

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Adult Nursing Team

Assignment 2 – Practical activities part 2

Provider delivery guide with mark scheme

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Assignment 2

Practical activities part 2

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Document security

To be opened on Thursday 20 April 2023 at 9.00am, 7 working days prior to the assessment period Tuesday 02 May 2023 to Friday 26 May 2023.

This assessment material must **not** be shared with students. Any breach of this assessment material must be reported to NCFE **immediately** in accordance with the assessment regulations found at the NCFE website.

Time allowed

2 hours 10 minutes

Paper number

P01991

Past Paper

Introduction

This document must be used to deliver and mark the practical activity assessment for the summer 2023 series of Supporting the Adult Nursing Team.

It is the responsibility of the internal moderator to follow the guidance contained within this document and ensure that a consistent approach is taken to the delivery and marking for all students through a satisfactory internal standardisation process.

Past Paper

Summary of the practical activities assessment (PAA)

The practical activities assessment (PAA) aspect of the occupational specialism (OS) component requires students to demonstrate practical activities taken from the list of practical activities published by NCFE CACHE in September 2022. The list of practical activities is published in the tutor guidance document which can be found on the NCFE website.

The PAA is externally set by NCFE.

The PAA is internally marked by provider assessors and moderated by NCFE. Providers are required to audio-visually record the performances of all students.

The PAA requires students to complete the **4** practical activity scenarios detailed in this document.

The PAA is assessed against 2 mark schemes:

- a scenario specific skills mark scheme – this mark scheme is applied to award a mark for every practical activity scenario
- an underpinning skills mark scheme – this mark scheme is applied to award a mark across the practical activity scenarios

Assessor instructions

- this assessment requires students to demonstrate the 4 practical activity scenarios detailed in this document; the practical activity scenarios are taken from the list of practical activities published by NCFE CACHE in September 2022
- it is the responsibility of the internal moderator to follow the guidance contained within this document and ensure that the practical activity scenarios are set up correctly at different stations within a suitable assessment environment
- the floor plans included are illustrative to suggest an appropriate layout for each scenario; it is not a requirement to exactly replicate the floor plan and there may be resources and equipment not represented on the floor plan
- students will move between the 4 stations during the assessment; once the first student has completed station 1 and moved to station 2, the next student will be admitted to station 1 and so on
- students must be given up to 5 minutes when they get to each station to prepare for the practical activity scenario; they should use this time to carefully read each practical activity scenario, including any supporting information, and familiarise themselves with the station
- students will have a maximum amount of time to complete each practical activity scenario; the time available is written clearly at the beginning of each practical activity scenario – if a student goes over this time, you must tell them to move on to the next station
- assessors should read the instructions and information on the front of the assignment brief to the student and confirm understanding before the practical activity assessment begins; students should be made aware that some stations might take more time than others, meaning they may have a short wait before being allowed to progress to the next station and understand that this waiting time will still be under supervised conditions, as specified in the tutor guide and assessment regulation documents
- where providers are delivering the assessment with assessors remaining at each station, providers must have ensured that there is mechanism by which the students' assessment booklets can be kept securely between stations
- assessors will need to collect the students' completed assignment brief booklets at the end of the assessment
- students will need to complete and sign the external assessment cover sheet to confirm the authenticity of their work and to confirm that they will uphold the confidentiality of the assessment.

Assessor information

Marks

- 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 – students will be awarded a scenario specific skills mark for their performance in each practical activity scenario they demonstrate
- 12 marks are available for underpinning skills – students will be awarded an underpinning skills mark for their holistic application of these skills in their performance across the practical activity scenarios they demonstrate
- the maximum mark for this assessment is 76

Materials

For this assessment students must have:

- a black or blue ballpoint pen

Equipment and resources

The equipment and resources listed under each practical activity scenario are in line with those detailed in the qualification specification. All equipment and resources should be familiar to the student and used during teaching and learning delivery of the qualification.

Standardised patients and role play

Where the practical activity scenario requires a standardised patient (SP) or element of role play, these roles must be fulfilled by a member of the provider staff. It is not appropriate to use students or any other person in these roles for the assessment.

Standardised patients and role players (RP) must be fully briefed on the requirements of their role in each of the scenarios, prior to the assessments taking place. Role play scripts are provided in the resources where appropriate.

Number of provider staff required

The table below indicates the number of provider staff that are needed to deliver **each** practical activity scenario.

Practical activity scenario	Assessor	SP/RP*	Total
1	1	2	3
2	1	2	3
3	1	2	3
4	1	1	2

*Note: The assessor will act as one of the RPs if their role is minimal and **only** where it does not distract from the focus being on applying the mark scheme. Further detail is provided in the specific requirements for each practical activity scenario.

Assessing the practical activity stations

Providers can manage the marking of the practical activity assessment in one of the two ways listed below:

- individual students are assessed on all practical activity stations by **one** assessor
- individual students are assessed by **multiple** assessors located at the different practical activity stations

It is the internal moderator's responsibility to ensure that the assessor's marking, in either approach, is in line with the agreed standard.

Past Paper

PAA delivery

For further guidance on the general delivery of the PAA, please refer to the tutor guidance document which can be found on the NCFE website.

Please be aware that the details provided in this section, whilst reflecting the assignment brief document given to students, do contain additional information. The additional information is provided to help providers establish a consistent approach to the delivery and marking of the PAA.

Most of the items contained within this document will be repeated in the student's assignment brief. There will, however, be instances where providers need to make copies of items from this document. Clear instructions will be given where this is the case.

Past Paper

Practical activity scenario 1

This practical activity scenario requires students to:

OPA11: Support or enable individuals to maintain good personal hygiene, involving carers where appropriate

Purpose

To assess the student's ability to promote health, wellbeing, and independence. The student should be able to interact with a vulnerable person and provide appropriate personal care support and communicate with adults who have mental health vulnerabilities and struggle with daily tasks such as hygiene and personal care.

Brief

Jeff is an adolescent male living with a moderate cognitive impairment that also affects his mobility. He has access to a walking stick for some mobility support but is not confident in using it.

He lives at home with his parents who usually do daily tasks for him, such as washing and dressing.

You are working as a healthcare support worker within a community multidisciplinary team. You have joined a district nurse to visit Jeff at home because his community healthcare team want him to develop some independence.

Task

Item A is an observation template.

