T-LEVELS | Institute for Apprenticeships & Technical Education

T Level Technical Qualification in Health

SAMPLE

Occupational specialism assessment (OSA)

Supporting the Adult Nursing Team

Assignment 1 - Case study

Assignment brief

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Supporting the Adult Nursing Team

Assignment brief

Assignment 1

Case study

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Guidance for students

Student instructions

- read the tasks briefs carefully before starting your work
- you must work independently and make your own decisions as to how to approach the tasks within the case study assessment
- you must clearly name and date all of the work that you produce during the supervised session
- you must hand over all of your work to your tutor at the end of the supervised session

Student information

- the maximum time you will have to complete all tasks for this case study assessment is 4 hours and 30 minutes:
    - it is recommended that you should dedicate 30 minutes to read the materials provided in the assignment brief insert
    - it is recommended that you should then read all the tasks and split your time accordingly, planning time to check your work
- at the end of the supervised session, your tutor will collect all assessment materials before you leave the room
- you must not take any assessment materials outside of the room, for example, via a physical memory device
- you must not upload any work produced to any platform that will allow you to access materials outside of the supervised sessions (including email)
- you can fail to achieve marks if you don’t fully meet the requirements of the task, or equally if you are not able to efficiently meet the requirements of the task

Plagiarism

Copying may result in the external assessment task being awarded a U grade. For further guidance, refer to your student handbook - plagiarism guidance and maladministration and malpractice policy located on the NCFE website.

Presentation of work

- all of your work should be completed electronically using black font, Arial 12pt, unless otherwise specified, with standard border sizes
- clearly show where sources have been used to support your own ideas and opinions
- clearly reference all sources used to support your own ideas and opinions, including any quotations from websites
- any work not produced electronically must be agreed with your tutor, in which case the evidence you produce should be scanned and submitted as an electronic piece of evidence
- all of your work should be clearly labelled with the relevant task number and your student details, and be legible, for example, front page and headers
- electronic files should be given a clear file name for identification purposes, see tasks for any relevant naming conventions

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- all pages of your work should be numbered in the format ‘page X of Y’, where X is the page number and Y is the total number of pages
- you must complete and sign the assessment cover sheet (ACS) and include it at the front of your assessment task evidence
- you must submit your evidence to the supervisor at the end of the supervised session

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Scenario

You are supporting the adult nursing team on ward C at New Town Hospital. Ward C provides care on an inpatient basis for those with conditions relating to ageing, frailty and dementia. The hospital is a district general facility in a suburban area. Many inpatients on ward C spend several months in the ward due to a lack of community adult social care beds.

Mike is a 77 year old inpatient and has been there for 10 months awaiting a community bed. Mike was admitted following an unwitnessed fall at home in which he suffered a fractured neck of femur. This followed several months in which Mike's family were concerned about him living alone. He seemed to be experiencing the symptoms of increasing frailty, although he would not see his GP about this. During this admission, the multidisciplinary team felt it would be unsafe for Mike to return home to live by himself and helped him to make the decision to move into an assisted living facility. These are in short supply in his local area and he is on a long waiting list.

The case study you have been provided with includes a number of documents:

- item A: Mike's care plan
  - nursing care plan
  - multi-disciplinary care plan
  - Mike's 4pm measurements
- item B: Mike's NEWS2 chat
- item C: Treating pressure ulcers (pressure sores)
- item D: Roper-Logan-Tierney's model of nursing based on a model of living
- item E: photograph of a grade 3 pressure ulcer
- item F: patient goals form
- item G: wound assessment chart
- item H: discharge plan

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Task 1: assessment of the patient/situation

Scenario

You are assisting a staff nurse in carrying out a weekly review of Mike's care documentation. Mike appears reasonably alert but looks physically unwell and you think his condition has deteriorated although there does not appear to be a need for urgent care.

The ward team use the NEWS2 tool to monitor Mike's condition because they are concerned about potential deterioration, including the issue of pressure sores.

You find the following areas of concern in your review:

- the nurse looking after Mike has updated his news 2 for 12pm and 2pm on 27th (item B) and taken his 4pm measurements (item A)
- whilst reading Mike's care plan and activities risk assessment, you note he sometimes complains of pain when moving around (item A)
- you decide from your observations that Mike is experiencing pain that he does not want to talk about

Task

Complete the NEWS2 chart using Mike's 4pm reading and calculate Mike's NEWS2 score. Explain your answer and decide whether or not you would escalate his care. Make recommendations based on the case study and what you know about best practice. You should think about what can influence a NEWS2 score and pain management and the consequences of not acting on changes.

(20 marks)

Conditions of the assessment

- task 1 must be completed in supervised conditions
- you will have access to the resources included in the assignment brief insert
- you will not have access to the internet or any other additional resource materials excluding sites and materials included in the assignment brief insert when completing your work for this task, attempting to access other internet sites will be classed as cheating and you may be disqualified from this assessment, resulting in failure of the qualification

Evidence requirements

Word processed response and any further relevant evidence.

