

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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Supporting the Therapy Teams

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Case study stimulus materials

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Item A: discharge plan for Sebastian

Discharge summary

Patient name Sebastian, J	Facility Middletown A&E
DOB 12/3/1992	Date/time 30/3/2021
Date of admission 29/3/2021	Date of discharge 30/3/2021
Discharge diagnosis Left leg fracture – tibia Left arm fracture – forearm, both ulna and radius	
Procedure and therapies Surgical intervention: tibia – intramedullary nailing Forearm – fracture reduced and plate and screws in place Complications None Consultations Consultant trauma, X-ray, physio Any other required patient history None	
Condition on discharge Coherent. Limited mobility, unable to use crutches due to fracture in arm and unable to walk due to cast. Requires support with self-care due to limited mobility. Moderate pain levels that are increased when moving/mobile but pain medication prescribed. Low mood noted due to lack of mobility and patient lives alone. Has worries for completing normal daily activity. Discharged to Middletown DGH therapy rehab Activity To be confirmed by physio and therapy team F/U appointments Outpatient follow-up after completion of rehab; discharge to GP after final intervention	

Signed: S. Watson

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Item B: 3 completed health and wellbeing questionnaires

Sebastian, J 02/04/2021	
Under each heading, please tick one statement that best describes your health today .	
Mobility I have no problems in walking about I have slight problems in walking about I have moderate problems in walking about ✓ I have severe problems in walking about I am unable to walk about	Self-care I have no problems washing or dressing myself I have slight problems washing or dressing myself ✓ I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself
Usual activities (for example, work, study, housework, family or leisure activities) I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities ✓ I am unable to do my usual activities	Pain/discomfort I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort ✓ I have severe pain or discomfort I have extreme pain or discomfort
Anxiety/depression I am not anxious or depressed I am slightly anxious or depressed ✓ I am moderately anxious or depressed I am severely anxious or depressed I am extremely anxious or depressed	

Sebastian, J 03/04/2021	
Under each heading, please tick one statement that best describes your health today .	
Mobility I have no problems in walking about I have slight problems in walking about I have moderate problems in walking about ✓ I have severe problems in walking about I am unable to walk about	Self-care I have no problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself ✓ myself I have severe problems washing or dressing myself I am unable to wash or dress myself
Usual activities (for example, work, study, housework, family or leisure activities) I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities ✓ I am unable to do my usual activities	Pain/discomfort I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort ✓ I have severe pain or discomfort I have extreme pain or discomfort
Anxiety/depression I am not anxious or depressed I am slightly anxious or depressed I am moderately anxious or depressed ✓ I am severely anxious or depressed I am extremely anxious or depressed	

Sebastian, J 04/04/2021	
Under each heading, please tick one statement that best describes your health today .	
Mobility I have no problems in walking about I have slight problems in walking about I have moderate problems in walking about ✓ I have severe problems in walking about I am unable to walk about	Self-care I have no problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself ✓ myself I have severe problems washing or dressing myself I am unable to wash or dress myself
Usual activities (for example. work, study, housework, family or leisure activities) I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities ✓ I am unable to do my usual activities	Pain/discomfort I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort ✓ I have severe pain or discomfort I have extreme pain or discomfort
Anxiety/depression I am not anxious or depressed I am slightly anxious or depressed I am moderately anxious or depressed ✓ I am severely anxious or depressed I am extremely anxious or depressed	

Item C: completed Modified Rivermead Mobility Index for 3 days

MODIFIED RIVERMEAD MOBILITY INDEX				
0 – Unable to perform 1 – Assistance of 2 2 – Assistance of 1 3 – Supervision or verbal cues 4 – Requires an aid or appliance 5 – Independent				
Task	Instructions	Date 21/04	Date 22/04	Date 23/04
1) Turning over	Turning over from back to their unaffected side	4	4	4
2) Lying to sit	Sit up on the edge of the bed from unaffected side	4	5	4
3) Sitting balance	Sit on the edge of bed for 10 seconds	4	4	4
4) Sitting to stand	Stand up from the chair (patient takes less than 15 seconds)	2	2	3
5) Standing	Standing for 10 seconds	2	2	2
6) Transfers	Transfer from bed to the chair and back	3	3	4
7) Walking	Walking 10 meters	2	2	2
8) Stairs	Going up and down stairs	2	2	2
	Total	/40 23	/40 24	/40 25

Item D: completed follow up call checklist

GAS = Goal Attainment Score - +2 more than expected +1 somewhat more than expected 0 as expected -1 less than expected -2 much less than expected

Activity		Before input	After input	GAS
Mobility		It was very difficult to move when I was discharged from hospital. I wasn't able to use crutches because of my broken arm but I also couldn't walk because my leg was still healing.	I can walk with 1 stick to support me and I have a boot to support my walking, but it is still difficult to walk if it isn't flat. Progress hasn't been as I would have liked.	-1
Stair negotiation		I was discharged home to sleep in a bed downstairs because the stairs were too much.	I can now go up the stairs but it's difficult to support my weight because of my broken arm. It is possible but it does sometimes feel uncomfortable and I'm still not yet confident and I'm scared of falling and I won't be able to catch myself.	-1
Transfers	Bed	The hospital gave me a mattress elevator with a handle so I can get in and out bed easier.	I'm managing fine with the hospital equipment.	+1
	Chair	I was slow but managing fine to get on and off the sofa	I'm about the same as before, no concerns	+1
Bathing		I have a shower but it was very difficult to cover both my arm and my leg and shower effectively so this was very difficult at first and I wasn't comfortable standing and couldn't fit in a stool.	No support given. I can now shower reasonably comfortably now I can stand, but some help would have been appreciated.	0

Activity	Before input	After input	GAS
Self-care	I needed a lot of help when I first came home as I felt weak and tired easily and wasn't comfortable trying to walk by myself.	I'm a lot more confident moving around the house and my family have supported when I have to leave the house.	+2
Medication	Independent, no concerns identified	Independent – medication pack introduced for convenience	0
Mental/psychological/emotional	I was very scared about how I was going to cope without someone living with me	The team were really good at giving me the support during the sessions to help make me comfortable doing things for myself within my own home and understanding what I can and can't do.	+2

Patient satisfaction survey

How satisfied are you with the reablement service you received?	Not Satisfied	1	2	3	4	5	6	7	<u>8</u>	9	10	Very Satisfied
How were you managing before reablement input?	Not managing	1	2	<u>3</u>	4	5	6	7	8	9	10	Fully Independent
How are you managing after reablement input?	Not managing	1	2	3	4	5	<u>6</u>	7	8	9	10	Fully Independent
Any feedback/suggestions for change? <p>Bathing was a really big problem that I didn't think would have had as much impact on me. It would have been nice to get some further help with that if possible, I asked in some of the sessions but there wasn't any equipment available.</p> <p>Progress has been slower than I expected for healing and I thought I would be able to do more than I can currently. Although I'm happy with the way things are healing and some of the progress I'm making, it wasn't really made clear up front how long it would take before I'm back to normal.</p> <p>The sessions could have been aimed more towards how to do everyday tasks safely, some of them felt more like a check up on how the bone was healing and nothing else.</p>												

Acknowledgements

Item B, task 2 – 3 completed EQ-5D-5L questionnaires (2009) by EuroQol Research Foundation UK (English) v1.2
Sourced: <https://euroqol.org/eq-5d-instruments/eq-5d-5l-available-modes-of-administration/self-complete-on-paper/>

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