You should:

- undertake a discussion with Jeff about his support needs and encourage him to take responsibility for his own health and mobility
- update the observation template with any advice provided or agreed actions
- support Jeff to walk to the sink and wash his hands and offer constructive support

(16 marks)

plus marks for underpinning skills – person-centred care and service frameworks, communication and health and safety

Supporting information

Mode of assessment

This practical activity scenario involves role play. The district nurse role can be taken by the assessor. They are there to provide introductions only. The service user (Jeff) is played by a member of staff.

A role play information sheet is provided on page 12.

The simulated station should be set up as a room in a private home.

Equipment

This practical activity scenario requires the following equipment:

- a walking stick

- personal hygiene equipment:
 - a bowl of water or a sink
 - soap
 - towel
- table
- 2 chairs

Resources

Students are given an observation chart template (item A) to record their findings.

Time

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 25 minutes.

Performance outcomes

This practical activity scenario assesses:

PO2: Support individuals to meet activities of daily living

Evidence requirements

- audio visual evidence
- assignment brief booklet

Role play information sheet

The district nurse should explain they are part of the community healthcare team and here to see how they can support Jeff's independence at home, with a focus on his mobility.

They should:

- explain that the session will be led by the healthcare support worker (student), who will ask Jeff some questions about his life at home and things he finds difficult to accomplish
- explain that the healthcare support worker (student) will ask Jeff to show them how he uses some equipment, such as his walking stick and the soap to wash his hands
- explain that the healthcare support worker (student) will have a discussion with Jeff about his support needs and encourage him to take responsibility for his own health and mobility

The individual playing Jeff should:

- respond to any questions given by the nurse and/or student
- answer the student's questions using the pre completed item A form (below)
- when being asked about his ability to mobilise, he should mention that he does not feel confident using the walking stick and need encouragement to use it
- if the student offers the use of a chair at the sink to support him when washing his hands, Jeff should say he does not need it

- if the students asked what type of cognitive impairment he has, he should say he cannot remember the name
- if the student asks a question that is outside of the scope of the task (mobility), he should say that is not relevant/you're here to help my mobility

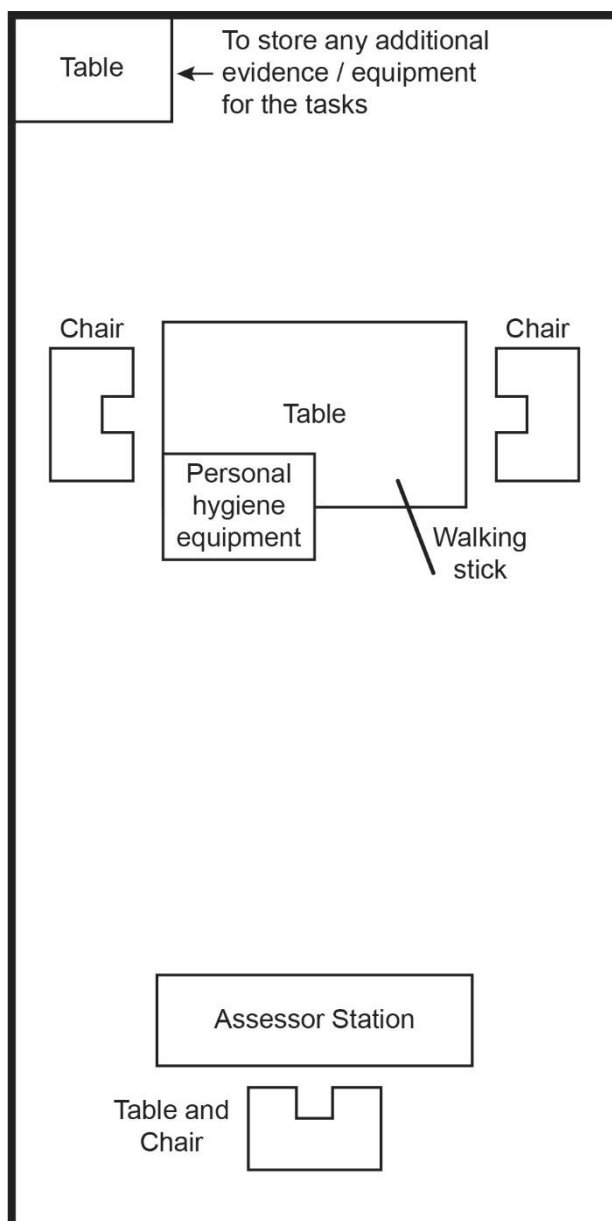
Past Paper

Item A: observation template – completed for standardised patient

Task	Requires no assistance	Some assistance needed	Complete assistance needed	Support needs identified
Bathing			X	
Dressing			X	
Oral care		X		
Toileting		X		
Walking		X		
Climbing stairs			X	
Eating		X		
Shopping			X	
Cooking			X	

Using the phone		X		
Housework			X	
Laundry			X	
Driving			X	
Totals	0	5	8	

Floor plan scenario 1



Practical activity scenario 2

This practical activity scenario requires students to:

OPA6: Check skin integrity using appropriate assessment documentation and inform others

Purpose

To assess the student's ability to use standard tools to assess skin integrity and the common approaches to skin integrity improvement methods. The student should communicate with adults that have physical health needs, including pain management. The student should also be able to identify that there is a need for clear language, interpretation of physical deterioration, and use of standard assessment tools.

Brief

You are working in an acute hospital on the elderly care ward and assisting a staff nurse with a 78 year old female patient named Maddy.

Maddy was admitted yesterday from a residential care facility, due to stomach pain and loss of weight. She has had restricted mobility due to feeling unwell and cannot get out of bed or move herself. She has been complaining of pain on her left foot.

Task

Using the tools and resources available to you, you should:

- talk to Maddy about her discomfort
- assess the current state of Maddy's foot (item B)
- assess the situation by completing the Braden risk assessment (item C) and the SSKIN Bundle (item D)
- provide immediate pressure relief
- complete a brief care plan (item E) to recommend the appropriate course of action

(16 marks)

plus marks for underpinning skills – person-centred care and service frameworks, communication and health and safety

Supporting information

Mode of assessment

This practical activity scenario involves role play. The staff nurse can be played by the assessor; they are there to provide introductions only and the service user (Maddy) is played by a member of staff.

A role play information sheet is provided on page 18.

The simulated station should be set up as a hospital environment.

