

# T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

## Supporting Healthcare

Assignment 2 - Practical activities part 1

Assignment brief

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### Assignment brief

Assignment 2

Practical activities part 1

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# Assignment brief cover sheet

This assessment is for the following occupational specialism:

Supporting Healthcare

## Date

[date]

## Time allowed

1 hour 25 minutes

## Paper number

[paper number]

## Materials

For this assessment you must have:

- a black or blue ball-point pen

## Student instructions

- this assessment requires you to demonstrate the 3 practical activities scenarios contained within this booklet
- the practical activity scenarios within this booklet have been set up at different stations. You will move between these stations during the assessment
- you have up to 5 minutes when you get to a station to prepare for the practical activity scenario, you should use this time to carefully read each practical activity scenario, including any supporting information and familiarise yourself with the station
- you will have a maximum amount of time to complete the practical activity scenario, the time available is written at the beginning of each practical activity scenario, if you go over this time you will be asked by the assessor to move on to the next station
- fill in the boxes at the top of the next page

## Student information

- 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, you will be awarded a scenario specific skills mark for your performance in each practical activity scenario you demonstrate
  - 12 marks are available for underpinning skills. you will be awarded an underpinning skills mark for your performance across the practical activity scenarios you demonstrate
- the maximum mark for this assessment is 60

## Submission form

Please complete the detail below clearly and in BLOCK CAPITALS.

<b>Student name</b>	
<b>Provider name</b>	

<b>Student number</b>		<b>Provider number</b>	
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SAMPLE

# Practical activity scenario 1

This practical activity scenario requires you to:

CPA5: Move and handle individuals safely when assisting them with their care needs, using moving and handling aids.

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 20 minutes

## Brief

A 72 year old individual was admitted to the cardiology ward 2 days ago following a myocardial infarction (heart attack). His mobility has been limited due to shortness of breath and he has complained of dizzy spells, a known side effect of the new medication he is taking.

The individual has pressed the buzzer for assistance and has asked to move to a chair in the day room so that they can watch television.

## Task

Using appropriate moving and handling techniques and aids, assist the individual from the bed to the chair in the day room.

You are required to read the information on the individual's care plan (item A) prior to assisting the individual.

Document the actions taken in the individual's daily care log (item B).

(16 marks)

plus marks for underpinning skills – duty of care, candour and person-centred care, communication and health and safety

## Supporting information

This practical activity scenario involves role play. The individual will be played by a member of staff.

You have been given the individual's care plan (item A) and a daily care log (item B).

You have access to the following equipment:

- a hospital bed
- a chair
- a wheelchair
- hand washing facilities
- general cleaning equipment and products

## Performance outcomes

This practical activity scenario assesses:

PO1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

PO2: Assist registered health professionals with clinical or therapeutic tasks and interventions

SAMPLE

## Item A: individual's care plan

### Confidential patient record form

Health simulation centre

Name	Individual				
Date of Birth (DOB)	03/02/1948				
Home address	1 The Avenue Old Village New Town				
Next of kin	Daughter				
Name of GP	Dr Jones				
Social history	Lives alone Has daughter who supports him at home				
Occupation	Retired				
Smoking	Never smoked				
Alcohol	Does not drink alcohol				
Exercise taken	Short walks when able				
Diet	Eats well, mixture of foods				
Lives with	Alone				
Children/dependents	Age	Age	Age	Age	Age
	N/A				

Medical history	Self	Family
Long-term conditions	Hypertension	Hypertension, diabetes – type 2
Mental health status	Work related stress	None known
Surgery	None	N/A
Medication	Bisoprolol 5mg	N/A
Allergies	None known	N/A

Additional information	<ul style="list-style-type: none"><li>• transferred to ward from high dependency unit (HDU) following myocardial infarction</li><li>• commenced medication prescribed – complained of shortness of breath and dizziness which is a known side effect of the medication</li><li>• advised by the physiotherapist not to walk unaided</li><li>• individual requires support when standing and wheelchair for moving</li></ul>
Care needs	<ul style="list-style-type: none"><li>• individual is able to consent to treatment /care support required</li><li>• individual is able to self-stand and walk a few steps unaided but then gets dizzy</li><li>• individual requires a wheelchair when moving from one room to another</li><li>• individual is able to undertake personal care independently</li><li>• individual is able to self -feed</li></ul>

SAMPLE



## Item B: daily care log

Name	Home address	DOB
Individual	1 The Avenue Old Village New Town	03/02/1948

Date	Time	Actions taken	Signatures

## Practical activity scenario 2

This practical activity scenario requires you to:

CPA8: Assist in obtaining an individual's history and offer brief advice on health and wellbeing, recognising and responding as appropriate.

