

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting Healthcare

Assignment 2 – Practical activities part 1

Assignment brief

T Level Technical Qualification in Health Occupational specialism assessment (OSA)

Supporting Healthcare

Assignment brief

Assignment 2

Practical activities part 1

Contents

Assignment brief cover sheet	3
Practical activity scenario 1	5
Item A: daily care log	7
Practical activity scenario 2	8
Item B: pre-surgery and post-surgery physiological measurements	10
Item C: physiological measurements form	11
Item D: NEWS2 observation chart	12
Item E: the NEWS2 scoring system	13
Item F: NEWS2 thresholds and triggers and clinical response to the NEWS2 trigger thresholds	14
Practical activity scenario 3	16
Document information	19

Assignment brief cover sheet

This assessment is for the following occupational specialism:

Supporting Healthcare

Date

17 April 2023 – 28 April 2023

Time allowed

1 hour 10 minutes

Paper number

P001989

Materials

For this assessment you must have:

- a black or blue ball-point pen

Student instructions

- this assessment requires you to demonstrate the 3 practical activity scenarios contained within this booklet
- the practical activity scenarios within this booklet have been set up at different stations – you will move between these stations during the assessment
- you have up to 5 minutes when you get to a station to prepare for the practical activity scenario, you should use this time to carefully read each practical activity scenario, including any supporting information, and familiarise yourself with the station
- you will have a maximum amount of time to complete the practical activity scenario – the time available is written at the beginning of each practical activity scenario; if you go over this time you will be asked by the assessor to move on to the next station
- fill in the boxes at the top of the next page

Student information

- 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, you will be awarded a scenario-specific skills mark for your performance in each practical activity scenario you demonstrate
 - 12 marks are available for underpinning skills, you will be awarded an underpinning skills mark for your performance across the practical activity scenarios you demonstrate
- the maximum mark for this assessment is 60

Submission form

Please complete the detail below clearly and in BLOCK CAPITALS.

Student name	
Provider name	

Student number		Provider number	
-----------------------	--	------------------------	--

Past Paper

Practical activity scenario 1

This practical activity scenario requires you to:

CPA3: Respond to an incident or emergency

CPA4: Demonstrate a range of techniques for infection prevention and control

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 20 minutes.

Brief

A 77 year old patient was admitted to a medical respiratory ward last night with a chest infection.

The registered nurse has asked you to check on the patient.

As you approach the patient to complete this task you notice a small pool of vomit on the floor.

Task

You must respond appropriately to this situation. Including dealing with the spillage and waste management.

Check on the patient and record the situation in the individual's daily care log (item A)

[16 marks]

Plus marks for underpinning skills –
duty of care, candour and person-centred care, communication and health and safety.

Supporting information

This practical activity scenario involves role play. The individual will be played by a member of staff or a manikin and a member of staff will respond to questions as appropriate.

You will be provided with a daily care log (item A).

This practical activity scenario requires the following equipment:

- a chair
- clinical waste kit, including clinical waste bin
- yellow slip sign
- handwashing equipment
- simulated vomit on floor (for example, vegetable soup, chicken soup, orange juice with crackers)
- general cleaning equipment and products for use on the floor
- personal protection equipment (PPE) – apron and gloves (masks not required)

Performance outcomes

This practical activity scenario assesses:

PO1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

PO2: Assist registered health professionals with clinical or therapeutic tasks and interventions

PO3: Undertake a range of physiological measurements

Evidence requirements

- audio visual evidence
- assignment brief booklet

Item A: daily care log

Name	Home address	DOB
Individual	5 Waybourne Road, Wittering, PE5 8XZ	18 May 1944

Date	Time	Actions taken	Signatures
17/03/23	20:00	Patient admitted at 8pm and has started antibiotics for next 48 hours.	A Bennett RN (A)
18/03/23	09:00	Patient has been seen by physiotherapist who has explained some deep breathing exercises to be used by patient every hour.	D Clark

Practical activity scenario 2

This practical activity scenario requires you to:

CPA2: Undertake and record a range of physiological measurements, recognising deteriorations in physical health and escalating as appropriate

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

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

Brief

A 48 year old patient has been admitted to the ward with a fracture of their left forearm and left ribs. The injuries were caused by a fall from a ladder 1 day ago.

The patients' observations have been recorded pre-surgery and post-surgery and are provided on item B.

The patient has now been cleared to eat and drink post-surgery.

