

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Therapy Teams

Assignment 1 - Case study stimulus materials

Assignment brief insert

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Case study stimulus materials

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Item A: gugging swallowing screen (GUSS) assessment

Name: C. SMR
 Date: 03/06/20
 Time: 0815

GUSS

(Gugging Swallowing Screen)

1. Preliminary Investigation/Indirect Swallowing Test

	YES	NO
Vigilance (<i>The patient must be alert for at least for 15 minutes</i>)	1 <input checked="" type="checkbox"/>	0 <input type="checkbox"/>
Cough and/or throat clearing (<i>voluntary cough</i>) (<i>Patient should cough or clear his or her throat twice</i>)	1 <input checked="" type="checkbox"/>	0 <input type="checkbox"/>
Saliva Swallow:		
• Swallowing successful	1 <input checked="" type="checkbox"/>	0 <input type="checkbox"/>
• Drooling	0 <input checked="" type="checkbox"/>	1 <input type="checkbox"/>
• Voice change (hoarse, gurgly, coated, weak)	0 <input checked="" type="checkbox"/>	1 <input type="checkbox"/>
SUM:	<u>3</u> (5)	
	1 - 4= Investigate further' 5= Continue with part 2	

2. Direct Swallowing Test (Material: Aqua bi, flat teaspoon, food thickener, bread)

<i>In the following order:</i>	1 →	2 →	3 →
	SEMISOLID*	LIQUID**	SOLID ***
DEGLUTITION:			
▪ Swallowing not possible	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
▪ Swallowing delayed (> 2 sec.) (Solid textures > 10 sec.)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
▪ Swallowing successful	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>
COUGH (involuntary): (<i>before, during or after swallowing - until 3 minutes later</i>)			
▪ Yes	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
▪ No	1 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>
DROOLING:			
▪ Yes	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
▪ No	1 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>
VOICE CHANGE: (<i>listen to the voice before and after swallowing - Patient should speak „O“</i>)			
▪ Yes	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
▪ No	1 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>
SUM:	<u>5</u> (5)	<u>5</u> (5)	<u>4</u> (5)
	1 - 4= Investigate further' 5= Continue Liquid	1 - 4= Investigate further' 5= Continue Solid	1 - 4= Investigate further' 5= Normal
SUM: (Indirect Swallowing Test AND Direct Swallowing Test)	<u>17</u> (20)		

*	First administer ½ up to a half teaspoon Aqua bi with food thickener (pudding-like consistency). If there are no symptoms apply 3 to 5 teaspoons. Assess after the 5 th spoonful.
**	3, 5, 10, 20 ml Aqua bi - if there are no symptoms continue with 50 ml Aqua bi (Daniels et al. 2000; Gottlieb et al. 1996) Assess and stop the investigation when one of the criteria is observed!
***	Clinical: dry bread; FEES: dry bread which is dipped in coloured liquid
†	Use functional investigations such as Videofluoroscopic Evaluation of Swallowing (VFES) , Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

