



# T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

## Supporting the Care of Children and Young People

Assignment 2 – Practical activities part 2

Assignment brief

## T Level Technical Qualification in Health Occupational specialism assessment (OSA)

# Supporting the Care of Children and Young People

### Assignment brief

Assignment 2

Practical activities part 2

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# Assignment brief cover sheet

This assessment is for the following occupational specialism:

Supporting the Care of Children and Young People

## Date

[date]

## Time allowed

1 hour 45 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 **4** practical activities scenarios contained within this booklet
- the practical activity scenarios within this booklet have been set up at different stations and 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 76

## 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:

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

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 25 minutes.

## 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

This practical activity scenario involves role play. The parent will be played by a member of staff. The child will be played by a member of staff who will dress the manikin.

You have access to the following equipment:

- a manikin
- a variety of clothes

## Performance outcome

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

SAMPLE

## Practical activity scenario 2

This practical activity scenario requires you to:

OPA 5: Use known strategies to implement family-centred decision making to deliver the child and/or young person's healthcare needs.

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

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

This practical activity scenario involves role play. The parent and George will be played by members of staff.

You have access to the following:

- blood glucose tests (for simulation only)
- SHARE approach (item A)
- Diabetes UK information (item B)

### Performance outcome

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

## Item A: SHARE approach

<https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tools/factsheet.html>

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 to 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 box. A large, light gray watermark reading 'SAMPLE' is overlaid diagonally across the entire graphic.

- STEP 1**: **S**eek your patient's participation.
- STEP 2**: **H**elp your patient explore & compare treatment options.
- STEP 3**: **A**ssess your patient's values and preferences.
- STEP 4**: **R**each a decision with your patient.
- STEP 5**: **E**valuate your patient's decision.



## 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

## Practical activity scenario 3

This practical activity scenario requires you 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

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 25 minutes.

### 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

This practical activity scenario involves role play. The nurse (mentor) will be played by a member of staff. The child will be played by a manikin.

You have access to the following equipment:

- wheelchair
- transfer board
- bed
- manikin

## **Performance outcome**

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

SAMPLE

## 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.

## Practical activity scenario 4

This practical activity scenario requires you 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

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 25 minutes.

### 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

This practical activity scenario involves role play. The teacher should play the role of the child.

You have been 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.

You have access to 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

### Performance outcome

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

SAMPLE



## 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**

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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