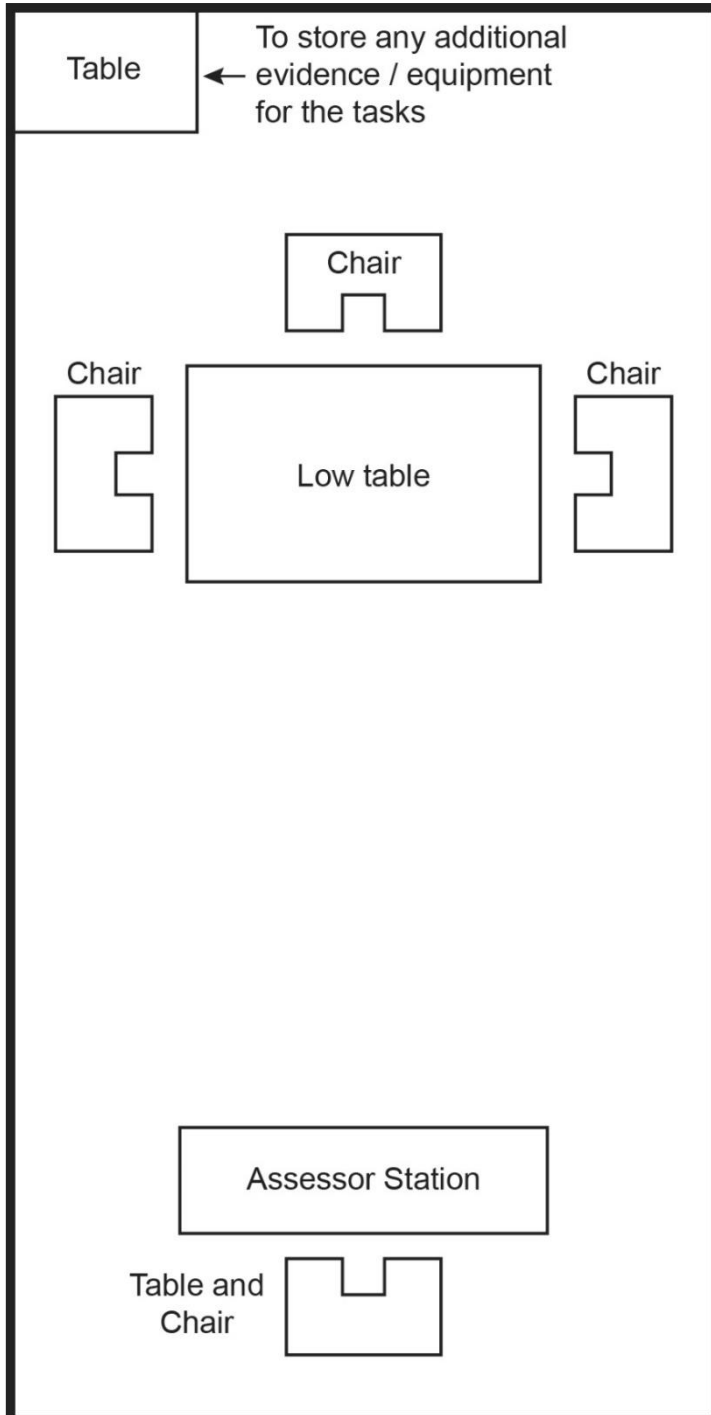
- They start to make their own appointments with the doctor
- Learn to carb counting without needing help

- Cook for themselves and the family once a week
- Sit with their healthcare team and speak about their diabetes on their own
- Go to an appointment on their own
- Get to the clinic and back on their own when they're old enough

There are lots of different ways you can encourage your child to be more independent and still help them if you need too. You can do this by waiting in the waiting room instead of going into the appointment. Ask them to explain what the doctor said so you know they understand what they might need to do differently, what they're doing well or what they could start doing and why.

SAMPLE

Floor plan scenario 2



Practical activity scenario 3

This practical activity scenario requires students to:

OPA2: Demonstrate safe practice when moving and/or positioning children and/or young people for treatment or clinical tasks using moving and handling aids

Purpose

To assess the student's ability to carry out a risk assessment regarding manual handling.

To assess the student's ability to demonstrate safe practice when moving a CYP from bed to wheelchair.

Brief

You are working as a student healthcare assistant (HCA).

After a bicycle accident 6 weeks ago, a 10-year-old child has since been in hospital with leg injuries. They still need to use a wheelchair.

Task

The child needs to have tests done in another part of the hospital. The nurse in charge has asked you to assist in transferring the patient from the bed to a wheelchair. The risk assessment for this has already been completed.

