

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting Healthcare

Assignment 2 - Practical activities part 1

Provider delivery guide with mark scheme

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Practical activities part 1

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Document security

To be opened on (day of the week) (date) (month) (year) at 9.00am, 7 working days prior to the assessment period from (day of the week) (date) (month) (year) to (day of the week) (date) (month) (year).

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 www.qualhub.co.uk.

Time allowed

1 hour 25 minutes

Paper number

(paper number)

Introduction

This document must be used to deliver and mark the practical activity assessment for the (insert series) series of Supporting Healthcare.

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.

Summary of the practical activities assessment (PAA)

The PAA aspect of the occupational specialism component requires students to demonstrate practical activities taken from the list of practical activities published by NCFE CACHE in September (insert year). The list of practical activities is published in the tutor guidance document which can be found at www.qualhub.co.uk.

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 3 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 **3** 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 (insert year)
- 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 **3** 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 student's 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

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 60

Materials

For this assessment students must have:

- a black or blue ball-point 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 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 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 resource 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	1	2
2	1	1	2
3	1	1	2

Note: The assessor will act as one of the role players 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 2 ways:

- individual students are assessed on all practical activity stations by **one** assessor or
- 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 assessors marking, in either approach, is in line with the agreed standard.

PAA delivery

For further guidance on the general delivery of the PAA, please refer to the tutor guidance document which can be found at www.qualhub.co.uk.

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 supplied 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 students' 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.

Practical activity scenario 1

This practical activity scenario requires students to:

CPA5: Move and handle individuals safely when assisting them with their care needs, using moving and handling aids.

Purpose

The scenario aims to assess the knowledge and skills of the student in relation to safe moving and handling.

Brief

A 72 year old individual was admitted to the cardiology ward 2 days ago following a myocardial infarction (heart attack). His mobility has been limited due to shortness of breath and he has complained of dizzy spells, a known side effect of the new medication he is taking.

The individual has pressed the buzzer for assistance and has asked to move to a chair in the day room so that they can watch television.

Task

Using appropriate moving and handling techniques and aids, assist the individual from the bed to the chair in the day room.

You are required to read the information on the individuals care plan (item A) prior to assisting the individual.

Document the actions taken in the individual's daily care log (item B).

(16 marks)

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

Supporting information

Mode of assessment

This practical activity scenario involves role play. The individual will be played by a member of staff who should have received safe moving and handling training. Information about the role play is provided below – moving and handling: role play information.

The individual should be laying down in the hospital bed when the student moves to the station. The day room should be located a short walk away from the hospital bed.

Equipment

This practical activity scenario requires the following equipment:

- a hospital bed
- a chair
- a wheelchair
- handwashing facilities

- general cleaning equipment and products

Resources

Students are given the individual's care plan (item A) and a daily care log (item B).

Time

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

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

Moving and handling: role play information

The individual should act within the parameters of the information provided in the care plan.

The individual should respond to instructions only.

The individual can feedback if asked, for example, is that comfortable/too tight? Yes, that is comfortable/yes that feels a bit tight.

If the individual is asked to walk any steps, they should say that they feel dizzy/faint but should not pretend to faint.

Item A: individual's care plan

Confidential patient record form

Health simulation centre

Name	Individual				
Date of Birth (DOB)	03/02/1948				
Home address	1 The Avenue Old Village New Town				
Next of kin	Daughter				
Name of GP	Dr Jones				
Social history	Lives alone Has daughter who supports him at home				
Occupation	Retired				
Smoking	Never smoked				
Alcohol	Does not drink alcohol				
Exercise taken	Short walks when able				
Diet	Eats well, mixture of foods				
Lives with	Alone				
Children/dependents	Age	Age	Age	Age	Age
	N/A				

Medical History	Self	Family
Long-term conditions	Hypertension	Hypertension, diabetes – type 2
Mental health status	Work related stress	None known
Surgery	None	N/A
Medication	Bisoprolol 5mg	N/A
Allergies	None known	N/A