Item B: gugging swallowing screen (GUSS) evaluation

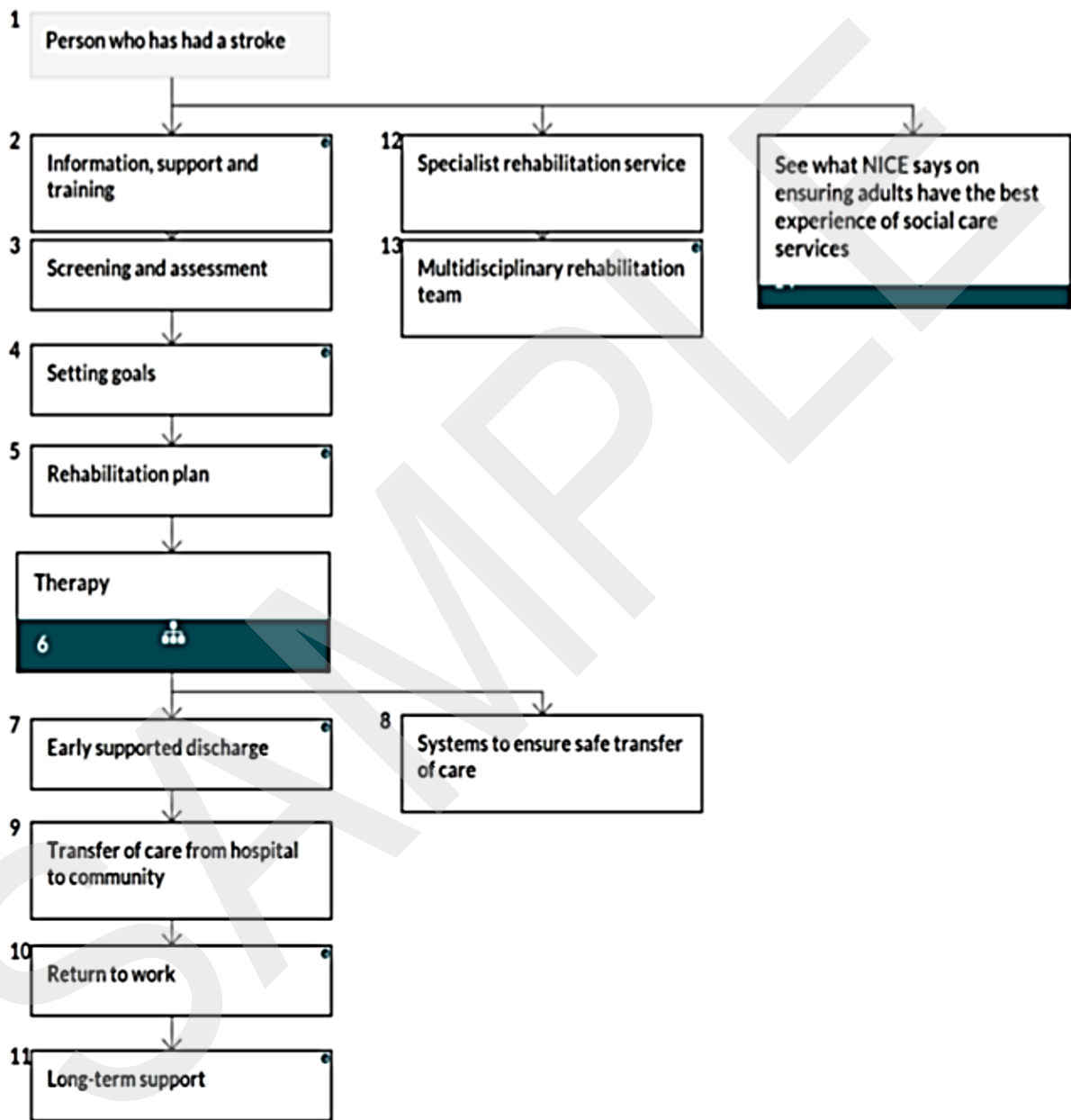
GUSS (Gugging Swallowing Screen) GUSS - EVALUATION

RESULTS		SEVERITY CODE	RECOMMENDATIONS
20	Semisolid / liquid and solid texture successful	Slight / No Dysphagia minimal risk of aspiration	<ul style="list-style-type: none"> Normal Diet Regular Liquids (<u>First time under supervision of the SLT or a trained stroke nurse!</u>)
15-19	Semisolid and liquid texture successful and Solid unsuccessful	Slight Dysphagia with a low risk of aspiration	<ul style="list-style-type: none"> Dysphagia Diet (pureed and soft food) Liquids very slowly – one sip at a time Functional swallowing assessments such as Fiberoptic Endoscopic Evaluation of Swallowing (FEES) or Videofluoroscopic Evaluation of Swallowing (VFES) Refer to Speech and Language Therapist (SLT)
10-14	Semisolid swallow success sful and Liquids unsuccessful	Moderate dysphagia with a risk of aspiration	Dysphagia diet beginning with : <ul style="list-style-type: none"> Semisolid textures such as baby food and additional parenteral feeding. All liquids must be thickened! Pills must be crushed and mixed with thick liquid. No liquid medication! Further functional swallowing assessments (FEES, VFES) Refer to Speech and Language Therapist (SLT) <p style="text-align: center;"><i>Supplementation with nasogastric tube or parenteral</i></p>
0-9	Preliminary investigation unsuccessful or Semisolid swallow unsuccessful	Severe dysphagia with a high risk of aspiration	<ul style="list-style-type: none"> NPO (non per os = nothing by mouth) Further functional swallowing assessment (FEES, VFES) Refer to Speech and Language Therapist (SLT) <p style="text-align: center;"><i>Supplementation with nasogastric tube or parenteral</i></p>