You need to do the following:

- read the guidelines for transferring a patient from bed to wheelchair (item C)
- read the patient notes (item D)
- support the nurse to carry out the transfer from the bed to the wheelchair
- take the lead in talking the nurse through the procedure to show your understanding
- raise appropriate concerns regarding the transfer if relevant

(16 marks)

plus marks for underpinning skills – person-centred and family-centred care and service frameworks and communication techniques and strategies

Supporting information

Mode of assessment

The nurse (mentor) will be played by a member of staff following instructions from the student in order to assess their knowledge and competence regarding manual handling. The child will be played by a manikin.

The simulated station should be set up as a private room.

Equipment

This practical activity scenario requires the following equipment:

- wheelchair
- transfer board
- bed
- manikin

Resources

Students will have access to:

- guidelines for transferring a patient from bed to wheelchair (item C)
- the patient notes (item D)

Time

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 25 minutes.

Performance outcomes

This practical activity scenario assesses:

PO1: Assist with clinical tasks and treatment for children and young people

PO2: Provide care and support to children and young people before, during and after clinical or therapeutic procedures

Item C: transfer from bed to wheelchair guidance

Patient Care Transfer Techniques – StatPearls – NCBI Bookshelf (nih.gov)

Transfer from a bed to a wheelchair

Transferring patients from a bed to a wheelchair requires understanding the needs of the patient. Always communicate with the person being transferred so that assistance is being given at the appropriate time, allowing for coordination of efforts between the assistant and the patient. If the patient can bear weight on both lower extremities and predictably take small steps, a one-person assist may be performed. If these criteria are not met, a two-person transfer or a mechanical lift may be necessary to safely transfer the patient. If transferring a patient from a bed to a wheelchair, first complete the pre-transfer checklist and proceed according to the following steps:

1. Apply the patient's footwear before ambulation.
2. Raise/lower the bed to a safe working height, lower guard rails, place wheelchair next to the bed at a 45-degree angle and ensure the brakes are applied. If one side of the patient is weaker, place the wheelchair on the healthier side.
3. Sit patient on the side of the bed with the legs off the bed and the feet squarely on the floor. If necessary, attach a gait belt/walking belt around the patient's waist.
4. Place hands on the patient's waist.
5. The provider positions his/her legs on the outsides of the patient's legs. As the patient leans forward, bending at the waist, the provider grasps the gait belt (or the patient's waist).
6. Help the patient shift weight in a rocking motion (front foot to back foot, and so on) until reaching a standing position.
7. Once the patient is standing, have them walk a few small steps backward until feeling the wheelchair's back against the legs. Ask the patient to grasp the wheelchair.
8. The provider will shift their weight from back to front as the patient sits in the wheelchair slowly, using the wheelchair's arms for support.
9. Ensure that the patient is adequately draped and sitting comfortably in the wheelchair.
10. Patients may use slide boards for more effortless transfer.
11. When the patient transfers back to the bed from the wheelchair, the safest sequence of actions is positioning the chair at a 45-degree angle to the bed, locking the brakes, raising the footplates, and rotating the leg rests outward. Only after the correct sequence is performed can the patients scoot to the front of the wheelchair. When the patient scoots forward, the body is positioned over the feet. This will allow the patient to stand more easily. Leaning forward or grasping the edge of the bed is likely to cause the wheelchair to tip forward. Assistance can be given to block the person's knees to provide additional support.

Item D: patient notes

Patient name: Elsa Meadows

EXTRACT FROM PROGRESS NOTES

DOB: 08.05.2011

PARENTS/CARER: Francesca Meadows

Cause of injuries

Elsa was cycling home from school, when she lost balance and fell into the side of a passing HGV.

Elsa is in hospital after breaking both of her legs, she also suffered concussion and soe severe cuts and bruises.

She has been in hospital for 6 weeks and is due to return home in the next fortnight

Notes from Counsellor

Elsa is extremely brave and has responded well to treatment.

However, she is very excited to leave hospital but also frightened of what the future holds.

Recommend continued weekly sessions.

She would benefit from greater input from friends and family to relieve periods of boredom