Submission

- all tasks should be saved separately
- the following filename conventions should be used for all materials produced:
    - (Provider_number)_(Student registration number)_(Surname)_(First name)_Task1_(Additional detail of document content if multiple documents are produced per task)

Note: Please request your provider and student number from your tutor.

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Task 2: goals/patient outcomes/planned outcomes

Scenario

As part of your care documentation review, the ward manager asks you to read Mike's care plan and identify opportunities to improve his wellbeing and general happiness as an inpatient.

Mike's nursing care plan and the Roper-Logan-Tierney's model of nursing (item D) includes 10 key activities of daily living (ADL). This model is often used to ensure care planning is evidence based and is in the patient's best interest. The ward uses the patient goals form for patient goals to help staff understand what patients want from their care (item F).

The ward manager has asked you to work with Mike to ensure he achieves his ADL. Refer to the guidance in the Roper-Logan-Tierney model of nursing and the information provided in Mike's care plan.

Task

Complete the patient goals form (item F). You can use information from Mike's care plan (item A) to complete the form. You should record the information on a word processor with the sections clearly labelled.

Using your understanding of patient goals and the ADLs, recommend a course of action to support Mike to achieve good outcomes. Refer explicitly to ADLs relevant to Mike and justify your answer by considering the information in the care plan and your completion of the patient goals form.

(20 marks)

Conditions of the assessment:

- task 2 must be completed in supervised conditions
- you will have access to the resources included in the assignment brief insert
- you will not have access to the internet or any other additional resource materials excluding sites and materials included in the assignment brief insert when completing your work for this task, attempting to access other internet sites will be classed as cheating and you may be disqualified from this assessment, resulting in failure of the qualification

Evidence requirements

Word processed response and any further relevant evidence.

Submission:

- these tasks should be saved separately
- the following filename conventions should be used for all materials produced:
    - (Provider_number)_(Student registration number)_(Surname)_(First name)_Task2_(Additional detail of document content if multiple documents are produced per task)

Note: Please request your provider and student number from your tutor.

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Task 3: care/treatment/support plan

Scenario

You are asked to take part in daily shift handovers with your mentor and the nursing team.

During a handover, your mentor is told about a patient, Anita, with a grade 3 pressure ulcer on their left heel. A nurse discovered this during the night. Item E includes a photograph of the pressure ulcer and a skin physiology diagram.

The hospital uses the healthy skin project care plan guidance to support good skin health and prevent pressure ulcers amongst inpatients. Staff complete a wound assessment chart when they find evidence of a breakdown in skin integrity.

Task

You assist the staff nurse in the completion of the wound assessment chart (item G). Complete the other actions required section for the actions you believe should be taken next.

Using the appropriate pressure ulcers treatment(item C) and your selections in the wound assessment chart, briefly evaluate the effectiveness of different options to prevent further pressure ulcers in this patient. In your answer, consider the possible causes of the pressure ulcer and its grade.

(20 marks)

Conditions of the assessment:

- task 3 must be completed in supervised conditions
- you will have access to the resources included in the assignment brief insert
- you will not have access to the internet or any other additional resource materials excluding sites and materials included in the assignment brief insert when completing your work for this task, attempting to access other internet sites will be classed as cheating and you may be disqualified from this assessment, resulting in failure of the qualification

Evidence requirements

Word processed response and any further relevant evidence.

Submission:

- these tasks should be saved separately
- the following filename conventions should be used for all materials produced:
  - (Provider_number)_(Student registration number)_(Surname)_(First name)_Task3_(Additional detail of document content if multiple documents are produced per task)

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Task 4: evaluation/monitoring effectiveness/clinical effectiveness

Scenario

Informal care givers play a key role in ensuring people with care needs achieve their long-term care and treatment goals. These can often be different to the goals or milestones prioritised by the clinical team.

Mike is increasingly frustrated with his in-patient spell and has become more positive about the MDT plan to find him a community supported living facility. He has given this a lot of thought and thinks he can be happy and safe there. He has told staff that 2 of his friends will help to look after him. The ward manager needs to complete a full assessment of need to be able to decide if this would be a safe course of action.

Task

Complete the discharge plan (item H) to indicate what will be needed for Mike to leave the hospital safely and what he will need in the community.

Consider the information in Mike's multidisciplinary care plan (Item A). Evaluate the effectiveness of informal support that caregivers in the community would be able to give. In your answer you should make a recommendation about his request for discharge.

(20 marks)

Conditions of the assessment

- task 4 must be completed in supervised conditions
- you will have access to the resources included in the assignment brief insert
- you will not have access to the internet or any other additional resource materials excluding sites and materials included in the assignment brief insert when completing your work for this task, attempting to access other internet sites will be classed as cheating and you may be disqualified from this assessment, resulting in failure of the qualification

Evidence requirements

Word processed response and any further relevant evidence.

Submission

- these tasks should be saved separately
- the following filename conventions should be used for all materials produced:
    - (Provider_number)_(Student registration number)_(Surname)_(First name)_Task4_(Additional detail of document content if multiple documents are produced per task)

Note: Please request your provider and student number from your tutor.

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Document information

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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	21 November 2023

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