



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Care of Children and Young People

Assignment 2 - Practical assessment - Distinction

Guide standard exemplification materials

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T Level Technical Qualification in Health Occupational specialism assessment

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Supporting the Care of Children and Young People

Assignment 2

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Introduction

The material within this document relates to the Supporting the Care of Children and Young People occupational specialism sample assessment. These exemplification materials are designed to give providers and students an indication of what would be expected for the lowest level of attainment required to achieve a pass or distinction grade.

The examiner commentary is provided to detail the judgements examiners will undertake when examining the student work. This is not intended to replace the information within the qualification specification and providers must refer to this for the content.

In assignment 2, the student must demonstrate practical skills that are vitally important for any future role in the healthcare sector and must work in ways typical to the workplace.

After each live assessment series, authentic student evidence will be published with examiner commentary across the range of achievement.

Practical activity scenario 1

This practical activity scenario requires you to:

OPA1: Carry out delegated clinical tasks for children and/or young people

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 **25** minutes.

Brief

A 7 year old female child is brought into the accident and emergency department by her parents, as she is vomiting and complaining of abdominal pain and blurred vision.

Task

The nurse in charge has asked you to take the following physiological measurements:

- weight
- height
- blood pressure
- body temperature

You should record these on admittance assessment form (item A).

Once you have carried out these clinical tasks, analyse the results given in the admittance assessment form (item A)

Report your findings to the registrar on duty and in the notes section of the admittance assessment form (item A)

Student evidence

Measurements for 7 year old girl presenting at A and E with abdominal pain, blurred vision and vomiting:

Height 124cm

Weight 24kg

Blood pressure 97/57 mmHg

Body temperature 38.9 Celsius

Analysis

My analysis of this patient is that the height, weight and blood pressure are ok. However, the raised temperature alongside the abdominal pain, vomiting and blurred vision indicates some kind of infection or appendicitis. This needs to be treated urgently and further tests and examination are needed to establish the cause of the pain, vomiting, temperature and blurred vision.

My findings

More tests and examinations are needed in order to establish the cause. The raised temperature is the body's natural response to infection. Blood and stool tests should be taken to identify the infection and respiratory rate

measured and recorded. It is also important to take a further history and check how long the patient has had the symptoms for and whether they have managed to maintain fluids. It's Important that the patient does not get dehydrated. A drip maybe necessary.

Practical activity scenario 2

This practical activity scenario requires you to:

OPA7: Provide care and support to children and/or young people using therapeutic play and learning strategies and interventions before, during and after clinical or therapeutic procedures.

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 5 year old child has been referred by a registrar to the surgical team for an exploratory procedure to confirm the provisional diagnosis being considered. The child's parents are concerned that their child does not understand what is happening and want to make them feel as reassured as possible.

You ask one of the hospital's play therapists for them to arrange a session with the child before their procedure.

As you will be accompanying the child to theatre for this procedure, you will assist the play therapist during their session.

Task

Set up and undertake an appropriate therapeutic play session with a child using the information provided in the brief about the child.

On completion of the session, record the session narrative on the play session notes record (item B) including what you did and what the outcome of the session was.

You have **5** minutes to set up the session, **10** minutes with the child and **10** minutes to record the session.

Student evidence

Recording of session with 5 year old child prior to surgery (what I did)

For this session I have chosen role play through dolls. I would choose what technique is appropriate to each child. Another child might be more suited to a visual story. In the role play I will take the child carefully and sensitively through each step of the surgery. I will listen carefully to any questions, observe their body language and respond in an empathic manner.

Prior to the meeting I ensured the room was set up appropriately, with all the toys ready to be used. I made sure the room was tidy, clean, the correct temperature and welcoming for a 5 year old child.

I used play to gently tell the story of what would happen before surgery, during and after. I sat on the floor with the child and asked whether they would like to choose their favourite doll. Once they had done this, thinking about my use of language, body language and tone, I gently asked why they had chosen this doll. The child told me the reasons they liked the doll including the colour hair, face, clothes and smile. I commented that it looked a little like them. We then spoke about what kinds of things the doll liked including food, activities and friends. I then asked the child if they could choose another doll which looked like a nurse or doctor, or someone who would work in the hospital. They chose another doll and again I asked a series of questions as to why they had chosen this one. I then asked if they could choose 3 other dolls. From this, the child chose a mum, dad and friend Sienna. I then

used the dolls to explain what would happen in the surgery. Through the dolls I was able to gently ask whether they were worried about anything, what would help them feel better and reassure them that everything would be fine.

As we were playing the child said they were worried about being in pain and that it hurts. I explained through the doll how the surgery was to make them feel better and that I understood it was not very nice being in pain. They also said that they were worried about not waking up from the sleep. I reassured the child (doll) that everything would be ok.

Outcome

The use of the doll worked well as the child had a connection with the doll after choosing this as their favourite one. We were then able to explain the process of surgery through play with the doll.

The use of the doctor, mum, dad and friend Sienna dolls were really good at showing how much everyone cared, loved and supported the child when they were in pain, nervous or unsure. Using the dolls to ask and answer questions and explain the process went really well. The child engaged, seemed very interested and even decided on what treat they would like after surgery for being so brave.