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

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

### Brief

An individual has recently moved to the area and has registered with a local general practice (GP) surgery. The individual has attended the surgery for a new patient wellbeing check.

The receptionist has informed you that the individual has arrived for the appointment.

### Task

Appropriately meet individual and escort them from simulated waiting area to the simulated environment for the appointment.

Gather the appropriate information by completing the health and wellbeing form (item C).

Offer brief advice relating to smoking, alcohol intake, diet, and exercise according to the information gathered, plus marks for underpinning skills– duty of care, candour and person-centred care, communication and health and safety

(16 marks)

### Supporting information

This practical activity scenario involves role play. The individual will be played by a member of staff.

You have been given a health and wellbeing form (item C). Parts of the form have already been completed for you.

You have access to the following equipment:

- a waiting area
- a room for the appointment
- 2 chairs
- a table

### Performance outcome

This practical activity scenario assesses:

PO1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

PO2: Assist registered health professionals with clinical or therapeutic tasks and interventions

## Item C: health and wellbeing assessment form

### Confidential patient record form

Health simulation centre

Date					
Name					
Date of Birth					
Home address	1 The Place Somewhere UK				
Next of kin	Susan Jones (Mother)				
Name of GP	Dr Goode				
Social history					
Occupation					
Smoking (per day)					
Alcohol (units per week)					
Exercise taken					
Diet					
Children	Age	Age	Age	Age	Age

Medical history	Self	Family
Long-term conditions		
Mental health status	Had postnatal depression but feels normal self now, had a lot of support from mother after the child's father left when baby was only 6 weeks old.	Not that I know of, have not really discussed it.
Previous surgical interventions		N/A
Medication		N/A
Allergies		N/A
Advice given		
Signatures	Patient	Health professional

## Practical activity scenario 3

This practical activity scenario requires you to:

CPA2: Undertake and record a range of physiological measurements, recognising deteriorations in physical health and escalating as appropriate.

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 35 minutes.

### Brief

A 52 year old individual with a history of chronic obstructive pulmonary disease (COPD) has been admitted to the hospital with a possible chest infection, following a GP appointment.

Prior to admission he had his physiological measurements taken at the GP surgery, these are given in his individual's care plan (item D).

You've been instructed to take his first set of readings on admission to hospital, he's currently sat upright in a chair in the triage waiting room. Currently he is not receiving any oxygen treatment and is alert and able to consent to observations being taken.

### Task

It is 6:00pm and the individual's first set of observations in hospital are due to be taken.

Take the individual's current observations of:

- respiratory rate
- oxygen saturation (SpO2 scale 1)
- blood pressure
- heart rate (pulse)
- body temperature
- level of consciousness

Use the physiological measurements form (item E) to make notes before recording them on the National Early Warning Score 2 (NEWS2) chart (item F).

Using the results, calculate the individual's NEWS2 score using the information given in item G.

Report the findings to the nurse in charge in accordance with the criteria provided in item H.

(16 marks)

plus marks for underpinning skills– duty of care, candour and person centred care, communication and health and safety

### Supporting information

The individual in this practical activity scenario is played by a manikin. The nurse in charge is played by a member of staff. The assessor will act as the manikin's voice.

You have been given a care plan extract (item D), a physiological measurements form (item E) and NEWS2 observation chart (item F), the NEWS2 scoring system (item G), and NEWS2 thresholds and triggers and clinical response to the NEWS2 trigger thresholds (item H). Items G and H will be provided separately to this booklet.

