



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Therapy Teams

Assignment 3 - Professional discussion - Distinction

Guide standard exemplification materials

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Guide standard exemplification materials

Supporting the Therapy Teams

Assignment 3

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Introduction

The material within this document relates to the Supporting the Therapy Teams occupational specialism sample assessment. These exemplification materials are designed to give providers and students an indication of what would be expected for the lowest level of attainment required to achieve a pass or distinction grade.

The examiner commentary is provided to detail the judgements examiners will undertake when examining the student work. This is not intended to replace the information within the qualification specification and providers must refer to this for the content.

In assignment 3, the student must reflect on their own practice as a form of learning and continuing development. The student must answer questions and discuss their learning experiences in a professional manner.

After each live assessment series, authentic student evidence will be published with examiner commentary across the range of achievement.

Theme 1: assist a patient/client in the therapy support process

Question 1

Part A

Referring to your own experience, explain what the therapy support process means.

Part B

Describe a time when you have implemented the therapy support process to help patients/clients improve and/or maintain the skills they use daily.

Question 2

Part A

Describe a situation where you have used person-centred care to support an individual with a need during a specific therapy related task.

Part B

Reflect how your actions in the situation identified in part **A** complied with policy and good practice.

Student evidence

Question 1

Part A

The therapy support process means supporting a patient throughout their rehabilitation or treatment spell and supporting them to regain a level of independence identified during initial goal setting, which should begin with benchmarking ability now compared with pre-treatment or 'normal' for the patient. It can focus on an end goal or on the patient's immediate needs but should be led by their wishes and needs. I would always carry out a baseline assessment and find out exactly what has happened to the patient and what they want to see happen next, balancing this with clinical need and their future goals and plans.

Providing initial advice and information is essential, followed by establishing an intervention and plan over an appropriate period of time, with review milestones and intended outcomes set. Information and advice should be evidence-based on existing knowledge about their condition balanced with their current level of need.

My experience of this was in my study-work placement in a community therapy centre, supporting an occupational therapist with patients who were recovering from a stroke on a rehabilitation pathway. For each patient I read the discharge notes from the hospital and the care plan to understand their stage of rehabilitation and their level of need. I worked with the occupational therapist to provide individual support and advice, such as giving them a leaflet on how to challenge their abilities every day safely, to improve mobility. I made sure this was targeted specifically at them and not just a general approach to rehabilitation, looking for opportunities to combine clinic-based therapy with exercises they could maintain at home. I also looked at services available in their local area that could complement our work, such as rehabilitation exercise classes.

Part B

Our process was focussed on each patient and in this case they were worried they would not be able to go back to work for a long time. We focused our efforts on improving their mobility so they could get back to the office as soon as possible. We asked questions about what the patient did in the office and built an intervention around this. For example, they would typically spend long periods sitting down, which we needed them to break up with small bouts of activity. I talked about their office environment and identified things they could do to make their return smoother, such as ordering equipment that could be adjusted for them to sit or stand at their desk. We also provided a home exercise therapy plan, which they could follow themselves to maximise the impact of our therapy sessions in the clinic.

I made time to discuss their state of mind and emotional needs and let them know it was normal to experience periods of low mood or doubt during rehabilitation. We discussed how they could respond to such feelings and practise good emotional health strategies.

While we provided support for the therapy process, we made it clear this was time-limited and we were focused on their progress towards greater independence. We established joint goals of how to define success and provided key discussions at key points during the therapy process.

Our work was part of a wider multidisciplinary team and we provided updates to the patient's GP and consultant when needed and with their permission.

Question 2

Part A

I was working with the dietician in the elderly care ward and we were helping a patient who had early stage dementia and who would be discharged home soon. Their carer had told nurses that she had started keeping an unhealthy diet and had lost weight as result, snacking during the day instead of eating healthy or regular meals. The dietician wanted to work with the patient to find out why their diet had deteriorated and what we could do to help. We researched this in as much depth as possible, reviewing their care plan and asking about their appetite and any weight change since being admitted to the ward.