The child was also able to convey their worries about being in pain and not waking up from the sleep. This was very positive that they could express these feelings when they were feeling afraid.

Practical activity scenario 3

This practical activity scenario requires you to:

OPA8: Use dietary assessment tools to support and enable children and/or young people to maintain adequate nutrition and hydration

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 25 minutes.

Brief

A 10 year old child is recovering from an abdominal procedure. The child's abdomen pain has subsided, but the child is not eating well and has lost weight since first becoming ill.

Task

You have been asked by the hospital dietician to create a nutrition plan for the child to follow over the next week, using the information from the 24 hour diet recall assessment tool already completed (item C) until an appointment with the dietician becomes available.

Your short-term plan will be part of their long-term provision and will aim to increase the child's food consumption and calorie intake.

Working with the child and the parent, complete item D to develop a suitable 1 week nutrition plan.

The Eatwell Guide is provided for reference (item E).

Student evidence

When creating this plan, I assumed that the 10 year old child had been discharged from hospital and is able to eat any foods. Assuming that they hadn't had any condition or surgery that required a particular diet, I would make sure that the diet was high in fat and contained 3 meals and 3 snacks a day. I would also speak with the child to establish why they were not eating and what foods they liked. It's important to have the child involved, as they are more likely to engage with the plan. The diet needs to be balanced but also with foods which are enjoyable to the child. I would talk with the parent about meals the family like and try to gauge how confident the family are at cooking because this may have an influence on what they buy. I would also ask the parent to identify foods their child won't eat.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Breakfast	Porridge and fruit	Shreddies with full fat milk	Weetabix and full fat milk	Boiled eggs and soldiers	Scrambled eggs and wholemeal toast	Fruit and natural yogurt	Bacon sandwich Fried egg
Lunch	Homemade Chicken noodle soup. Wholemeal roll	Toasted cheese, ham and wraps with carrots, cucumber and tomato	Baked potato with beans and cheese	Egg fried rice with stir fried vegetables	Tomato pasta and cheese	Chicken and avocado wraps	Fish pie
Evening meal	Salmon, rice and peas	Lamb tagine and couscous	Chicken chow mein	Spaghetti bolognaises and garlic bread	Homemade pizza with toppings	Roast chicken with roast potatoes and vegetables	Steak and chips with broccoli tops
Snacks	Cheese straws Fruit yogurt Apple slices	Rainbow fruit skewers Flapjack Cheese straws	Carrot batons Hummus Fruit muffin Fruit yoghurt	Blueberry muffin Fruit skewers Banana	Fruit salad Cheese straws Flapjack	Natural yogurt Grapes Satsuma	Strawberries Carrot batons and hummus Apple slices
Hydration	Water	Water	Water	Water	Water	Water	Water

Practical activity scenario 4

This practical activity scenario requires you to:

OPA6: Support parent, families and carers to meet the needs of the child and/or young person by offering advice and support on how to manage the child or young person's condition

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 12 year old young person has recently been diagnosed with asthma.

They have come to the health centre with their parent to learn strategies to manage their own condition.

Task

You will demonstrate how to measure peak flow and use the peak flow chart (item F) and how to complete a peak flow diary (item G) to enable the young person and parent to monitor occurrences which trigger asthma attack.

Using this information, you should provide advice and information to support the development of strategies to enable the young person and their parent to better manage their condition.

Student evidence

The student asks to meet with the parents and their 12 year old child. When meeting with them the student ensures that they create a safe and warming environment so that they feel they can talk about their concerns. This includes using appropriate communication skills – active listening, tone and pace of voice, open body language/facial expressions. The student asks the parents what they feel is going well and what they are struggling with. The student asks their 12 year old child about their feelings and what their needs are. Their first point of advice and information is establishing their feelings. The student explains that the more they understand their circumstances, the more they can help support, advise, educate and suggest ways of managing better. The student explains the primary goal is to help them build on what they are doing well already. The student asks them how they are monitoring the asthma and measuring recording the peak flow rate. From what they say, the student advises them on any important strategies to develop their understanding of measuring of peak flow.

-The student also shows the family the peak flow meter and explains the different parts such as the sliding scale. They explain that a normal reading is around 300 Dm3 and that, with regular use of their inhaler, they will be looking to achieve a daily reading around this mark. They advise them that if the readings gained on a certain day are low, they should book an asthma review so that their technique can be checked and that their prescription can be reviewed. The student then talks them through and shows them how to use the peak flow meter. The student gives the child the peak flow meter and asks them to check the marker is at the bottom of the meter, stand up straight then blow hard into the meter.

For managing their condition, they ask them about their experiences of asthma attacks so that ~~we can identify~~ triggers can be identified. This may involve recording a diary of events. They also check that they are taking their medication appropriately and using the inhaler correctly. They advise them on helplines, ~~my~~ contact details and places where they can go for help and support.