Equipment

This practical activity scenario requires the following equipment:

- personal protective equipment (PPE) – gloves, aprons, antibacterial hand gel

- pressure relieving support tool – cushion
- bed or suitable surface
- bedside table or suitable surface
- chair

Resources

Students are given a photograph of Maddy's foot (item B), a Braden risk assessment (item C), a SSKIN bundle (item D) and a care plan template (item E).

Time

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 45 minutes.

Performance outcomes

This practical activity scenario assesses:

PO3: Assist with skin integrity assessments and with the care and treatment of skin conditions

Evidence requirements

- audio visual evidence
- assignment brief booklet

Role play information sheet

The staff nurse can be played by the assessor. They should explain they are part of the ward team and have an assistant with them today (the student).

The staff nurse should explain that:

- the student will need to examine Maddy's foot
- the student will need to carry out an assessment
- the student will lead the discussion and will use several tools during this
- the student will support with the immediate pressure relief of her foot

The service user (Maddy) should:

- show a photograph of their foot to the student
- answer the student's questions using the pre completed item C form (below)

Item B: photograph of Maddy's foot



Item C: Braden risk assessment – completed for standardised patient

Braden risk assessment chart

Individuals with a total score of 16 or less are considered at risk:

15–16 = low risk, 13–14 = moderate risk, 12 or less = high risk.

Undertake and document risk assessment within 6 hours of admission or on first home visit. Reassess if there is a change in individual's condition and repeat regularly according to local protocol.

Date:

Sensory perception Ability to respond meaningfully to pressure related discomfort	1. Completely limited Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	2. Very limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment that limits the ability to feel pain or discomfort over ½ of body.	3. Slightly limited Responds to verbal commands but cannot always communicate discomfort or need to be turned OR has some sensory impairment that limits ability to feel pain or discomfort in 1 or 2 extremities.	4. No impairment Responds to verbal commands. Has no sensory deficit that would limit ability to feel or voice pain or discomfort	Score 4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist Skin is kept moist almost constantly by perspiration/urine. Dampness is detected every time service user is moved or turned.	2. Very moist Skin is often, but not always, moist. Linen must be changed at least once a shift.	3. Occasionally moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely moist Skin is usually dry. Linen only requires changing at routine intervals.	Score 4
Activity Degree of physical activity	1. Bedfast Confined to bed.	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of	4. Walks frequently Walks outside the room at least twice a day and inside the room every 2 hours during waking hours.	Score 3

			each shift in bed or chair.		
Mobility Ability to change and control body position	1. Completely immobile Does not make even slight changes in body or extremity position without assistance.	2. Very limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	3. Slightly limited Makes frequent though slight changes in body or extremity position independently.	4. No limitations Makes major and frequent changes in position without assistance.	Score 2
Nutrition Usual food intake pattern	1. Very poor Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is nothing by mouth (NPO) and/or maintained on clear liquids or IVs for more than 5 days.	2. Probably inadequate Rarely eats a complete meal and generally eats only about ½ of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement OR receives less than optimum amount of liquid diet or tube feeding.	3. Adequate Eats over ½ of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal but will usually take a supplement if offered OR is on a tube feeding or total parenteral nutrition (TPN) regimen which probably meets most of nutritional needs.	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	Score 1
Friction and shear	1. Problem Requires moderate to maximum assistance in moving.	2. Potential problem Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair	3. No apparent problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good		Score 1

		restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	position in bed or chair at all times.		
Indicate appropriate number and add for total score Total score:					15

Adapted from Healthcare Improvement Scotland (2019). Braden risk assessment tool. Available at: www.healthcareimprovementscotland.org/programmes/patient_safety/tissue_viability_resources/braden_risk_assessment_tool.aspx (Accessed: 11 January 2022).

Item D: SSKIN bundle

Pressure ulcer classification (adapted from EPUAP, 2009)

Grade 1: Non-blanching erythema

Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its colour may differ from the surrounding area. The area may be painful, firm, soft, warmer, bluish tinge. Grade 1 may be difficult to detect in individuals with dark skin tones. May indicate an "at risk" persons.

Grade 2: Partial thickness

Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or sero-sanguinous filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising. **Note that bruising may indicate deeper tissue injury.** This stage should not be used to describe skin tears, tape burns, moisture lesions, maceration or excoriation.

Grade 3: Full thickness

Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. The depth of a Grade 3 pressure ulcer varies by anatomical location. The ear, occiput and malleolus do not have fatty tissue and Grade 3 ulcers can appear shallow. In contrast, fatty areas appear deeper. Bone/tendon is not visible or directly palpable.

Grade 4: Full thickness

Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunnelling. The depth of a Grade 4 pressure ulcer varies by anatomical location as for Grade 3. Grade 4 ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis likely to occur. Exposed bone/muscle is visible or directly palpable.

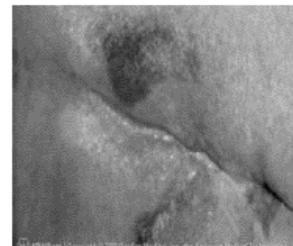
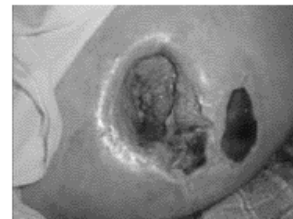
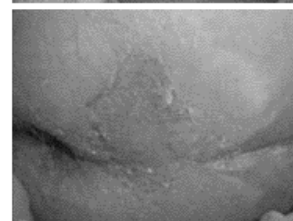
Ungradeable ulcer

Any pressure ulcer where depth cannot be discerned.

Purple localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure **and/or shear**. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. A thin blister may develop over a dark wound bed. The wound bed may become obscured by slough or eschar. Changes may be rapid exposing additional layers of tissue despite optimal treatment.

Moisture Lesion: not a pressure ulcer

Redness or partial thickness skin loss involving the epidermis, upper dermis or both. Caused by excessive moisture to the skin from urine, faeces or sweat. This is not a pressure ulcer and must not be confused with a Grade 2 pressure ulcer which is caused by pressure not moisture.