You have been asked to complete the patients' observations on return to the ward from surgery.

The patient is currently lying in a hospital bed and appears alert.

Task

It is 6pm, take the patient's current observations of:

- respiratory rate
- oxygen saturation
- blood pressure
- heart rate
- level of consciousness
- body temperature

Use item C to make notes then record them on item D.

Using information from Item E, calculate the individual's NEWS2 score on Item D.

Report verbally the findings to the nurse in charge including information on any deteriorations in observations from the pre and post-surgery observations.

Item B, Item E and Item F can be used to report the findings.

As the patient has now been cleared to eat and drink, report to the nurse how his elimination, nutrition and hydration should be monitored.

[16 marks]

Plus marks for underpinning skills –
duty of care, candour and person-centred care,
communication and health and safety

Supporting information

The patient in this practical activity scenario could be played by a manikin or a member of staff.

The nurse in charge is available and will be played by a member of staff if required.

You have access to the following equipment:

- automatic blood pressure (BP) machine
- a thermometer
- a pulse oximeter
- a watch with second hand
- NEWS2 chart
- PPE – gloves and apron
- general cleaning equipment for products after use
- handwashing equipment

Performance outcome

This practical activity scenario assesses:

PO1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

PO2: Assist registered health professionals with clinical or therapeutic tasks and interventions

PO3: Undertake a range of physiological measurements

Evidence requirements

- audio visual evidence
- assignment brief booklet

Item B: pre-surgery and post-surgery physiological measurements

Physiological measurement	Pre-surgery 2pm	Post- surgery 4pm
Blood pressure	110/80 mmHg	120/85 mmHg
Heart rate	85bpm	90bpm
Respirations	18bpm	20bpm
Oxygen saturation	94%	94%
Body temperature	37°C	37.5%

Item C: physiological measurements form

Use this form to make notes. This will **not** be marked as part of your assessment.

Physiological measurements			
Blood pressure			
Heart rate			
Respirations			
Oxygen saturation			
Body temperature			

Item D: NEWS2 observation chart

NEWS key		FULL NAME															
0 1 2 3		DATE OF BIRTH							DATE OF ADMISSION								
DATE TIME									DATE TIME								
A+B Respirations Breaths/min	≥25								3								≥25
	21–24								2								21–24
	18–20																18–20
	15–17																15–17
	12–14																12–14
	9–11								1								9–11
	≤8								3								≤8
A+B SpO ₂ Scale 1 Oxygen saturation (%)	≥96																≥96
	94–95								1								94–95
	92–93								2								92–93
	≤91								3								≤91
SpO₂ Scale 2[†] Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure <small>[†]ONLY use Scale 2 under the direction of a qualified clinician</small>	≥97 on O ₂								3								≥97 on O ₂
	95–96 on O ₂								2								95–96 on O ₂
	93–94 on O ₂								1								93–94 on O ₂
	≥93 on air																≥93 on air
	88–92																88–92
	86–87								1								86–87
	84–85								2								84–85
	≤83%								3								≤83%
Air or oxygen?	A=Air																A=Air
	O ₂ L/min								2								O ₂ L/min
	Device																Device
C Blood pressure mmHg Score uses systolic BP only	≥220								3								≥220
	201–219																201–219
	181–200																181–200
	161–180																161–180
	141–160																141–160
	121–140																121–140
	111–120																111–120
	101–110								1								101–110
	91–100								2								91–100
	81–90																81–90
	71–80																71–80
	61–70								3								61–70
	51–60																51–60
	≤50																≤50
C Pulse Beats/min	≥131								3								≥131
	121–130								2								121–130
	111–120																111–120
	101–110								1								101–110
	91–100																91–100
	81–90																81–90
	71–80																71–80
	61–70																61–70
	51–60																51–60
	41–50								1								41–50
	31–40								3								31–40
	≤30																≤30
D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert																Alert
	Confusion																Confusion
	V								3								V
	P																P
	U																U
E Temperature °C	≥39.1°								2								≥39.1°
	38.1–39.0°								1								38.1–39.0°
	37.1–38.0°																37.1–38.0°
	36.1–37.0°																36.1–37.0°
	35.1–36.0°								1								35.1–36.0°
	≤35.0°								3								≤35.0°
NEWS TOTAL																	TOTAL
Monitoring frequency																	Monitoring
Escalation of care Y/N																	Escalation
Initials																	Initials

Item E: the NEWS2 scoring system

Physiological parameter	3	2	1	Score 0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

National Early Warning Score (NEWS) 2

© Royal College of Physicians 2017

Item F: NEWS2 thresholds and triggers and clinical response to the NEWS2 trigger thresholds

NEW score	Clinical risk	Response
Aggregate score 0–4	Low	Ward-based response
Red score Score of 3 in any individual parameter	Low–medium	Urgent ward-based response *
Aggregate score 5–6	Medium	Key threshold for urgent response *
Aggregate score 7 or more	High	Urgent or emergency response **

*Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care to a critical care team is appropriate.