Examiner commentary

The student demonstrated exceptional sensitivity when engaging with the child throughout, actively involving them in the process demonstrating constructive person-centred care. The student showed that communication skills are an important aspect of the care the child (and their parents) is receiving and so engaged with them throughout. The student demonstrated working well as part of a team in each scenario, supporting registered health professionals within the scope of their role. The student was skilful in the use of techniques chosen, and proficient in using resources and equipment safely for each task.

In scenario 1, the student was able to use the 4 measures of health and accurately measured these in relation to the child. The student recorded and reported abnormal physiological measurements to relevant registered professionals in the scenario offering possible links for the symptoms identified (for example, an infection/appendicitis). The student demonstrated a clear understanding of the possible effects of symptoms and that urgent action and further testing was required.

In scenario 2, the student offered a detailed explanation of the set up to include environment, safety and comfort. Justification of techniques chosen was given which linked to children's individual needs and preferences. The student used more than one play technique being skilful in drawing out information from the children regarding their worries (for example, pain and not waking up) and responding effectively to anxieties identified. This was reflected in the outcome through detailed evaluation.

In scenario 3 the student tailored their suggestions to the needs of the child (for example, suggestion for food choices is personalised and draws accurately from the Eatwell Guide), such as specifying full fat milk and snack variety including fruit and protein demonstrating a clear understanding of the importance of a balanced diet for children. The student had engaged the parent in the process ascertaining confidence levels in cooking and understanding of their child's likes and dislikes.

In scenario 4 the student demonstrated accurate use of the peak flow meter to give clear directions to the child. The student demonstrated the use of enhanced communications skills with child and parent by making them welcome, using effective active listening skills and asking questions to draw out information such as discussing potential triggers to the child's asthma attacks, their feelings and encouraging engagement to help manage their condition and be empowered.

Overall grade descriptors

The performance outcomes form the basis of the overall grading descriptors for pass and distinction grades.

These grading descriptors have been developed to reflect the appropriate level of demand for students of other level 3 qualifications, the threshold competence requirements of the role and have been validated with employers within the sector to describe achievement appropriate to the role.

Occupational specialism overall grade descriptors:

Occupational specialism grade descriptors*

Grade	Demonstration of attainment
Pass	<p>A pass grade student can:</p> <ul style="list-style-type: none"> • communicate the relationship between person-centred care and health and safety requirements in healthcare delivery, by <ul style="list-style-type: none"> ○ demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals ○ recognising and responding to relevant healthcare principles when implementing duty of care and candour, including the demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality ○ following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment ○ demonstrating use of an adequate range of techniques, equipment and resources safely to promote sufficient levels of cleanliness and decontamination required for satisfactory infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by <ul style="list-style-type: none"> ○ adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users views to maintain effective provision of services ○ gathering sufficient evidence, contributing to, following and recording information in care plans/records relevant to tasks and interventions, structuring these sufficiently to allow understanding in line with local and national legislation and policies, preserving individuals' rights ○ maintaining a record of professional development with evidence of using feedback to develop knowledge, skills, values and behaviours consistent with sufficient ability to reflect on practice

Grade	Demonstration of attainment
	<p style="text-align: center;">and thereby improve performance adequately</p> <ul style="list-style-type: none"> • communicate sufficiently reliable levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used, by <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment effectively and safely and following correct monitoring processes ○ calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional ○ applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance
Distinction	<p>A distinction grade student can:</p> <ul style="list-style-type: none"> • communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery, by <ul style="list-style-type: none"> ○ demonstrating flexible and constructive person-centred care, taking appropriate precautions reliably, making sound decisions to protect the safety and physical and mental wellbeing of individuals ○ alertness and responsiveness to relevant healthcare principles when implementing duty of care and candour, including the demonstration of exceptional sensitivity and accurate knowledge of safeguarding individuals and maintaining confidentiality ○ commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment ○ demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by <ul style="list-style-type: none"> ○ following current best practice and agreed ways of working highly relevant to assisting with scenario specific, care-related tasks consistently and reliably, whilst fully supporting individuals to meet their care and needs including maintaining the individual's privacy and dignity to a high standard ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users views to maintain effective provision of services ○ gathering extensive evidence consistently, interpreting, contributing to, following and recording information in care plans/records highly relevant to tasks and interventions, structured accurately and legibly and in line with local and national policies, while preserving and promoting individuals' rights

Grade	Demonstration of attainment
	<ul style="list-style-type: none"> ○ maintaining a record of professional development to develop knowledge, skills, values and behaviours consistent with ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency ● communicate exceptional levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used, by <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes ○ calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional ○ applying knowledge of policy and good practice techniques proficiently when undertaking all physiological measurements, checking when uncertain, solving problems, and following instructions and guidance with energy and enthusiasm

* “threshold competence” refers to a level of competence that:

- signifies that a student is well placed to develop full occupational competence, with further support and development, once in employment
- is as close to full occupational competence as can be reasonably expected of a student studying the technical qualification (TQ) in a classroom-based setting (for example in the classroom, workshops, simulated working and (where appropriate) supervised working environments)
- signifies that a student has achieved the level for a pass in relation to the relevant occupational specialism component

Document information

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Change History Record

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v1.0	Published final version.		June 2021
v1.1	NCFE rebrand		September 2021