SUPERFICIAL

DEEP

UNGRADEABLE

MOISTURE

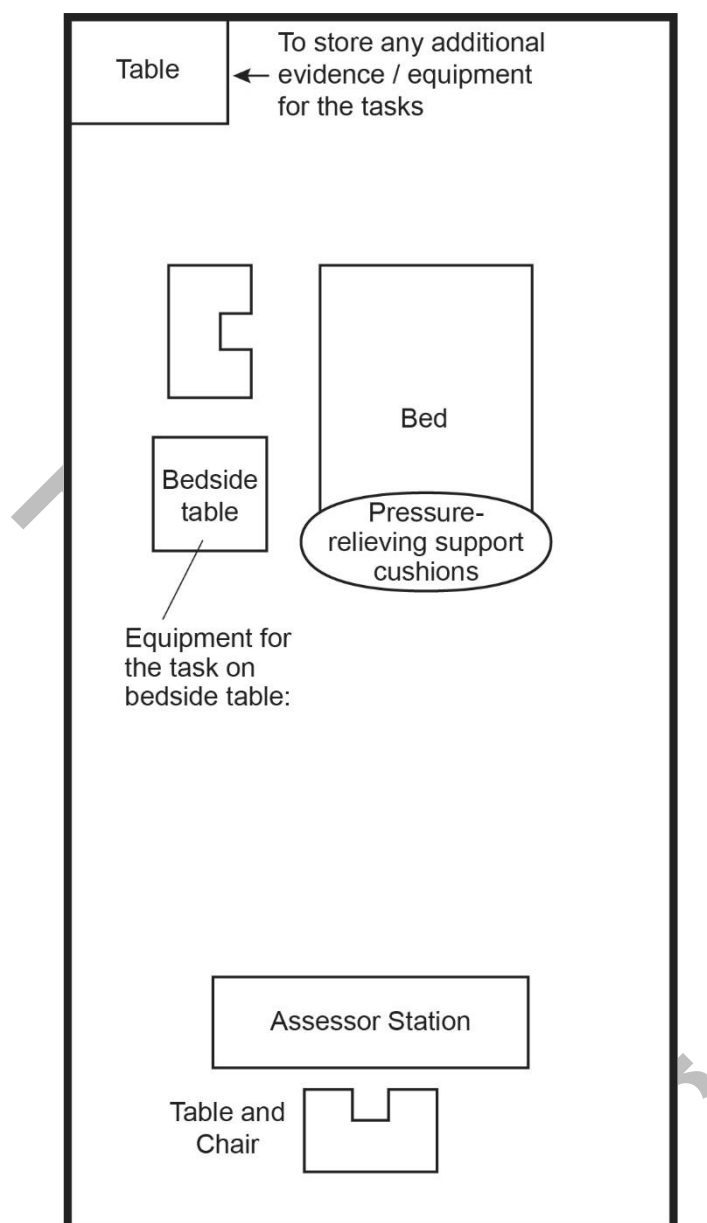
Adapted from Isle of Wight NHS Trust (year unknown). SSKIN Bundle. Available at:
www.iow.nhs.uk/Publications/sskin-bundle.htm (Accessed: 11 January 2022).

Item E: care plan

Patient name.....Date of plan.....

Patient need	Action	Review date

Floor plan scenario 2



Practical activity scenario 3

This practical activity scenario requires students to:

OPA10: Support or enable individuals to maintain good nutrition by promoting current healthy nutrition and hydration initiatives to support individuals to make healthy choices, recording details using food and drink charts and nutritional plans and involving carers where appropriate

Purpose

To assess the student's ability to use standard assessment tools to identify a clinical problem and provide appropriate guidance and advice to correct the problem. The student should communicate with adults about dietary and nutrition needs relating to cultural diets. The student should understand that culture influences dietary choices and norms.

Brief

You are assisting a practice nurse in a busy city centre GP surgery. The nurse is running a nutrition clinic for patients with health problems relating to their diet.

Your first patient is István, a computer programmer for a local tech firm. István is experiencing low energy, mood swings and was recently diagnosed with type 2 diabetes following a number of warnings from his GP about his weight. He is currently not taking medication for his diabetes. He moved to the UK from Hungary 3 years ago to start his new job.

Task

You should have a discussion with István so you can:

complete the nutrition assessment document (item F) using the tools available to you

make recommendations to the patient to improve their diet, record these on the recommendations page

(16 marks)

plus marks for underpinning skills – person-centred care and service frameworks, communication and health and safety

Supporting information

Mode of assessment

This practical activity scenario involves role play. The practice nurse can be played by the assessor and the service user (István) should be played by a member of staff.

A role play information sheet is provided on page 27.

The simulated station should be set up as a room of a GP practice.

Equipment

This practical activity scenario requires the following equipment:

weighing scales

a tape measure or stadiometer

a table

2 chairs

Resources

Students are given a nutrition assessment document (item F), a BMI scoring chart (item G) and an eat well guide (item H).

Time

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 30 minutes.

Performance outcomes

This practical activity scenario assesses:

PO1: Assist the adult nursing team with clinical tasks

PO2: Support individuals to meet activities of daily living

Evidence requirements

audio visual evidence

assignment brief booklet

Role play information sheet

The practice nurse (assessor) should explain they are part of the GP surgery team and that they run the nutrition clinic.

They should:

explain that they have an assistant with them today and that the assistant (student) will lead the discussion

explain that the assistant will use several tools to help assess the patient, which will involve them asking questions about diet and eating habits

explain that the assistant will make recommendations to the patient to improve their diet, record these on the recommendations page

The service user (István) should explain that their diet:

is high in saturated fats – this can be expanded upon if students ask for the types of food

includes a lot of red meat, but little fresh fruit and vegetables

includes ingredients such as heavy cream and butter for cooking

includes white bread, pastry goods and biscuits

includes a high caffeine fluid intake and rarely includes just water

The service user (István) should explain that they don't like taking tablets or medication.

Students should simulate the measurement of height and weight. A height and weight are provided within the stimulus materials to use for the working out of the BMI. Providers may place a sticker over the scales with the weight from the stimulus materials written on and complete the same for the height measurement.