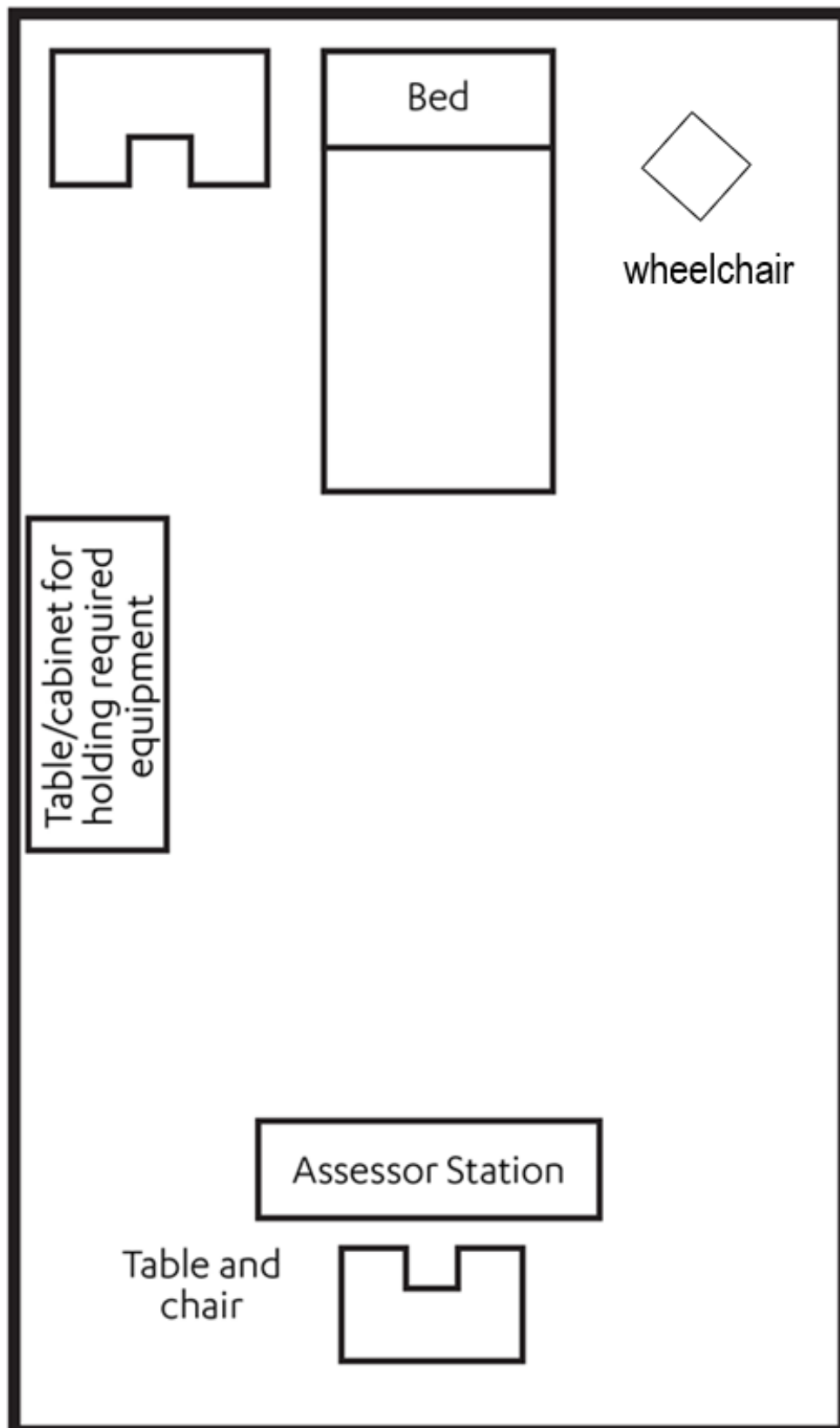
She misses her golden retriever Freddie.

Home Schooling

Excellent effort for all subjects.

Dislikes mathematics and would benefit from peer support and contact to help.

Floor plan scenario 3



Practical activity scenario 4

This practical activity scenario requires students to:

OPA7: Provide care and support to children and/or young people using therapeutic play and learning strategies and interventions before, during and after clinical or therapeutic procedures

Purpose

To assess the student's ability to provide the appropriate support to a child.

Brief

A 5-year-old child is scheduled to have an MRI scan. You are asked by the nurse in charge to explain what an MRI scan is to the child.

You should use role play and/or toys to illustrate what will happen.

Task

- read the MRI information (item J)
- engage the child in play
- provide a clear explanation of what an MRI is in age-appropriate language
- use role play and toys to illustrate what will happen
- complete the play session notes and reflection proforma (item K) which records what you did; reflects upon the success of the session; recommends alternative therapeutic play strategies to explain an MRI scan

(16 marks)

plus marks for underpinning skills – person-centred care, family-centred care, service frameworks, communication techniques and strategies and health and safety

Supporting information

Mode of assessment

This practical activity scenario involves role play. The teacher should play the role of the child. The teacher should also prepare questions to ask.

The simulated station should be set up with a small table and 2 chairs.

Equipment

This practical activity scenario requires the following equipment:

- a selection of toys, arts and craft materials
- card to create a tube to represent the MRI scanner
- paper and coloured pencils to draw the stages of an MRI
- a doll or teddy to represent the child having the scan

Resources

Students can be given an MRI information guide (item J), a proforma to record the play session (item K) and a reflection section to suggest possible improvements or additional ideas to prepare a child for an MRI scan.