Item C: National Institute for Health and Care Excellence (NICE) pathways stroke rehabilitation flowchart

Stroke rehabilitation

NICE Pathw



Item D: healthcare support worker blog

Providing meaningful activity on a busy ward

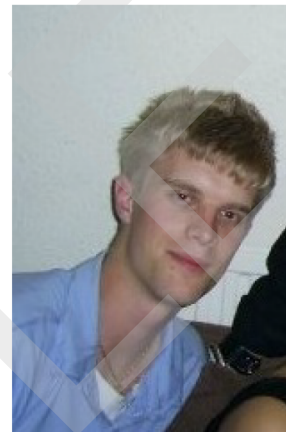
starwards.org.uk/providing-meaningful-activity-on-a-busy-ward/

October 23, 2014

Guest blog by Sam Wilson, Healthcare Support Worker

Hi I'm Sam. I'm a healthcare support worker and I work in inpatient psychiatry. In this role I work alongside talented professionals such as qualified nurses and occupational therapists to provide therapeutic sessions to our inpatients.

In this blog entry I hope to provide you with a few ideas you could use in the therapeutic sessions you create, an insight into how we tackle some of the challenges we face in inpatient therapy and give you a brief account of some of the success stories we've had.



Fun stuff

Providing therapeutic groups can be extremely challenging and busy events. In this whirlwind of activity there is always an opportunity to create moments that will melt away some of the chaos, create loads of laughs and help make recovery from an acute phase of illness a little easier.

[Read more on fun stuff](#)

Sanctuaries

Being an inpatient can be an anxious and even scary experience, being given time to relax, a place to think and the opportunity to talk through issues and problems can have a positive impact on a patient's wellbeing, mental state and in their recovery.

[Read more on sancturies](#)

Be creative and be inspired

Getting creative and being inspired by the patients I work with has helped me to create activity sessions that patients love to come along to again and again. Often the most simple of ideas can turn in to a session that everyone can be involved in and everyone can enjoy – including staff.

[Read more on providing activities](#)

Wii-habilitation

We are fortunate on the ward that I am based to have access to a TV and Wii console. One of the greatest cures for a bad day is laughter, setting up a Wii and watching a nurse or doctor strut their stuff on a dance mat can put a smile on anyone's face and

Item E: baseline assessment tool for NICE guideline on stroke rehabilitation (CG162) (extract)

Baseline assessment tool for NICE guideline Stroke rehabilitation (CG162)

Number of recommendations applicable to the organisation		
Number of recommendations met		
Percentage of recommendations met		
NICE recommendation	Key priority for implementation	Section of the guideline (as this is a long guideline it might be helpful to filter the sections most relevant to your service)
1.11 Long-term health and social support		
Inform people after stroke that they can self-refer, usually with the support of a GP or named contact, if they need further stroke rehabilitation services	No	1.11 Long-term health and social support
Provide information so that people after stroke are able to recognise the development of complications of stroke, including frequent falls, spasticity, shoulder pain and incontinence	No	1.11 Long-term health and social support
Encourage people to focus on life after stroke and help them to achieve their goals. This may include: <ul style="list-style-type: none"> • facilitating their participation in community activities, such as shopping, civic engagement, sports and leisure pursuits, visiting their place of worship and stroke support groups • supporting their social roles, for example, work, education, volunteering, leisure, family and sexual relationships • providing information about transport and driving (including DVLA requirements; see www.dft.gov.uk/dvla/medical/aag) 	No	1.11 Long-term health and social support
Manage incontinence after stroke in line with recommendations in Urinary incontinence in neurological disease (NICE clinical guideline 148) and Faecal incontinence (NICE clinical guideline 49)	No	1.11 Long-term health and social support
Review the health and social care needs of people after stroke and the needs of their carers at 6 months and annually thereafter. These reviews should cover participation and community roles to ensure that people's goals are addressed	Yes	1.11 Long-term health and social support
For guidance on secondary prevention of stroke, follow recommendations in Lipid modification (NICE clinical guideline 67), Hypertension (NICE clinical guideline 127), Type 2 diabetes (NICE clinical guideline 87) and Atrial fibrillation (NICE clinical guideline 36)	No	1.11 Long-term health and social support
Provide advice on prescribed medications in line with recommendations in Medicines adherence (NICE clinical guideline 76)	No	1.11 Long-term health and social support

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	Sample added as a watermark.	November 2023	22 November 2023