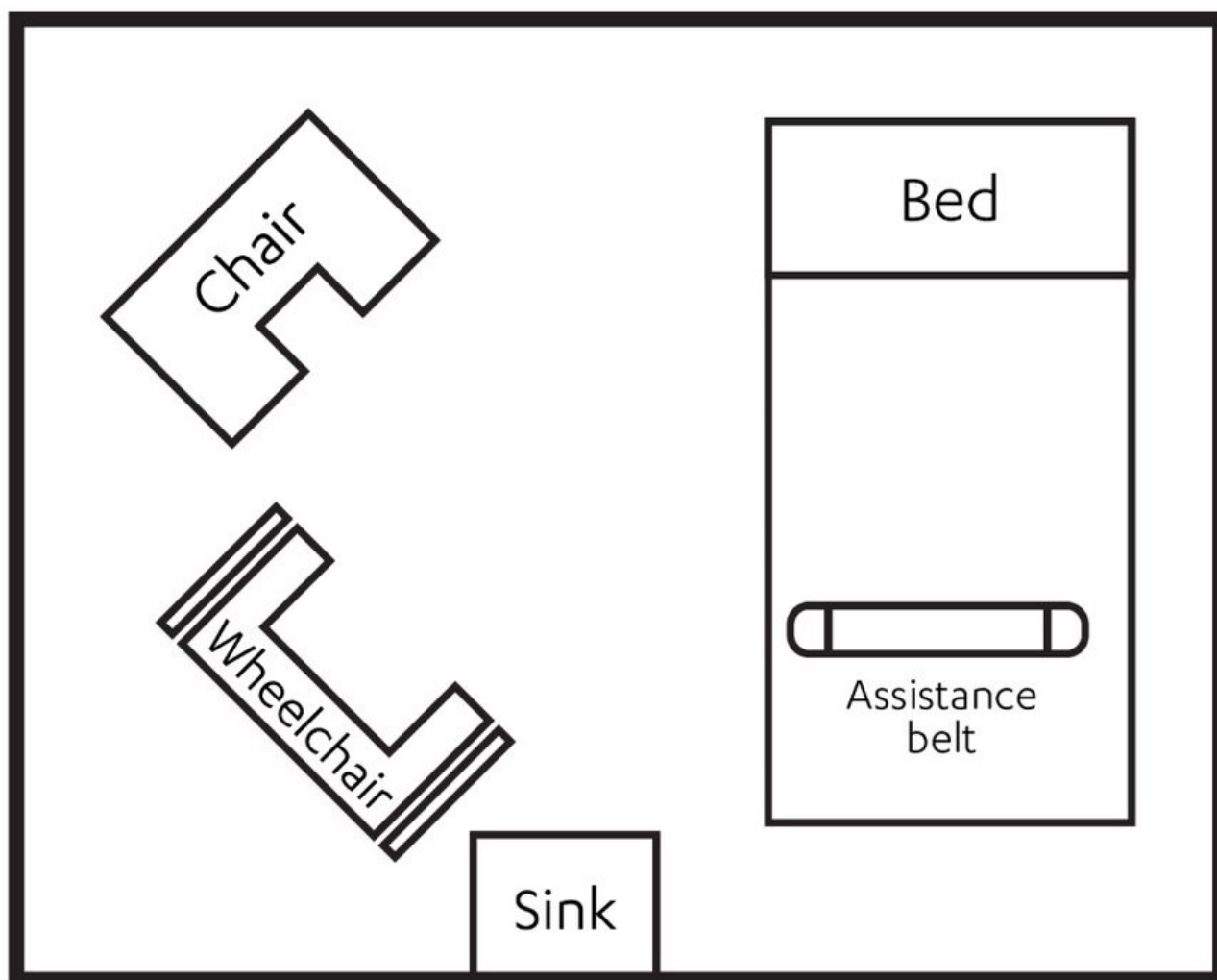
Additional information	<ul style="list-style-type: none"> transferred to ward from high dependency unit (HDU) following myocardial infarction commenced medication prescribed – complained of shortness of breath and dizziness which is known side effect of the medication advised by the physiotherapist not to walk unaided individual requires support when standing and wheelchair for moving
Care Needs	<ul style="list-style-type: none"> Individual is able to consent to treatment /care support required Individual is able to self-stand and walk a few steps unaided but then gets dizzy Individual requires a wheelchair when moving from one room to another Individual is able to undertake personal care independently Individual is able to self-feed