Time

The total amount of time available for this practical activity scenario is 25 minutes, including the 5 minutes reading time.

Performance outcomes

This practical activity scenario assesses:

PO1: Assist with clinical tasks and treatment for children and young people

PO2: Provide care and support to children and young people before, during and after clinical or therapeutic procedures

PO3: Support parents, families, and carers to meet the needs of children and young people

Item J: MRI information

[https://www.uhcw.nhs.uk/download/clientfiles/files/Patient%20Information%20Leaflets/Clinical%20Diagnostic%20Services/Radiology/MRI/MRI%20Body\(1\).pdf](https://www.uhcw.nhs.uk/download/clientfiles/files/Patient%20Information%20Leaflets/Clinical%20Diagnostic%20Services/Radiology/MRI/MRI%20Body(1).pdf)

Radiology Department

MRI Information leaflet: Body

Introduction

You have been advised by your doctor to have a MRI scan. This leaflet will explain what the examination involves. It may not answer all your questions, so if you have any queries or concerns, please call the telephone number on your appointment letter. If you feel unhappy with any part of your care please ask to speak to the Superintendent Radiographer.

Please read this leaflet carefully to ensure you successfully prepare for the examination

- Please contact the X-ray Department if your weight is equal to or more than 133 Kg (21 stone) – You may require an alternative examination.
- Every patient above the age of 64 years needs to have had a blood test within three months of their MRI examination so that their e-GFR can be checked before the administration of any contrast media. If you have had your blood test performed at a GP practice outside of the Coventry area then you need to bring the e-GFR result to your appointment.

We request that you ask your referring clinician (Consultant/GP) for a blood test form.

This Blood test should be performed at least 24 hours prior to your appointment.

Please note: If the blood test results are not available when you arrive for your scan it is unlikely that your scan will be performed. The appointment will therefore need to be rescheduled once you have had the blood test.

- If you have to bring children requiring supervision with you for your MRI scan appointment please ensure that they have someone to supervise them whilst you are having your scan. Staff within the department are unable to assist with the supervision of young children. In these instances you may be asked to rebook your appointment to a time more suitable for you to have childcare arrangements in place.

Points to remember

- Please bring any sprays or inhalers that you are taking with you to your appointment.
- If you are on medication from your doctor please continue to take it as normal.
- We also ask you to leave any valuable possessions at home.
- Please arrive in the department at least **20 minutes before your appointment time** so that we have time to go through your safety questionnaire and get you appropriately changed for your examination.
- If you are late for your appointment there is a possibility that we may not be able to scan you, in these instances you will be sent an appointment for another time.
- If we are unable to ascertain the MRI compatibility of any device which is within or attached to your body we will not perform the scan. Your new appointment will be made once the correct information is made available to the department.

During your MRI examination

- The radiographer will assist you onto the MRI scanner table which will move into the open ended MRI scanner. The radiographer operating the scanner can see you throughout the scan. It is important that you remain very still to ensure good quality images. The scan may take 20 minutes to one hour depending on the part of the body being examined.
- The radiographer may insert a venflon (a small plastic tube) into one of your veins which will enable the administration of contrast media and /or muscle relaxant during the examination.
- During the scanning you will hear rhythmic tapping sounds which may become quite loud; this is normal. You will be given headphones or earplugs to protect your ears from the noise.

After your examination

- Once the examination is complete you can get dressed and go home;
- If you have any problems after the examination please see your GP.

How do I get the results?

The results will not be given to you immediately. They will be sent to the doctor who referred you to us for this examination.