You have access to the following equipment:

- an automatic blood pressure (BP) machine
- a tympanic thermometer and disposable covers
- a pulse oximeter
- a watch with second hand

### **Performance outcome**

This practical activity scenario assesses:

PO1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

PO2: Assist registered health professionals with clinical or therapeutic tasks and interventions

PO3: Undertake a range of physiological measurements

## Item D: individual's care plan extract

Confidential patient record form

Health simulation centre

Daily log

Name	Home address	DOB
Individual	4 The Avenue New Village Old Town	12/04/1968

Date	Time	Actions taken	Signature
08/09/20	2:00pm	GP takes physiological measurements. <ul style="list-style-type: none"><li>• respiratory rate – 22 bpm</li><li>• oxygen saturation (SpO<sub>2</sub>) – 94%</li><li>• blood pressure – 130/80 mmHg</li><li>• heart rate (pulse) – 90 bpm</li><li>• body temperature – 38.0°C</li><li>• alert</li><li>• Individual ate less than half of food provided at lunch and drank half a cup of water today.</li></ul>	<u>A.Smith</u>

## Item E: physiological measurements form

Use this form to make notes. This will **not** be marked as part of your assessment.

Physiological measurements			
Blood pressure (mmHg)			
Heart rate (pulse)			
Respirations			
Oxygen saturation (SpO2 Scale2)			
Body temperature (°C)			
Level of consciousness			



## Item F: NEWS2 observation chart

NEWS key		FULL NAME																							
0 1 2 3		DATE OF BIRTH						DATE OF ADMISSION																	
		DATE			TIME									DATE			TIME								
<b>A+B</b> Respirations Breaths/min	≥25																			≥25					
	21–24																			21–24					
	18–20																			18–20					
	15–17																			15–17					
	12–14																			12–14					
	9–11																			9–11					
≤8																			≤8						
<b>A+B</b> SpO <sub>2</sub> Scale 1 Oxygen saturation (%)	≥96																			≥96					
	94–95																			94–95					
	92–93																			92–93					
	≤91																			≤91					
<b>SpO<sub>2</sub> Scale 2<sup>†</sup></b> Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure  <b>†ONLY use Scale 2 under the direction of a qualified clinician</b>	≥97 on O <sub>2</sub>																			≥97 on O <sub>2</sub>					
	95–96 on O <sub>2</sub>																			95–96 on O <sub>2</sub>					
	93–94 on O <sub>2</sub>																			93–94 on O <sub>2</sub>					
	≥93 on air																			≥93 on air					
	88–92																			88–92					
	86–87																			86–87					
	84–85																			84–85					
≤83%																			≤83%						
Air or oxygen?	A=Air																			A=Air					
	O <sub>2</sub> L/min																			O <sub>2</sub> L/min					
	Device																			Device					
<b>C</b> Blood pressure mmHg Score uses systolic BP only	≥220																			≥220					
	201–219																			201–219					
	181–200																			181–200					
	161–180																			161–180					
	141–160																			141–160					
	121–140																			121–140					
	111–120																			111–120					
	101–110																			101–110					
	91–100																			91–100					
	81–90																			81–90					
	71–80																			71–80					
	61–70																			61–70					
	51–60																			51–60					
≤50																			≤50						
<b>C</b> Pulse Beats/min	≥131																			≥131					
	121–130																			121–130					
	111–120																			111–120					
	101–110																			101–110					
	91–100																			91–100					
	81–90																			81–90					
	71–80																			71–80					
	61–70																			61–70					
	51–60																			51–60					
	41–50																			41–50					
31–40																			31–40						
≤30																			≤30						
<b>D</b> Consciousness Score for NEWS onset of confusion (no score if chronic)	Alert																			Alert					
	Confusion																			Confusion					
	V																			V					
	P																			P					
	U																			U					
<b>E</b> Temperature °C	≥39.1°																			≥39.1°					
	38.1–39.0°																			38.1–39.0°					
	37.1–38.0°																			37.1–38.0°					
	36.1–37.0°																			36.1–37.0°					
	35.1–36.0°																			35.1–36.0°					
≤35.0°																			≤35.0°						
<b>NEWS TOTAL</b>																				<b>TOTAL</b>					
Monitoring frequency																				Monitoring					
Escalation of care Y/N																				Escalation					
Initials																				Initials					

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017

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Owner: Head of Assessment Design

## Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Post approval, updated for publication.		January 2021
v1.1	NCFE rebrand		September 2021
v1.2	OS review Feb 23		February 2023
v1.3	Sample added as a watermark	November 2023	20 November 2023
v1.4	Removal of responsive manikin as a resource	December 2023	09 February 2024