We introduced ourselves to the patient and explained we would like to help them improve their diet and stop losing weight. We asked for their consent to do this and asked if stopping weight loss and gaining some weight was something that they wanted to do.

We asked the patient about their usual eating habits and why this had changed recently, writing down the main points they told us. They talked about feeling more tired than usual and sometimes feeling confused about preparing meals and remembering ingredients. We provided simple advice to help avoid this, such as keeping written lists or pictures of where food was stored and how to prepare it. It was important for us to understand if the patient recognised the changes themselves and so we asked if they had felt their weight loss and if their eating habits had changed deliberately or without them realising.

We explained that we'd like to help them have a healthier diet and return to enjoying the meals they used to enjoy. We made a list of their favourite foods, including meals and snacks, and looked at which were healthier options. The dietician was keen to make sure the patient did not lose any more weight and so while we wanted to make sure they had a balanced diet, it was important they had starchy foods and some fat to keep their weight up. We found out they had a good understanding of the differences between healthy and fatty foods and how to balance their diet.

Part B

After this discussion, we prepared a meal plan for the patient that included pictorial ingredient lists, which they could take home to help them remember how to prepare certain items. We shared the list with the patient's carer and worked together to identify any items that might be challenging for the patient to make. We liaised with the ward staff and made sure our findings were incorporated into the patient's care plan and that daily meals met their nutritional needs. We agreed to check in with the patient ahead of their planned discharge and make sure they were comfortable with our suggestions. We also established how they could identify if their new meal plan was working towards our shared goal to stop weight loss and what they could do if this was not the case.

Our work was within the scope of the dietician's code of practice in the hospital and we worked within the health and safety and clinical standards on the ward. For example, we washed our hands before entering the patient's bed bay and asked for their consent before we sat with them. We also documented our discussion and findings in the patient's care plan and clearly marked that this had been with a member of the therapy team.

The dietician's advice was in line with the guidance of the British Dietetic Association Code of Professional Conduct, including in adhering to best practice. The dietician was research active and used the latest guidance and knowledge on maintaining good diet standards when living with dementia to tailor their advice.

Theme 2: understand your role in a multidisciplinary team

Question 3

Part A

Referring to your own experience, explain the scope of your role as a therapy support worker within a multidisciplinary team.

Part B

Referring to your own experience, describe a situation requiring escalation of concerns regarding a patient/client/individual you are supporting.

Question 4

Part A

Referring to your own experience, explain the importance of further professional development and how this links to professional development plans.

Part B

Evaluate your strengths and limitations as a potential therapy support worker, identifying areas for further development.

Student evidence

Question 3

Part A

As a therapy support worker in a hospital-based physiotherapy team, it was important I worked within the scope of my role. I was there to support the physiotherapists and the ward team, which included healthcare assistants, nurses, doctors, housekeeping staff and volunteers - everyone worked together even though they had their own areas of responsibility. For example, we couldn't start our morning therapy sessions until each patient had been seen by their staff nurse and we had to work our schedule around the consultant ward round to make sure each patient had their review. We used this time to plan sessions and talk to patients to find out how their therapy was progressing from their point of view. Other AHPs often visited the ward, especially occupational therapists and dieticians, and it was useful to see how they worked to help patients recover too.

I had a physiotherapist mentor who helped me understand things I could and could not do. They were registered with the HCPC and followed the national standards of rehabilitation from the CSP and NICE, such as following pathway-based care using the latest research.

I helped the physiotherapist escort patients from the ward to the therapy gym and hydrotherapy pool and helped them prepare equipment. I checked gym equipment was set up properly and safely and that the hydrotherapy pool was the right temperature and had enough chlorine content in the water. I always checked equipment had been sanitised before we used it and looked for the green "I'm clean" stickers, which meant the equipment was ready to use. I wasn't allowed to handle patients myself, such as helping them to move, but I did spend time talking to patients and this helped me to understand their worries about therapy and learn about the progress they were

making. It also helped me to understand how the different parts of the multidisciplinary team came together to provide overall support, such as how the nursing team worked with AHPs to drive the rehabilitation process forward with key milestones and target goals for recovery.