SAMPLE

Item K: play therapy proforma

Provide a brief description of how you explained the MRI scan

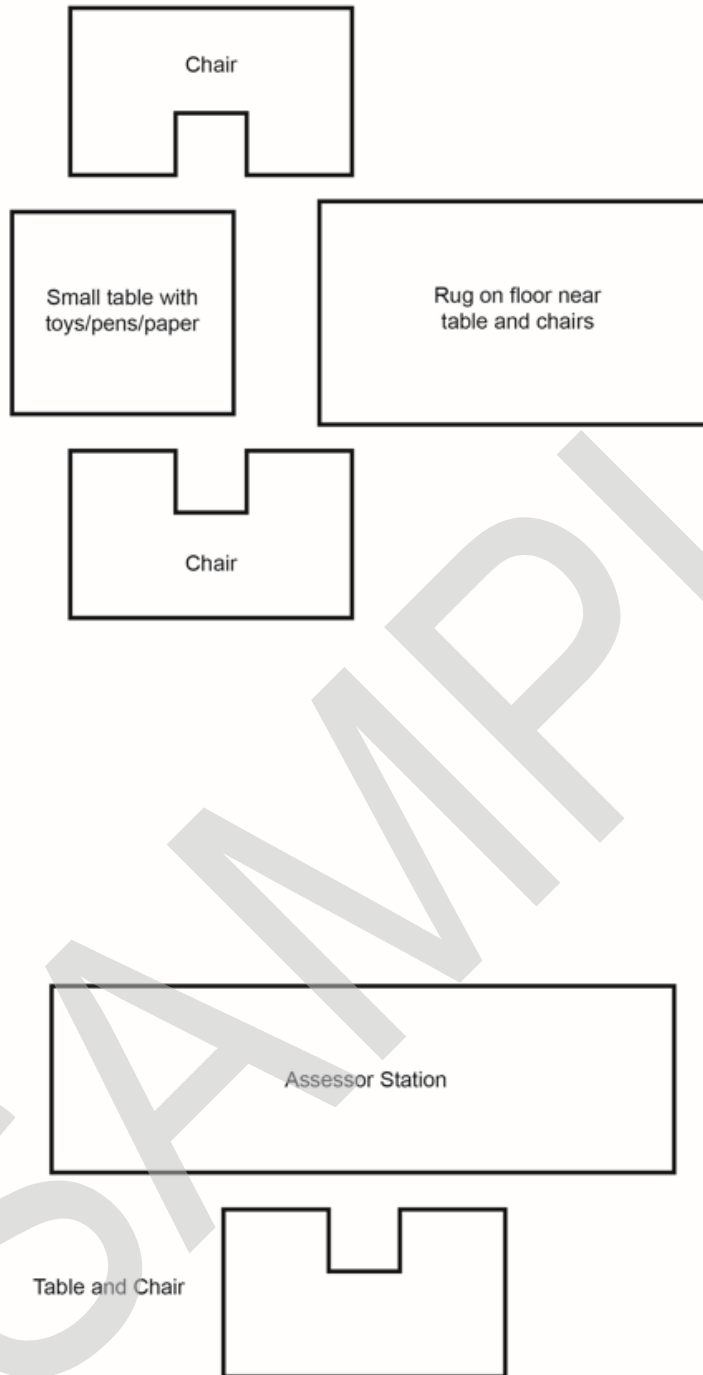
Toys/materials used

Reflection

What could you have done differently? What worked particularly well?

Recommendations for future therapeutic play sessions

Floor plan scenario 4



PAA mark scheme

The mark scheme for the PAA comprises of marking grids and indicative content.

The following marking grids should be used to assess students and award marks for the scenario specific skills and underpinning skills. The indicative content for the scenario specific skills is for the practical activity scenarios set for the (insert series) series only.

To understand what is required to be awarded marks, students should have already been provided with a copy of the marking grids. The marking grids are published in the tutor guidance document which can be found on the NCFE website.

Assessors are reminded that they should complete a student assessment record form to record descriptive information and evidence of the student's skills and knowledge demonstrated during the PAA. The student assessment record form can be found on the NCFE website.

Marking guidance

Marking grid

The marking grids for the scenario specific skills and the underpinning skills identify the 4 assessment criteria that students are assessed against. Each assessment criterion is out of a total of 4 marks.

The assessment criteria are broken down into 4 bands with a corresponding descriptor. The descriptor for the band indicates the qualities of a student's performance in that band. The band is the mark that should be awarded for that assessment criterion. For example, Band 1= 1 mark and Band 4= 4 marks. There is a total of 16 marks available for the scenario specific skills and 12 marks available for underpinning skills mark schemes which should be used in accordance with the assessment requirements (see page 8 for details).

When determining marks for scenario-specific skills, assessors should only consider the quality of the student's performance in that scenario. When determining a band/mark, the assessor's decisions should be based on the overall quality of the student's performance in relation to the descriptors. If the student's performance covers different aspects of different bands, assessors should use a best-fit approach to award the band/mark.

When determining marks for underpinning skills, the assessor should consider performance across **all** scenarios. Where certain scenarios do not provide opportunities for students to demonstrate an underpinning skill, students should not be penalised; the mark awarded should be based on the quality of the student's performance in scenarios where the underpinning skills have emerged. When determining a band/mark, the assessors' decision should be based on the overall quality of the student's performance in relation to the descriptors. If the student's performance of a particular underpinning skill is inconsistent across scenarios, and covers different aspects of different bands, assessors should use a best-fit approach to award the most appropriate band/mark.

Standardisation materials can be used to help assessors with determining a band/mark if they are unsure.

Assessors should start at the lowest band of the marking grid and move up until there is a match between the band descriptor and the student's performance.

Indicative content

Indicative content has been provided as a guide to help assessors understand what should be expected in a student's performance to allow for a marking judgement to be made. Assessors are reminded that indicative content is not an exhaustive list.