Past Paper

Individual's notes

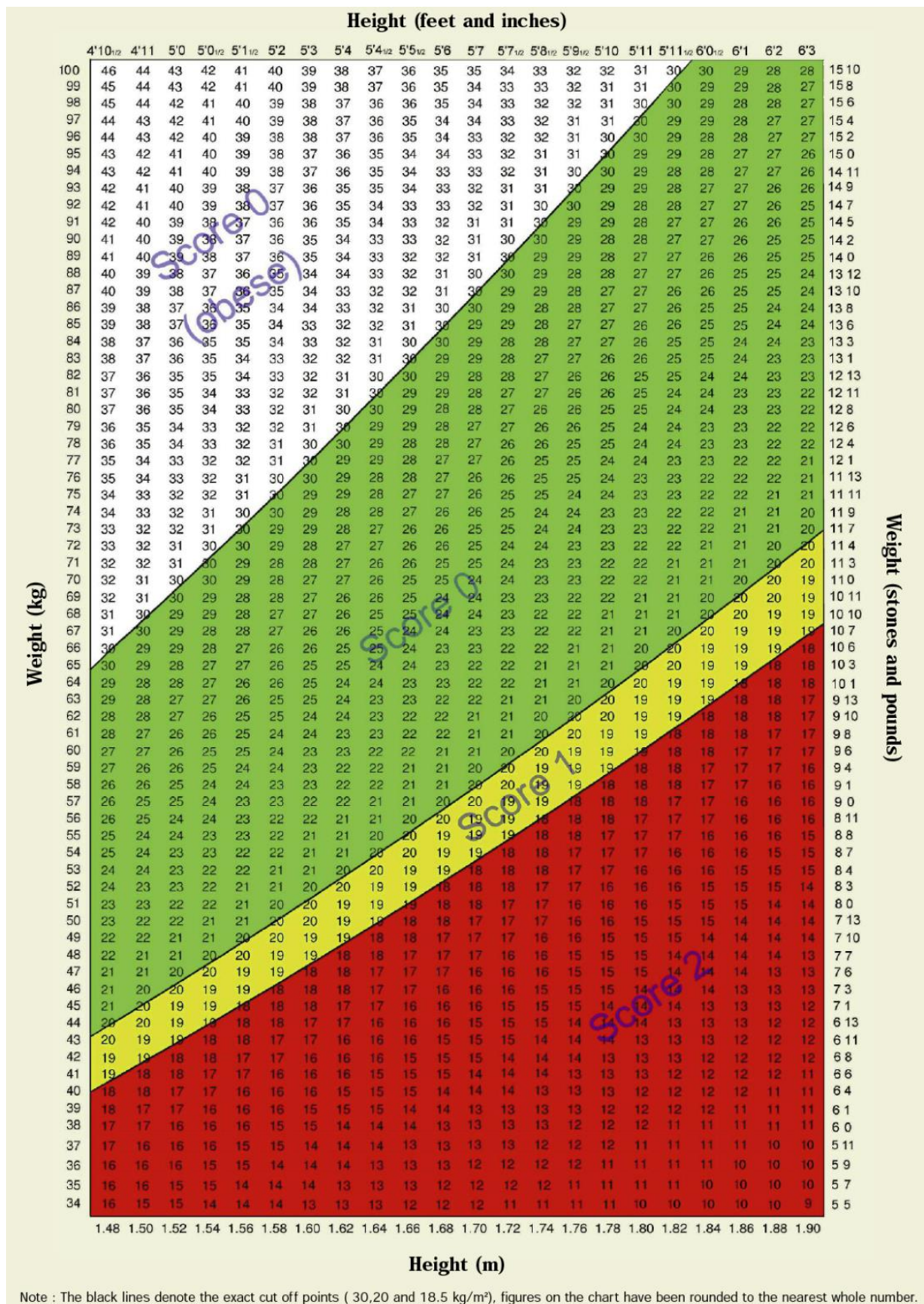
Use this page to note your recommendations.

Past Paper

Item F: nutrition assessment document

Name	Individual	
Date of birth	01/01/1984	
Step 1 (a)	Measure height and weight.	
	Height	
	Weight	
Step 1 (b)	Calculate BMI score using the details given below and the chart provided.	
	Height	1.80m
	Weight	94kg
	BMI	

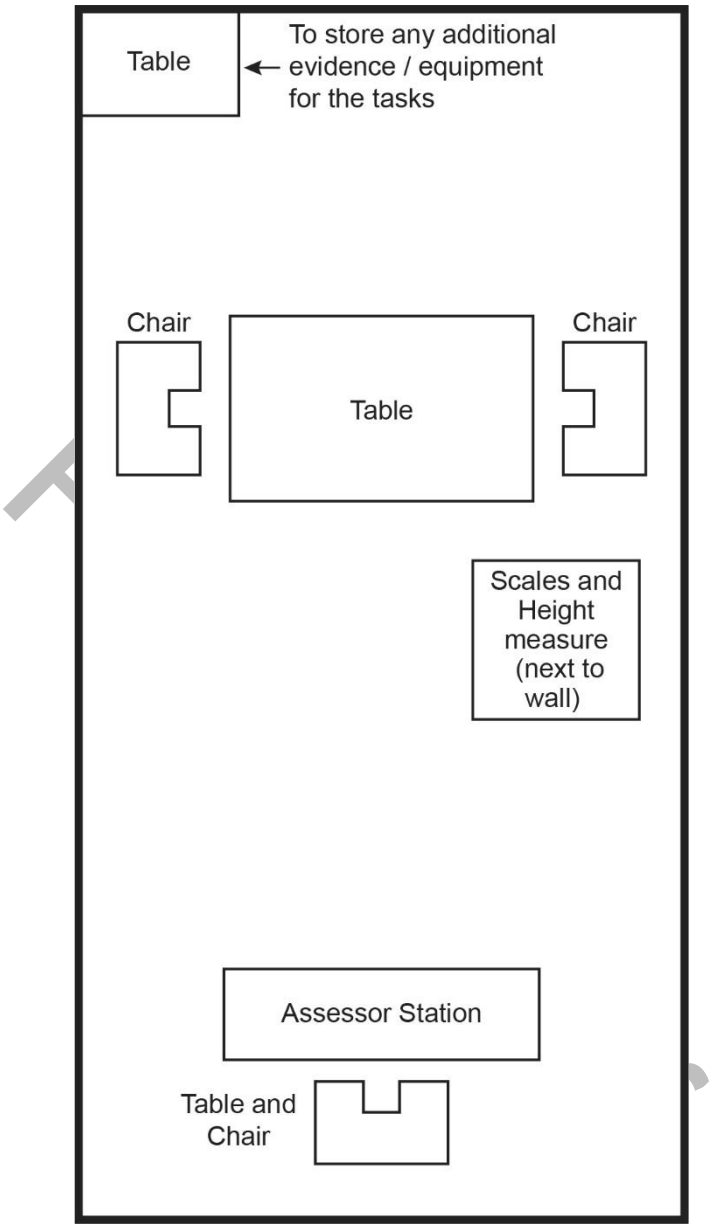
Item G: BMI scoring chart



Item H: Eatwell Guide



Floor plan scenario 3



Practical activity scenario 4

This practical activity scenario requires students to:

OPA2: Perform first line calibration on clinical equipment

Purpose

To assess the student's ability to prepare and use equipment correctly. The student should communicate with a colleague to explain the calibration checks required on common clinical equipment.