Part B

In the gym one morning we noticed one of our regular patients was really low in mood. They were normally chatty and quite enthusiastic about their therapy. They were young - in their mid-20s - and had been in a car accident and we were helping them with physical therapy. On this occasion the patient was withdrawn and seemed unhappy. They didn't want to engage with the gym session and so we ended it early. We talked to them and tried to discover why they weren't feeling themselves but they did not want to talk about it. When we returned to the ward, we escalated our concern to the ward manager in case the person needed some extra support or a review. We also documented our concern in the person's multidisciplinary care plan. We did this so everyone else involved in their care could see what had happened this morning, which was important in case other staff had noticed this issue as well. It might've been that the patient was just having an off day and was fed up being in hospital but it was important to escalate our concern in case something more serious was going on, such as if they had mental health needs.

Question 4

Part A

Every member of staff on the ward was expected to have a professional development plan (PDP), which was part of the hospital's overall corporate strategy for staff development. This documented their further professional development, such as training courses and learning from research they took part in. The hospital had a mandatory training package, which included modules such as safeguarding and infection control and this was the starting point for each person's on-going development. It was important because it helped them stay up-to-date with the latest best practice and to make sure their work reflected the latest policies and guidance. I was interested in physical therapy and my physiotherapist mentor showed me how to access online training made available by the hospital and store this in an online portfolio. This was in addition to my on the job training and helped me understand and follow specific processes and procedures. Further professional development is the main part of a PDP and includes all of the activity staff carry out to keep themselves knowledgeable and up-to-date with local processes and national and international practice.

PDP helps you to protect yourself; your colleagues and patients from harm because it means you can work safely in line with the latest policies and best practice. It also helps you to stay up-to-date with new legislation or changes to existing legislation and health and safety rules. As well as safety, this development means you can work more effectively and achieve better outcomes for patients. It is also necessary for your future career plans, for example if you are interested in promotion to a more specialist role.

Part B

I think my strengths were my ability to grasp the physiotherapy support role quickly and to understand the scope of the role and tasks I could and could not assist with, or carry out myself. I found it quite easy to understand new instructions and asked questions to help me understand why we were doing some tasks, such as when I saw equipment I wasn't used to in the gym. Much of the equipment is specially modified for hospital patients and so I had to learn how to use it differently and be confident enough to support rehabilitation patients to use it safely and effectively.

I think it's always better to ask questions to help you understand something rather than just waiting to be told and

this helped me to develop my communication skills. My limitations were around being more comfortable with the wider ward environment, such as understanding the clinical safety skills I needed to keep patients safe. My mentor suggested I keep a reflective diary to track new things I learned each day, such as the first time I followed the aseptic non-touch technique myself. This was really helpful and I used the diary to build on my skills. I also tried to learn from all of the multidisciplinary team, such as learning more about how to support patients to safely eat from a nurse helping a patient who needed help. Some of my development needs in this area related to confidence and some related to skills, both of which I am developing based on my reflective diary and mentor feedback.

Theme 3: maintain safe working environments

Question 5

Part A

Referring to your own experience, explain what needs to be considered when assessing the suitability of an environment prior to undertaking a specific task/intervention/therapy.

Part B

Referring to your own experience, describe how you would ensure the maintenance of equipment, kit and devices for common physiological measurements in a therapeutic context.

Question 6

Part A

Explain your role in assisting registered health professionals when undertaking common physiological measurements

Part B

Analyse how your actions followed good practice guidelines and protocols when undertaking common physiological measurements in a therapeutic context, identifying any areas for improvement.