Scenario-specific skills marking grid

Band	Demonstration of knowledge and understanding of the clinical tasks and/or treatments and/or provision of care and support		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks and/or treatments and/or provision of care and support		Use of equipment and/or materials and/or resources in relation to clinical tasks and/or treatments and/or provision of care and support		Recording, using, selecting and/or presenting data and/or handling information in relation to clinical tasks and/or treatments and/or provision of care and support	
	Mark	Description	Mark	Description	Mark	Description	Mark	Description
4	4	The student demonstrates excellent knowledge and understanding of the delegated clinical tasks and treatments and/or provision of care and support that is sustained throughout the student's practice.	4	The student demonstrates a highly effective application of the clinical tasks, treatment and/or provision of care and support that is consistently in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is excellent and demonstration of the clinical tasks, treatment and/or provision of care and support is always within the scope of their role and responsibilities.	4	The student demonstrates a highly proficient use of the equipment and/or materials and/or resources, which are always applied with accuracy and precision. The student monitors and maintains equipment and/or materials and/or resources in a highly effective way and always ensures that the equipment and/or materials and/or resources are available, correctly located and serviceable, as applicable.	4	The student records, uses, selects and/or presents data and/or handles information in a highly effective and clear way, when assisting with delegated clinical tasks and treatments and/or providing care and support. The student consistently records, uses, selects and/or presents and handles information in line with all local and national policies. The student is highly effective at developing and adhering to care and assessment plans and clarifying complex information, as appropriate.

Band	Demonstration of knowledge and understanding of the clinical tasks and/or treatments and/or provision of care and support		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks and/or treatments and/or provision of care and support		Use of equipment and/or materials and/or resources in relation to clinical tasks and/or treatments and/or provision of care and support		Recording, using, selecting and/or presenting data and/or handling information in relation to clinical tasks and/or treatments and/or provision of care and support	
	Mark	Description	Mark	Description	Mark	Description	Mark	Description
3	3	The student demonstrates good knowledge and understanding of the delegated clinical tasks and treatments and/or provision of care and support, that is largely sustained throughout the student's practice.	3	The student demonstrates effective application of the clinical tasks, treatment and/or provision of care and support that is mostly in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is good and demonstration of the clinical tasks, treatment and/or provision of care and support is usually within the scope of their role and responsibilities.	3	The student demonstrates proficient use of the equipment and/or materials and/or resources, which are usually applied with accuracy and precision. The student monitors and maintains equipment and/or materials and/or resources in an effective way and mostly ensures that the equipment and/or materials and/or resources are available, correctly located and serviceable, as applicable.	3	The student records, uses, selects and/or presents data and/or handles information in an effective and mostly clear way, when assisting with delegated clinical tasks and treatments and/or providing care and support. The student generally records, uses, selects and/or presents and handles information in line with most local and national policies. The student is effective at developing and adhering to care and assessment plans and clarifying complex information, as appropriate.

Band	Demonstration of knowledge and understanding of the clinical tasks and/or treatments and/or provision of care and support		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks and/or treatments and/or provision of care and support		Use of equipment and/or materials and/or resources in relation to clinical tasks and/or treatments and/or provision of care and support		Recording, using, selecting and/or presenting data and/or handling information in relation to clinical tasks and/or treatments and/or provision of care and support	
	Mark	Description	Mark	Description	Mark	Description	Mark	Description
2	2	The student demonstrates satisfactory knowledge and understanding of the delegated clinical tasks and treatments and/or provision of care and support, that is partially sustained throughout the student's practice.	2	The student demonstrates reasonably effective application of the clinical tasks, treatment and/or provision of care and support, that is sometimes in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is satisfactory and demonstration of the clinical tasks, treatment and/or provision of care and is sufficiently within the scope of their role and responsibilities.	2	The student demonstrates sufficient use of the equipment and/or materials and/or resources, which are sometimes applied with accuracy and precision. The student monitors and maintains equipment and/or materials and/or resources in a reasonably effective way and sometimes ensures that the equipment and/or materials and/or resources are available, correctly located and serviceable as applicable.	2	The student records, uses, selects and/or presents data and/or handles information in a reasonably effective and partially clear way when assisting with delegated clinical tasks and treatments and/or providing care and support. The student sometimes records, uses, selects and/or presents and handles information in line with some local and national policies. The student is reasonably effective at developing and adhering to care and assessment plans and clarifying complex information, as appropriate.