Brief

You are working in a day clinic within City Hospital. It is the beginning of a shift on a Monday morning. It is normal practice to calibrate clinical equipment before patients arrive. This morning the clinical manager has asked you to calibrate 3 items:

pulse oximeter

digital weighing scales

an automatic blood pressure monitor

Task

Use the standard operating procedures (item H) to:

calibrate each item in turn and record either a success or failure

write your checks on the equipment preparation checklist (item I)

explain to your colleague what you are doing and why

(16 marks)

plus marks for underpinning skills – person-centred care and service frameworks and communication

Supporting information

Mode of assessment

This practical activity scenario involves role play. The clinical manager is played by the assessor.

The simulated station should be set up as a hospital environment.

Equipment

This practical activity scenario requires the following equipment:

pulse oximeter

digital weighing scales

cup (the weight of the cup will need to be measured in advance of task and recorded with the cup so the student knows the expected weight to support with the weighing scales standard operating procedure (SOP))

an automatic blood pressure monitor

a table

equipment should be laid out as per ready for use, not dismantled

Resources

Students are given standard operating procedures (item H) and an equipment preparation checklist (item I).

Time

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 30 minutes.

Performance outcomes

This practical activity scenario assesses:

PO1: Assist the adult nursing team with clinical tasks

Evidence requirements

- audio visual evidence
- assignment brief booklet

Item H: standard operating procedures

Pulse oximeter

1. Check the general integrity of the device and that the batteries are appropriately inserted
2. Turn on the pulse oximeter
3. Place the pulse oximeter onto the index finger of either hand
4. Ensure that the entirety of the pulse oximeter monitor covers the finger tip
5. Record the reading
6. Place the pulse oximeter onto the finger of your opposite hand
7. Record the reading
8. Remove the pulse oximeter and compare the readings. The readings are the same and within 1% of one another, and the pulse oximeter is functioning and can be used
9. If the readings are different, press the reset button and return to step 1

Digital weighing scales

1. Check the general integrity of the device and that the batteries are appropriately inserted
2. Place scales on a flat, hard surface
3. Power on the scales
4. Ensure the scales are pre-set at zero
5. Ensure the display reads the appropriate measurement ('g', 'kg')
6. Place the cup in the centre of the scale (it is important that they are not placed around the edges)
7. Wait for the scale to measure the weight
8. Remove the cup
9. Record the reading – if the weight displayed on the screen is correct with the cup placed on the scales, record the check as complete; if the weight displayed on the screen differs from the actual weight of the cup, record the check as failed

Automatic blood pressure monitor

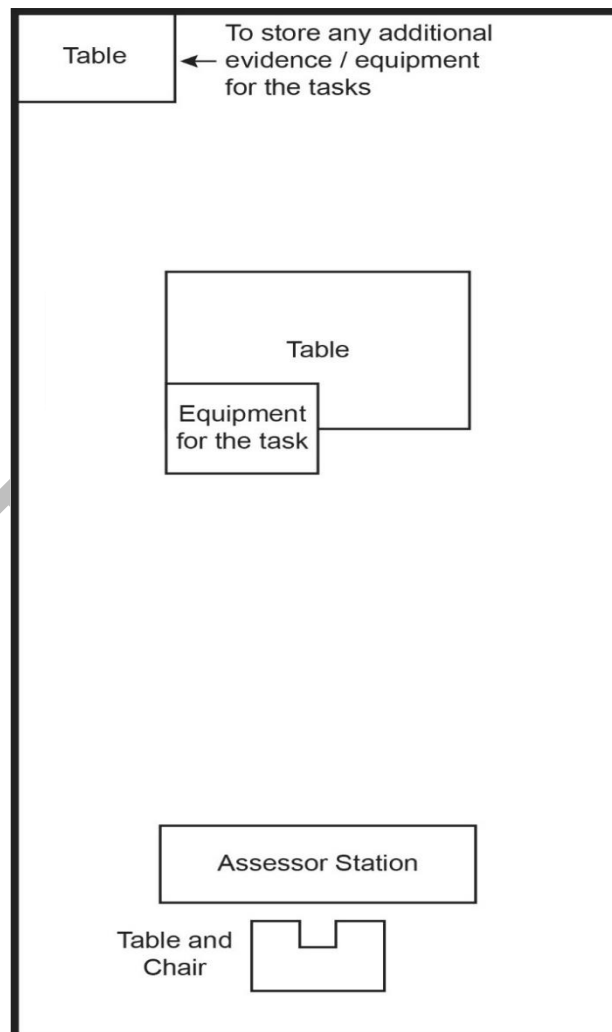
1. Complete a visual check of the equipment to ensure there is no damage
2. Check the batteries are inserted correctly
3. Turn on and inflate the cuff
4. Check integrity of cuff and connecting tube, once inflated, for any signs of leakage
5. Ensure the cuff remains inflated for a minimum of 3 seconds
6. Record the outcome

Item I: equipment preparation checklist

HOSPITAL:				
WARD:				
Date:		Time:		
Device	Pulse oximeter	Digital weighing scales	Automatic blood pressure monitor	Success or failure
Checks completed.				
PLEASE ENSURE ANY FAULTY EQUIPMENT IS REPORTED AND APPROPRIATE ACTION IS TAKEN				
PRINT NAME:				
SIGNATURE:				

Adapted from the NHS Greater Glasgow and Clyde (year unknown). Cleaning of Near Patient Equipment: Bed Space Checklist. Available at: www.nhsggc.org.uk/media/266429/appendix-3a-bedspace-checklist-amended-apr-21.doc (Accessed: 11 January 2022).

Floor plan scenario 4



PAA mark scheme

The mark scheme for the PAA comprises of marking grids and indicative content.

The following marking grids should be used to assess students and award marks for the scenario specific skills and underpinning skills. The indicative content for the scenario specific skills is for the practical activity scenarios set for the summer 2023 series only.

To understand what is required to be awarded marks, students should have already been provided with a copy of the marking grids. The marking grids are published in the tutor guidance document which can be found on the NCFE website.

Assessors are reminded that they should complete a student assessment record form to record descriptive information and evidence of the student's skills and knowledge demonstrated during the PAA. The student assessment record form can be found on the NCFE website.