Student evidence

Question 5

Part A

During my experience in the hospital, we had to check the gym environment before starting each therapy session. We checked the position of each item of equipment and checked it was undamaged and calibrated, such as the supported weights system. Each item of equipment had a daily safety checklist and we made sure this had been completed before we used it. If we were the first team to use it that day, we completed the checklist ourselves. The gym was accessible for wheelchairs but we always checked the path was clear from obstructions before we moved patients.

We had a therapy session plan for each patient in advance and so made sure the equipment and resources we planned to use were available and in situ. If an item had been removed for maintenance, we planned an alternative exercise for the patient by referring to their care plan and basing the new exercise on their goals and abilities.

The overall environment was important too and we checked that temperature and lighting were adequate and comfortable. Some patients liked music in the background to make the gym less clinical so we made sure this was set up in advance. We had to check this was appropriate with other gym-goers as it was a shared space with up to 7 patients using it at the same time. We always managed to find a balance of what everyone wanted.

Part B

In the hospital, we maintained physiological measurement equipment according to manufacturer and local

guidance. The medical library was responsible for tracking maintenance of equipment but we supplemented this by checking it for safety before use. My mentor showed me how to check manufacturer guidance to use equipment safely, which was stored on the local intranet. Basic checks before use included checking power supply or battery charge and making sure equipment was clean and sanitised. The hospital had a loss prevention protocol in place and this meant we had to take extra care to store equipment properly after use and make sure it was secure and ready for the next user. We also took this opportunity to check stock and resource levels matched the expected inventory and reported anything missing from the storage area.

There was a reporting system we could use to report equipment faults or failures and I practised using this when an item of gym equipment failed. This was an unusual case because the equipment was supplied by a specialist exercise therapy manufacturer and maintained by them through an external contract. This meant we had to report the equipment to the hospital maintenance team who would then contact the contractor on our behalf. The more usual process was to complete a report form for our internal maintenance team who would repair or replace the item.

Question 6

Part A

When undertaking common physiological measurements such as checking blood pressure or pulse, I supported registered health professionals by preparing equipment and learning how to take consent from the patient. This involved checking equipment was ready and safe for use and making sure the patient understood why they needed a measurement and checking they were happy to proceed. For example, I checked the BP machine was in working order, had a PAT test sticker on it and a green "I'm clean" sticker, which meant it was sanitised and ready for use.

This process involves following infection control processes and other health and safety processes, such as waste management when using disposable items. Using measurement equipment requires me to follow standard operating procedures, such as following manufacturer guidance when helping a health professional to take blood pressure measurements. For example, we only took BP readings from patients who were at rest and repeated a test if the first result was out of the expected range. This is a new environment for me and it was important I observed good practice, asked questions and took time to practice and learn. For example, I was unsure how to read a BP machine and identify results out of a normal range, something I learned to do from my work placement.

Part B

I followed good practice guidance by following the instructions of staff and adhering to local policies and procedures. I documented measurements in the appropriate documentation, such as a care plan, and made sure when reading out results this was done discreetly and could not be overheard by others. This helped us maintain dignity and respect for the patient and we made sure they understood what we were doing and why. GDPR is a big focus in the hospital and we made sure our documentation was made in official records only, which were stored in line with hospital policies. This was something I needed to learn how to be more precise with. At first, I would scribble down observations on scraps of paper but I learned that this was not appropriate and instead I needed to follow protocol strictly and use the hospital computer system or the patient's care plan.

Examiner commentary

The student demonstrated an excellent understanding of the therapy support process and it is evident that they have applied this in detail to individual patients and their specific needs. This was evident in their learning examples, where role plays, referring to own experience, understanding their role in a team and maintaining safe working environments are linked in detail with specific scenarios or incidents. The student demonstrated an excellent understanding of person-centred care in a variety of formats and scenarios that were clearly patient-focused and in line with national priorities, which they referenced. This was beyond an understanding of the meaning of person-centred care and instead applied key concepts to specific situations where people may have different needs. The student linked this with specific improved outcomes, such as long-term health and wellness, better mental health and reduced mortality. The student responded appropriately to questions with integrity, knowledge and insight of the therapy setting and specialty that demonstrated an advanced understanding of the principles and application of therapeutics at this level of study.

