



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Therapy Teams

Assignment 3 - Professional discussion - Pass

Guide standard exemplification materials

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Assignment 3

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Introduction

The material within this document relates to the Supporting the Therapy Teams 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 3, the student must reflect on their own practice as a form of learning and continuing development. The student must answer questions and discuss their learning experiences in a professional manner.

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

Theme 1: assist a patient/client in the therapy support process

Question 1

Part A

Referring to your own experience, explain what the therapy support process means.

Part B

Describe a time when you have implemented the therapy support process to help patients/clients improve and/or maintain the skills they use daily.

Question 2

Part A

Describe a situation where you have used person-centred care to support an individual with a need during a specific therapy related task.

Part B

Reflect how your actions in the situation identified in part **A** complied with policy and good practice.

Student evidence

Question 1

Part A

The therapy support process means supporting a patient throughout their rehabilitation or treatment spell and supporting them to regain a level of independence identified during initial goal setting. It can focus on an end goal or on the patient's immediate needs. I would always carry out a baseline assessment and find out exactly what has happened to the patient and what they want to see happen next.

Providing initial advice and information is essential, followed by establishing an intervention and plan over an appropriate period of time, with review milestones and intended outcomes set.

Part B

My experience of this was in my study work placement in a community therapy centre, supporting an occupational therapist with patients who were recovering from a stroke on a rehabilitation pathway. For each patient I read the discharge notes from the hospital and the care plan to understand their stage of rehabilitation and their level of need. I worked with the occupational therapist to provide individual support and advice, such as giving them a leaflet on how to challenge their abilities every day safely, to improve mobility.

Our process was focussed on each patient and in this case they were worried they would not be able to go back to work for a long time. We focused our efforts on improving their mobility so they could get back to the office as soon as possible. We asked questions about what the patient did in the office and built an intervention around this. For example, they would typically spend long periods sitting down, which we needed them to break up with small bouts of activity. We also provided a home exercise therapy plan, which they could follow themselves to maximise the impact of our therapy sessions in the clinic.

Question 2

Part A

I was working with the dietician in the elderly care ward and we were helping a patient who had early stage dementia and who would be discharged home soon. Their carer had told nurses that she had started keeping an unhealthy diet and had lost weight as result, snacking during the day instead of eating healthy or regular meals. The dietician wanted to work with the patient to find out why their diet had deteriorated and what we could do to help.

We asked the patient about their usual eating habits and why this had changed recently, writing down the main points they told us. They talked about feeling more tired than usual and sometimes feeling confused about preparing meals and remembering ingredients.

We explained that we'd like to help them have a healthier diet and return to enjoying the meals they used to enjoy. We made a list of their favourite foods, including meals and snacks, and looked at which were healthier options. The dietician was keen to make sure the patient did not lose any more weight and so while we wanted to make sure they had a balanced diet, it was important they had starchy foods and some fat to keep their weight up.

Part B

After this discussion, we prepared a meal plan for the patient that included pictorial ingredient lists, which they could take home to help them remember how to prepare certain items. We shared the list with the patient's carer and worked together to identify any items that might be challenging for the patient to make. We liaised with the ward staff and made sure our findings were incorporated into the patient's care plan and that daily meals met their nutritional needs.

Our work was within the scope of the dietician's code of practice in the hospital and we worked within the health and safety and clinical standards on the ward. For example, we washed our hands before entering the patient's bed bay and asked for their consent before we sat with them. The dietician's advice was in line with the guidance of the British Dietetic Association.

Theme 2: understand your role in a multidisciplinary team

Question 3

Part A

Referring to your own experience, explain the scope of your role as a therapy support worker within a multidisciplinary team.

Part B

Referring to your own experience, describe a situation requiring escalation of concerns regarding a patient/client/individual you are supporting.

Question 4

Part A

Referring to your own experience, explain the importance of further professional development and how this links to professional development plans.

Part B

Evaluate your strengths and limitations as a potential therapy support worker, identifying areas for further development.

Student evidence

Question 3

Part A

As a therapy support worker in a hospital-based physiotherapy team, it was important I worked within the scope of my role. I was there to support the physiotherapists and the ward team, which included healthcare assistants, nurses, doctors, housekeeping staff and volunteers - everyone worked together even though they had their own areas of responsibility. I had a physiotherapist mentor who helped me understand things I could and could not do. I helped them escort patients from the ward to the therapy gym and hydrotherapy pool and helped them prepare equipment. I checked gym equipment was set up properly and safely and that the hydrotherapy pool was the right temperature and had enough chlorine content in the water. I wasn't allowed to handle patients myself, such as helping them to move, but I did spend time talking to patients and this helped me to understand their worries about therapy and learn about the progress they were making.

Part B

In the gym one morning we noticed one of our regular patients was really low in mood. They were normally chatty and quite enthusiastic about their therapy. They were young - in their mid-20s - and had been in a car accident and we were helping them with physical therapy. On this occasion the patient was withdrawn and seemed unhappy. They didn't want to engage with the gym session and so we ended it early. When we returned to the ward, we escalated our concern to the ward manager in case the person needed some extra support or a review. We also documented our concern in the person's multidisciplinary care plan.