Band	Demonstration of knowledge and understanding of the clinical tasks and/or treatments and/or provision of care and support		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks and/or treatments and/or provision of care and support		Use of equipment and/or materials and/or resources in relation to clinical tasks and/or treatments and/or provision of care and support		Recording, using, selecting and/or presenting data and/or handling information in relation to clinical tasks and/or treatments and/or provision of care and support	
	Mark	Description	Mark	Description	Mark	Description	Mark	Description
1	1	The student demonstrates basic knowledge and understanding of the delegated clinical tasks and treatments and/or provision of care and support, that is fragmented throughout the student's practice.	1	The student demonstrates minimally effective application of the clinical tasks, treatment and/or provision of care and support, that is rarely in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is poor and demonstration of the clinical tasks, treatment and/or provision of care and support is minimally within the scope of their role and responsibilities.	1	The student demonstrates poor use of the equipment and/or materials and/or resources, which are rarely applied with accuracy and precision. The student monitors and maintains equipment and/or materials and/or resources with limited effectiveness and rarely ensures that the equipment and/or materials and/or resources are available, correctly located and serviceable as applicable.	1	The student records, uses, selects and/or presents data and/or handles information in a minimally effective and clear way, when assisting with delegated clinical tasks and treatments and/or providing care and support. The student rarely records, uses, selects and/or presents and handles information in line with few local and national policies. The student is minimally effective at developing and adhering to care and assessment plans and clarifying complex information, as appropriate.
0	No evidence demonstrated or nothing worthy of credit.							

Underpinning skills marking grid

Band	Person-centred and family-centred care and service frameworks		Communication techniques and strategies		Health and Safety	
	Mark	Description	Mark	Description	Mark	Description
4	4	<p>The student demonstrates an excellent ability to maintain duty of care, acting in the best interests and considering the rights of the child or young person consistently when assisting with delegated clinical tasks and treatments and/or providing care and support.</p> <p>The student applies highly effective person-centred and family-centred care, demonstrating excellent knowledge and understanding of the role of families and carers in the care and support of children and young people.</p> <p>The student's adherence to and application of the appropriate service frameworks is excellent.</p>	4	<p>The student demonstrates highly effective, age appropriate communication techniques and always implements strategies to deal with any barriers to communication, showing an excellent ability to develop positive relationships.</p> <p>The student always ensures that appropriate communication techniques are adopted to deliver holistic support when working in partnership with families and carers.</p> <p>The student uses age appropriate technical language with accuracy and they always demonstrate active listening and questioning for clarity.</p>	4	<p>The student's adherence to and compliance with health and safety regulations and legislation and principles that keep children and young people safe is excellent, when assisting with delegated clinical tasks and treatments and/or providing care and support.</p> <p>The student always monitors and maintains the clinical environment and demonstrates highly effective infection prevention and control procedures.</p>

Band	Person-centred and family-centred care and service frameworks		Communication techniques and strategies		Health and Safety	
	Mark	Description	Mark	Description	Mark	Description
3	3	<p>The student demonstrates a good ability to maintain duty of care, acting in the best interests and considering the rights of the child or young person when assisting with delegated clinical tasks and treatments and/or providing care.</p> <p>The student applies effective person-centred and family-centred care, demonstrating good knowledge and understanding of the role of families and carers in the care and support of children and young people.</p> <p>The student's adherence to and application of the appropriate service frameworks is good.</p>	3	<p>The student demonstrates effective, age appropriate communication techniques and implements strategies to deal with any barriers to communication, showing good ability to develop positive relationships.</p> <p>The student usually ensures that appropriate communication techniques are adopted to deliver holistic support when working in partnership with families and carers.</p> <p>The student's use of age appropriate technical language is generally accurate, and they usually demonstrate active listening and questioning for clarity.</p>	3	<p>The student's adherence to and compliance with health and safety regulations and legislation and principles that keep children and young people safe is good, when assisting with delegated clinical tasks and treatments and/or providing care and support.</p> <p>The student mostly monitors and maintains the clinical environment and demonstrates effective infection prevention and control procedures.</p>

Band	Person-centred and family-centred care and service frameworks		Communication techniques and strategies		Health and Safety	
	Mark	Description	Mark	Description	Mark	Description
2	2	<p>The student demonstrates some ability to maintain duty of care, sometimes acting in the best interests and considering the rights of the child or young person when assisting with delegated clinical tasks and treatments and/or providing care and support.</p> <p>The student applies reasonably effective person-centred and family-centred care, demonstrating satisfactory knowledge and understanding of the role of families and carers in the care and support of children and young people.</p> <p>The student's adherence to and application of the appropriate service frameworks is satisfactory.</p>	2	<p>The student demonstrates reasonably effective, age appropriate communication techniques and sometimes implements strategies to deal with any barriers to communication, showing a reasonable ability to develop positive relationships.</p> <p>The student sometimes ensures that appropriate communication techniques are adopted to deliver holistic support when working in partnership with families and carers.</p> <p>The student's use of age appropriate technical language is partially accurate and they sometimes demonstrate active listening and questioning for clarity.</p>	2	<p>The student's adherence to and compliance with health and safety regulations and legislation and principles that keep children and young people safe is satisfactory, when assisting with delegated clinical tasks and treatments and/or providing care.</p> <p>The student sometimes monitors and maintains the clinical environment and demonstrates sufficient infection prevention and control procedures.</p>