Marking guidance

Marking grid

The marking grids for the scenario specific skills and the underpinning skills identify the 4 assessment criteria that students are assessed against. Each assessment criterion is out of a total of 4 marks.

The assessment criteria are broken down into 4 bands with a corresponding descriptor. The descriptor for the band indicates the quality of a student's performance in that band. The band is the mark that should be awarded for that assessment criterion (for example, band 1 = 1 mark and band 4 = 4 marks). There is a total of 16 marks available for the scenario specific skills and 12 marks available for the underpinning skills mark schemes which should be used in accordance with the assessment requirements (see page 8 for details).

When determining marks for scenario-specific skills, assessors should only consider the quality of the student's performance in that scenario. When determining a band/mark, assessors' decisions should be based on the overall quality of the student's performance in relation to the descriptors. If the student's performance covers different aspects of different bands, assessors should use a best-fit approach to award the band/mark.

When determining marks for underpinning skills, the assessor should consider performance across all scenarios. Where certain scenarios do not provide opportunities for students to demonstrate an underpinning skill, students should not be penalised; the mark awarded should be based on the quality of the student's performance in scenarios where the underpinning skills have emerged. When determining a band/mark, assessors' decisions should be based on the overall quality of the student's performance in relation to the descriptors. If the student's performance of a particular underpinning skill is inconsistent across scenarios, and covers different aspects of different bands, assessors should use a best-fit approach to award the most appropriate band/mark.

Standardisation materials can be used to help assessors with determining a band/mark if they are unsure.

Assessors should start at the lowest band of the marking grid and move up until there is a match between the band descriptor and the student's performance.

Indicative content

Indicative content has been provided as a guide to help assessors understand what should be expected in a student's performance to allow for a marking judgement to be made. Assessors are reminded that indicative content is not an exhaustive list.

Scenario-specific skills marking grid

Band	Demonstration of knowledge and understanding of the delegated clinical skills		Application of best practice, agreed ways of working and regulations/legislation in relation to delegated clinical skills		Use of equipment and/or materials and/or resources in relation to delegated clinical skills		Gaining, recording, using and/or presenting data and/or information in relation to delegated clinical skills	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
4	4	The student demonstrates excellent knowledge and understanding of the delegated clinical skills, that is sustained throughout the student's practice.	4	The student demonstrates a highly effective application of the delegated clinical skills that is consistently in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is excellent and demonstration of the clinical skills is always within the scope of their role and responsibilities.	4	The student demonstrates highly proficient use of equipment and/or materials and/or resources, which are always applied with accuracy and precision. The student monitors and maintains equipment and/or materials and/or resources in a highly effective way and always ensures that the equipment and/or materials and/or resources are available and correctly located, as applicable.	4	The student gains, records, uses and/or presents data and/or information in a highly effective and clear way, when assisting with the delegated clinical skills. The student consistently organises findings and information logically, as appropriate.

Band	Demonstration of knowledge and understanding of the delegated clinical skills		Application of best practice, agreed ways of working and regulations/legislation in relation to delegated clinical skills		Use of equipment and/or materials and/or resources in relation to delegated clinical skills		Gaining, recording, using and/or presenting data and/or information in relation to delegated clinical skills	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
3	3	The student demonstrates good knowledge and understanding of the delegated clinical skills, that is largely sustained throughout the student's practice.	3	The student demonstrates an effective application of the delegated clinical skills that is mostly in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is good and demonstration of the clinical skills is usually within the scope of their role and responsibilities.	3	The student demonstrates proficient use of the equipment and/or materials and/or resources, which are usually applied with accuracy and precision. The student monitors and maintains equipment and/or materials and/or resources in an effective way and mostly ensures that the equipment and/or materials and/or resources are available and correctly located, as applicable.	3	The student gains, records, uses and/or presents data and/or information in an effective and mostly clear way, when assisting with the delegated clinical skills. The student usually organises findings and information logically, as appropriate.

Band	Demonstration of knowledge and understanding of the delegated clinical skills		Application of best practice, agreed ways of working and regulations/legislation in relation to delegated clinical skills		Use of equipment and/or materials and/or resources in relation to delegated clinical skills		Gaining, recording, using and/or presenting data and/or information in relation to delegated clinical skills	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
2	2	The student demonstrates satisfactory knowledge and understanding of the delegated clinical skills, that is partially sustained throughout the student's practice.	2	The student demonstrates reasonably effective application of the delegated clinical skills that is sometimes in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is satisfactory and demonstration of the clinical skills is sufficiently within the scope of their role and responsibilities.	2	The student demonstrates sufficient use of the equipment and/or materials and/or resources, which are sometimes applied with accuracy and precision. The student monitors and maintains equipment and/or materials and/or resources in a reasonably effective way and sometimes ensures that the equipment and/or materials and/or resources are available and correctly located, as applicable.	2	The student gains, records, uses and/or presents data and/or information in a reasonably effective and partially clear way , when assisting with the delegated clinical skills. The student sometimes organises findings and information logically, as appropriate.

Band	Demonstration of knowledge and understanding of the delegated clinical skills		Application of best practice, agreed ways of working and regulations/legislation in relation to delegated clinical skills		Use of equipment and/or materials and/or resources in relation to delegated clinical skills		Gaining, recording, using and/or presenting data and/or information in relation to delegated clinical skills	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
1	1	The student demonstrates basic knowledge and understanding of the delegated clinical skills, that is fragmented throughout the student's practice.	1	The student demonstrates minimally effective application of the delegated clinical skills that is rarely in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is poor and demonstration of the clinical skills is minimally within the scope of their role and responsibilities.	1	The student demonstrates poor use of the equipment and/or materials and/or resources, which are rarely applied with accuracy and precision. The student monitors and maintains equipment and/or materials and/or resources with limited effectiveness and rarely ensures that equipment and/or materials and/or resources are available and correctly located, as applicable.	1	The student gains, records, uses and/or presents data and/or information in a minimally effective and clear way when assisting with the delegated clinical skills. The student rarely organises findings and information logically, as appropriate.
0	No evidence demonstrated or nothing worthy of credit.							