Question 4

Part A

Every member of staff on the ward was expected to have a professional development plan (PDP). This documented their further professional development, such as training courses and learning from research they took part in. It was important because it helped them stay up-to-date with the latest best practice and to make sure their work reflected the latest policies and guidance. I was interested in physical therapy and my physiotherapist mentor showed me how to access online training made available by the hospital and store this in an online portfolio. This was in addition to my on the job training and helped me understand and follow specific processes and procedures. Further professional development is the main part of a PDP and includes all of the activity staff carry out to keep themselves knowledgeable and up-to-date with local processes and national and international practice.

PDP helps you to protect yourself; your colleagues and patients from harm because it means you can work safely in line with the latest policies and best practice. It also helps you to stay up-to-date with new legislation or changes to existing legislation and health and safety rules.

Part B

I think my strengths were my ability to grasp the physiotherapy support role quickly and to understand the scope of the role and tasks I could and could not assist with, or carry out myself. I found it quite easy to understand new instructions and asked questions to help me understand why we were doing some tasks, such as when I saw equipment I wasn't used to in the gym. I think it's always better to ask questions to help you understand something rather than just waiting to be told and this helped me to develop my communication skills. My limitations were around being more comfortable with the wider ward environment, such as understanding the clinical safety skills I needed to keep patients safe. My mentor suggested I keep a reflective diary to track new things I learned each day, such as the first time I followed the aseptic non-touch technique myself. This was really helpful and I use the diary to build on my skills.

Theme 3: maintain safe working environments

Question 5

Part A

Referring to your own experience, explain what needs to be considered when assessing the suitability of an environment prior to undertaking a specific task/intervention/therapy.

Part B

Referring to your own experience, describe how you would ensure the maintenance of equipment, kit and devices for common physiological measurements in a therapeutic context.

Question 6

Part A

Explain your role in assisting registered health professionals when undertaking common physiological measurements

Part B

Analyse how your actions followed good practice guidelines and protocols when undertaking common physiological measurements in a therapeutic context, identifying any areas for improvement.

Student evidence

Question 5

Part A

During my experience in the hospital, we had to check the gym environment before starting each therapy session. We checked the position of each item of equipment and checked it was undamaged and calibrated, such as the supported weights system. Each item of equipment had a daily safety checklist and we made sure this had been completed before we used it. If we were the first team to use it that day, we completed the checklist ourselves. The gym was accessible for wheelchairs but we always checked the path was clear from obstructions before we moved patients.

We had a therapy session plan for each patient in advance and so made sure the equipment and resources we planned to use were available and in situ. If an item had been removed for maintenance, we planned an alternative exercise for the patient.

The overall environment was important too and we checked that temperature and lighting were adequate and comfortable. Some patients liked music in the background to make the gym less clinical so we made sure this was set up in advance.

Part B

In the hospital, we maintained physiological measurement equipment according to manufacturer and local guidance. The medical library was responsible for tracking maintenance of equipment but we supplemented this

by checking it for safety before use. My mentor showed me how to check manufacturer guidance to use equipment safely, which was stored on the local intranet. Basic checks before use included checking power supply or battery charge and making sure equipment was clean and sanitised.

There was a reporting system we could use to report equipment faults or failures and I practised using this when an item of gym equipment failed.

Question 6

Part A

When undertaking common physiological measurements such as checking blood pressure or pulse, I supported registered health professionals by preparing equipment and learning how to take consent from the patient. This involved checking equipment was ready and safe for use and making sure the patient understood why they needed a measurement and checking they were happy to proceed. This process involves following infection control processes and other health and safety processes, such as waste management when using disposable items. Using measurement equipment requires me to follow standard operating procedures, such as following manufacturer guidance when helping a health professional to take blood pressure measurements. This is a new environment for me and it was important I observed good practice, asked questions and took time to practice and learn. For example, I was unsure how to read a BP machine and identify results out of a normal range, something I learned to do from my work placement.

Part B

I followed good practice guidance by following the instructions of staff and adhering to local policies and procedures. I documented measurements in the appropriate documentation, such as a care plan, and made sure when reading out results this was done discreetly and could not be overheard by others. This helped us maintain dignity and respect for the patient and we made sure they understood what we were doing and why. GDPR is a big focus in the hospital and we made sure our documentation was made in official records only, which were stored in line with hospital policies.

Examiner commentary

The student demonstrated they understood the therapy support process and how this impacts people's care and treatment, although this was not demonstrably person-centred and fully individualised. They made links between therapeutic standards of practice, national guidance and person-centred care in a way that demonstrated a basic understanding of the contributing factors to good outcomes. This was evident in learning examples, where role plays, referring to their own experience, understanding their role in a team and maintaining safe working environments were referred to with specific scenarios or incidents that were partially relevant. The student demonstrated a good understanding of person-centred care in named scenarios and with reference to individual needs. The student could respond appropriately to questions and answered these in the context of therapy; there was room for improvement in how the student conceptualised care planning, delivery, and one-to-one patient interaction.

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 and thereby improve performance adequately. • 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

Grade	Demonstration of attainment
	<p>correct monitoring processes</p> <ul style="list-style-type: none"> ○ 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. ○ 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

Grade	Demonstration of attainment
	<ul style="list-style-type: none">○ 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 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

Version	Description of change	Approval	Date of Issue
v1.0	Published final version.		June 2021
v1.1	NCFE rebrand		September 2021