Band	Person-centred and family-centred care and service frameworks		Communication techniques and strategies		Health and Safety	
	Mark	Description	Mark	Description	Mark	Description
1	1	<p>The student demonstrates a limited ability to maintain duty of care and rarely acts in the best interests and considering the rights of the child or young person when assisting with delegated clinical tasks and treatments and/or providing care and support.</p> <p>The student applies person-centred and family-centred care with minimal effectiveness, demonstrating basic knowledge and understanding of the role of families and carers in the care and support of children and young people.</p> <p>The student's adherence to and application of the appropriate service frameworks is poor.</p>	1	<p>The student demonstrates minimally effective, age appropriate communication techniques and rarely implements strategies to deal with any barriers to communication, showing a limited ability to develop positive relationships.</p> <p>The student occasionally ensures that appropriate communication techniques are adopted to deliver holistic support when working in partnership with families and carers.</p> <p>The student's use of age appropriate technical language is limited in accuracy and they rarely demonstrate active listening or questioning for clarity.</p>	1	<p>The student's adherence to and compliance with health and safety regulations and legislation and principles that keep children and young people safe is poor, when assisting with delegated clinical tasks and treatments and/or providing care and support.</p> <p>The student rarely monitors and maintains the clinical environment and demonstrates limited infection prevention and control procedures.</p>
0	No evidence demonstrated or nothing worthy of credit.					

Indicative content

Practical activity scenario 1

- the student will demonstrate relevant communication skills
- the student will respond to any questions or concerns from the parent
- the student will treat the parent with sensitivity and respect
- the student will treat the child with sensitivity and respect
- the student will provide the parent with appropriate strategies aimed at developing the child's independence
- the student will suggest choosing clothes which facilitate independence when undressing (for example, Velcro on shoes, easy-to-wear clothing)
- the student will suggest play activities which support the child's fine motor skills (for example, rag doll with zip buttons & Velcro fastenings)
- the student will demonstrate the strategies enabling the child to dress and undress – including questions which can be asked to encourage active participation
- the student will be able to express the benefits to the child and the parent of the child gaining greater independence

Accept other appropriate actions.

Practical activity scenario 2

- the student will facilitate a discussion which supports George using the SHARE approach
- the student will use the Diabetes information sheet provided to inform the discussion
- the student will demonstrate relevant communication skills
- the student will respond to any questions or concerns from George and the parent
- the student will treat George with sensitivity and respect
- the student will observe George's capacity to manage his own diabetes
- the student will show awareness of the impact of transition
- the student will provide appropriate information, advice and guidance

Accept other appropriate actions.

Practical activity scenario 3

- the student will ask relevant questions and raise appropriate concerns regarding the transfer from the bed to the wheelchair with the nurse (for example, specific knowledge of the patient)
- the student will demonstrate appropriate communication skills prior, during and after transfer from the bed to the wheelchair with the child
- the student will demonstrate effective and accurate written communication skills when completing the risk assessment form

- the student will provide accurate instruction to the nurse to enable a safe transfer from the bed to the wheelchair
- the student will show knowledge of the correct order of actions
- the student will demonstrate the importance of safety when manual handling for both the practitioner and the child
- the student will show awareness of responsibilities of practitioner when manual handling
- the student will show knowledge of HSE

Accept other appropriate actions.

Practical activity scenario 4

- the student will select appropriate toys/materials to demonstrate what happens in an MRI scan
- the student will demonstrate relevant communication skills with the child using age-appropriate language
- the student will use toys and role play to aid an understanding of what an MRI scan is
- the student will alleviate any concerns the child has (for example, by asking the child questions to show their understanding and using appropriate communication skills to reassure the child)
- the student will show an understanding of an MRI scan
- the student will record the outcome of the play session
- the student will record how they involved the child in the play
- the student will reflect on the success of the session
- the student will recommend alternative therapeutic play strategies to explain an MRI scan
- the student will check the child's understanding of an MRI scan

Accept other appropriate actions.

Performance outcome grid

Practical activity scenario	O-PO1	O-PO2	O-PO3	Total
1	2	7	7	16
2	8		8	16
3	8	8		16
4	6	7	3	16
Underpinning	6	5	1	12
Total	30	33	13	76
% weighting	39.5	43.5	17	100%

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Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of issue
v1.0	Additional sample material		01 September 2023
v1.1	Sample added as a watermark	November 2023	20 November 2023