Underpinning skills marking grid

Band	Person-centred care and service frameworks		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
4	4	<p>The student demonstrates highly effective person-centred care, ensuring that an excellent standard of safe and high-quality care is provided to all individuals.</p> <p>The student's adherence to the appropriate standards and frameworks is excellent, demonstrating exceptional core values of care, when assisting the adult nursing team with clinical skills.</p>	4	<p>The student demonstrates highly effective communication skills when assisting with delegated clinical skills for adults.</p> <p>The student always ensures that appropriate communication techniques are adopted to enhance the experience of the individual and family members/carers, where applicable.</p> <p>The student uses technical language with accuracy, and they always demonstrate active listening to meet the needs of the individuals.</p>	4	<p>The student's adherence to and compliance with health and safety regulations and legislation that keeps individual's safe when assisting with delegated clinical skills is excellent.</p> <p>The student always monitors and maintains the clinical environment and demonstrates highly effective infection prevention and control procedures.</p>

Band	Person-centred care and service frameworks		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
3	3	<p>The student demonstrates effective person-centred care, ensuring that a good standard of safe and high-quality care is provided to most individuals.</p> <p>The student's adherence to the appropriate standards and frameworks is good, demonstrating good core values of care, when assisting the adult nursing team with clinical skills.</p>	3	<p>The student demonstrates effective communication skills when assisting with delegated clinical skills for adults.</p> <p>The student usually ensures that appropriate communication techniques are adopted to enhance the experience of the individual and family members/carers as appropriate, when assisting with delegated clinical skills for adults.</p> <p>The student's use of technical language is generally accurate, and they usually demonstrate active listening to meet the needs of the individuals.</p>	3	<p>The student's adherence to and compliance with health and safety regulations and legislation that keeps individual's safe when assisting with delegated clinical skills is good.</p> <p>The student mostly monitors and maintains the clinical environment and demonstrates effective infection prevention and control procedures.</p>

Band	Person-centred care and service frameworks		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
2	2	<p>The student demonstrates reasonably effective person-centred care, ensuring that a satisfactory standard of safe and high-quality care is provided to some individuals.</p> <p>The student's adherence to the appropriate standards and frameworks is satisfactory, demonstrating sufficient core values of care, when assisting the adult nursing team with clinical skills.</p>	2	<p>The student demonstrates reasonably effective communication skills when assisting with delegated clinical skills for adults.</p> <p>The student sometimes ensures that appropriate communication techniques are adopted to enhance the experience of the individual and family members/carers as appropriate, when assisting with delegated clinical skills for adults.</p> <p>The student's use of technical language is partially accurate, and they sometimes demonstrate active listening to meet the needs of the individuals.</p>	2	<p>The student's adherence to and compliance with health and safety regulations and legislation that keeps individual's safe when assisting with delegated clinical skills is satisfactory.</p> <p>The student sometimes monitors and maintains the clinical environment and demonstrates sufficient infection prevention and control procedures.</p>

Band	Person-centred care and service frameworks		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
1	1	<p>The student demonstrates minimally effective person-centred care, meaning that a limited standard of safe and high-quality care is provided to most individuals.</p> <p>The student's adherence to the appropriate standards and frameworks is poor, demonstrating limited core values of care, when assisting the adult nursing team with clinical skills.</p>	1	<p>The student demonstrates minimally effective communication skills when assisting with delegated clinical skills for adults.</p> <p>The student occasionally ensures that appropriate communication techniques are adopted to enhance the experience of the individual and family members/carers as appropriate, when assisting with delegated clinical skills for adults.</p> <p>The student's use of technical language is limited in accuracy, and they rarely demonstrate active listening to meet the needs of the individuals.</p>	1	<p>The student's adherence to and compliance with health and safety regulations and legislation that keeps individual's safe when assisting with delegated clinical skills is poor.</p> <p>The student rarely monitors and maintains the clinical environment and demonstrates limited infection prevention and control procedures.</p>
0	No evidence demonstrated or nothing worthy of credit.					

Indicative content

Practical activity scenario 1

the student should demonstrate a structured introduction setting the objectives of the task to Jeff

undertake an appropriate conversation with Jeff about his current mobility needs as per item A, including identifying support needs – the student should interact with the patient to:

- gain consent to help the patient
- discuss how the patient feels about personal care and mobility
- ask questions about what the patient wants to happen from the appointment

an assessment of the patient's ability:

- practical check of basic tasks such as washing hands
- practical check of mobility (walk across the room)
- check of patient's ability and confidence in using the walking stick

the student should encourage independence:

- provide constructive support to help improve the patient's ability
- provide constructive support to help improve the patient's confidence
- identify relevant support needs for Jeff

Accept other appropriate actions.

Practical activity scenario 2

the student should demonstrate a structured introduction setting the objectives of the task to Maddy

the student should demonstrate their technical ability to:

- interpret a Braden risk assessment – student completes the scoring guide included in the Braden risk assessment tool provided and uses the medical photograph and patient interaction to identify score on the care plan (score of 15 on Braden)
- interpret a medical photograph by describing the image and comparing it with the pressure sore grade guide provided (grade 2 pressure score)

the student should demonstrate knowledge of infection prevention and control:

- use antibacterial hand gel in accordance with standard guidance, such as covering all areas of the hands and wrists and waiting 45 seconds before proceeding
- use gloves and apron whilst assessing patient

the student should assess the patient's needs:

- use pressure-relieving equipment
- complete care plan

Accept other appropriate actions.

Practical activity scenario 3

the student should demonstrate a structured introduction setting the objectives of the task to István

the student should demonstrate their technical ability to:

- complete the nutrition assessment document accurately
- use weighing scales accurately
- use height measure accurately
- calculate BMI accurately with the figures given

the student should interact with the patient:

- discuss lifestyle with patient
- discuss diet with patient
- consider cultural awareness
- understand family dynamic (for example, patient moved to a new country for work and prefers their usual diet)
- consider exercise and sedentary work patterns

the student should make and record recommendations:

- make appropriate suggestions to diversify diet across all elements of the eat well plate

Accept other appropriate actions.

Practical activity scenario 4

the student should physically inspect each item

the student should check each standard operation procedure and adhere to the sequence of actions

the student should carry out calibration in line with the standard operating procedures

the student should complete the equipment preparation checklist for each piece of equipment with a final sign-off that the calibration was successful or not

the student should report their findings to the clinical manager

Accept other appropriate actions.

Performance outcome (PO) grid

Practical activity scenario	O-PO1	O-PO2	O-PO3	Total
1		16		16
2			16	16
3	10	6		16
4	16			16
Underpinning	6	5	1	12
Total	32	27	17	76
% weighting	42	35.5	18.5	100

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Past Paper