Overall grade descriptors

The performance outcomes form the basis of the overall grading descriptors for pass and distinction grades.

These grading descriptors have been developed to reflect the appropriate level of demand for students of other level 3 qualifications, the threshold competence requirements of the role and have been validated with employers within the sector to describe achievement appropriate to the role.

Occupational specialism overall grade descriptors:

Occupational specialism grade descriptors *

Grade	Demonstration of attainment
Pass	<p>A pass grade student can:</p> <ul style="list-style-type: none"> • communicate the relationship between person-centred care and health and safety requirements in healthcare delivery by: <ul style="list-style-type: none"> ○ demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals ○ recognising and responding to relevant healthcare principles when implementing duty of care and candour, including the demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality ○ following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment ○ demonstrating use of an adequate range of techniques, equipment and resources safely to promote sufficient levels of cleanliness and decontamination required for satisfactory infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions ○ working adequately as part of a team to assist registered health professionals with delegated

Grade	Demonstration of attainment
	<p>tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users' views to maintain effective provision of services</p> <ul style="list-style-type: none"> ○ gathering sufficient evidence, contributing to, following and recording information in care plans/records relevant to tasks and interventions, structuring these sufficiently to allow understanding in line with local and national legislation and policies, preserving individuals' rights ○ maintaining a record of professional development with evidence of using feedback to develop knowledge, skills, values and behaviours consistent with sufficient ability to reflect on practice and thereby improve performance adequately <ul style="list-style-type: none"> ● communicate sufficiently reliable levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used by: <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment effectively and safely and following correct monitoring processes ○ calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional ○ applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance
Distinction	<p>A distinction grade student can:</p> <ul style="list-style-type: none"> ● communicate adeptly the relationship between person centred care and health and safety requirements in healthcare delivery by: <ul style="list-style-type: none"> ○ demonstrating flexible and constructive person-centred care, taking appropriate precautions reliably, making sound decisions to protect the safety and physical and mental wellbeing of individuals ○ alertness and responsiveness to relevant healthcare principles when implementing duty of care and candour, including the demonstration of exceptional sensitivity and accurate knowledge of safeguarding individuals and maintaining confidentiality ○ commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment ○ demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control ● communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ following current best practice and agreed ways of working highly relevant to assisting with scenario specific, care-related tasks consistently and reliably, whilst fully supporting individuals to meet their care and needs including maintaining the individual's privacy and dignity to a high standard ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding

Grade	Demonstration of attainment
	<p>sufficiently to service users' views to maintain effective provision of services</p> <ul style="list-style-type: none"> ○ gathering extensive evidence consistently, interpreting, contributing to, following and recording information in care plans/records highly relevant to tasks and interventions, structured accurately and legibly and in line with local and national policies, while preserving and promoting individuals' rights ○ maintaining a record of professional development to develop knowledge, skills, values and behaviours consistent with ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency ● communicate exceptional levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used by: <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes ○ calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional ○ applying knowledge of policy and good practice techniques proficiently when undertaking all physiological measurements, checking when uncertain, solving problems, and following instructions and guidance with energy and enthusiasm

* “threshold competence” refers to a level of competence that:

- signifies that a student is well placed to develop full occupational competence, with further support and development, once in employment
- is as close to full occupational competence as can be reasonably expected of a student studying the TQ in a classroom-based setting (for example in the classroom, workshops, simulated working and (where appropriate) supervised working environments)
- signifies that a student has achieved the level for a pass in relation to the relevant occupational specialism component

Document information

The T Level Technical Qualification is a qualification approved and managed by the Institute for Apprenticeships and Technical Education.

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Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Published final version.		June 2021
v1.1	NCFE rebrand		September 2021