**The response team must also include staff with critical care skills, including airway management.

National Early Warning Score (NEWS) 2

© Royal College of Physicians 2017

NEW score	Frequency of monitoring	Clinical Response
0	Minimum 12-hourly	<ul style="list-style-type: none"> continue routine NEWS monitoring
Total 1–4	Minimum 4–6 hourly	<ul style="list-style-type: none"> inform registered nurse, who must assess the patient registered nurse decides whether increased frequency of monitoring and/or escalation of case is required
3 in single parameter	Minimum 1-hourly	<ul style="list-style-type: none"> registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary
Total 5 or more Urgent response threshold	Minimum 1-hourly	<ul style="list-style-type: none"> registered nurse to immediately inform the medical team caring for the patient registered nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely ill patients provide clinical care in an environment with monitoring facilities
Total 7 or more Emergency response threshold	Continuous monitoring of all vital signs	<ul style="list-style-type: none"> registered nurse to immediately inform the medical team caring for the patient – this should be at least at specialist registrar level emergency assessment by a team with critical care competencies, including practitioners with advanced airway management skills consider transfer of care to a level 2 or 3 clinical care facility, for example, higher-dependency unit or ICU clinical care in an environment with monitoring facilities

National Early Warning Score (NEWS) 2

© Royal College of Physicians 2022

Practical activity scenario 3

This practical activity scenario requires you to:

CPA7: Assist in the overall comfort and wellbeing of an individual, contributing, recording and following care plans and responding as appropriate

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time is 20 minutes.

Brief

An 81 year old has been admitted to the medical assessment unit from a nursing home for investigations with a recent history of reduced eating and drinking.

The registered nurse has told you that the individual's fluid balance needs monitoring.

Task

The current time is 4pm and the fluid balance chart started at 1am today.

Item G is the fluid balance chart.

Use item G to measure and record the individual's urine output.

(As there is no sluice available, you are not required to dispose of the urine sample after use. But place it in a safe position until the task is completed)

[16 marks]

Plus marks for underpinning skills—
duty of care, candour and person-centred care,
communication and health and safety

Supporting information

The patient in this practical activity scenario is played by a staff member.

You have access to the following equipment:

- clinical waste kit
- measuring jug with ml markers
- fluid balance chart
- PPE – apron and gloves
- handwashing equipment
- Commode/simulated toilet area/disposable bed pan

Performance outcome

This practical activity scenario assesses:

PO1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

PO2: Assist registered health professionals with clinical or therapeutic tasks and interventions

PO3: Undertake a range of physiological measurements

Evidence requirements

- audio visual evidence
- assignment brief booklet

Past Paper

Item G: fluid balance chart

Write particulars or affix identification label here

Surname:

First Name(s)

RIO No.:

NHS No.:

Fluid balance chart

Hospital:

Patient's weight 75 Kg

Date:

24 hours from:

to:

FLUID BALANCE

	INTAKE: ml			OUTPUT: ml		
Time	Oral	Intravenous	Other	Urine		Vomit
0100						
0200						
0300						
0400						
0500						
0600	Tea 100					
0700						
0800				245		
0900						
1000	Water 70					
1100						
1200	Tea 150					
1300				355		
1400	Water 150					
1500						
1600						
1700						
1800						
1900						
2000						
2100						
2200						
2300						
TOTALS						
Total intake:			Measured output:		Estimated insensible losses:	
BALANCE:						

DO NOT DESTROY WHEN ENTRY IS COMPLETED ON REVERSE

Document information

All the material in this document is © NCFE.

'T-LEVELS' is a registered trade mark of the Department for Education.

'T Level' is a registered trade mark of the Institute for Apprenticeships and Technical Education.

'Institute for Apprenticeships & Technical Education' and logo are registered trade marks of the Institute for Apprenticeships and Technical Education.

Owner: Head of Assessment Design

Past Paper