Item B: daily care log

Name	Home address	DOB
Individual	1 The Avenue Old Village New Town	03/02/1948

Date	Time	Actions taken	Signatures

Floor plan scenario 1



Practical activity scenario 2

This practical activity scenario requires students to:

CPA8: Assist in obtaining an individual's history and offer brief advice on health and wellbeing, recognising and responding as appropriate.

Purpose

The scenario aims to assess the student's ability to communicate effectively with the patient including the gathering of appropriate information and offering appropriate brief advice.

Brief

An individual has recently moved to the area and has registered with a local general practice (GP) surgery. The individual has attended the surgery for a new patient wellbeing check.

The receptionist has informed you that the individual has arrived for the appointment.

Task

Appropriately meet individual and escort them from simulated waiting area to the simulated environment for the appointment.

Gather the appropriate information by completing the health and wellbeing form (item C).

Offer brief advice relating to smoking, alcohol intake, diet, and exercise according to the information gathered plus, marks for underpinning skills – duty of care, candour and person-centred care, communication and health and safety.

(16 marks)

Supporting information

Mode of assessment

This practical activity scenario involves role play. The individual will be played by a female member of staff. A role play script is provided below – health and wellbeing form: role play script.

Equipment

This practical activity scenario requires the following equipment:

- a simulated waiting area
- a suitable simulated environment for the appointment such as a private, quiet and accessible area
- 2 chairs
- a table

Resources

Students are given a health and wellbeing form (item C). Parts of the form have already been completed.

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 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

Health and wellbeing form: role play script

Confidential patient record form

Health simulation centre

- use this information to answer the questions asked by the student during the assessment
- only offer the information if the student asks
- parts of the form have already been completed, these are greyed out and in **italics**. Initial responses are highlighted in **bold** and additional responses, if prompted by the student, are in normal text

Name	Nina Jones
Date of Birth	22/10/1992
Home address	1 The Place Somewhere UK
Next of kin	Susan Jones (Mother)
Name of GP	Dr Goode
Social history	Lives with mother and child; 2 bedroomed house, shares bedroom with child. Mother babysits the child whilst I am at work
Occupation	Lecturer in a college; works a couple of evenings per week.
Smoking (per day)	10 cigarettes per day but wants to stop smoking as it is bad for the child and own health – also getting too expensive.
Alcohol (units per week)	18 units per week; has a glass of wine after work most nights.
Exercise taken	Walks the dog every morning; walks quite fast and is out for about 15 to 20 minutes. Sometimes takes the dog to the park with the child on days when not working.

Diet	Eats a healthy/balanced diet when at home; fruit and veg, salad and lean meats but eats crisps and chocolate at work due to how busy it is.				
Children 1	Age	Age	Age	Age	Age
	2 years	N/A	N/A	N/A	N/A

Medical history	Self	Family
Long-term conditions	Asthma which is well controlled. Uses beclomethasone inhaler morning and night as prescribed. Rarely uses ventolin inhaler these days.	Mother has diabetes , thinks it is type 2 – only treats with diet control.
Mental health status	Had postnatal depression but feels normal self now, had a lot of support from mother after the child's father left when baby was only 6 weeks old.	Not that I know of, have not really discussed it.
Previous surgical interventions	Had appendix removed when about 8 years old , does not think there was anything else.	N/A
Medication	Use inhalers: Ventolin inhaler – 200mcg inhaled as required. Beclomethasone inhale – 120mcg inhaled twice daily.	N/A
Allergies	No known allergies.	N/A

Item C: health and wellbeing form

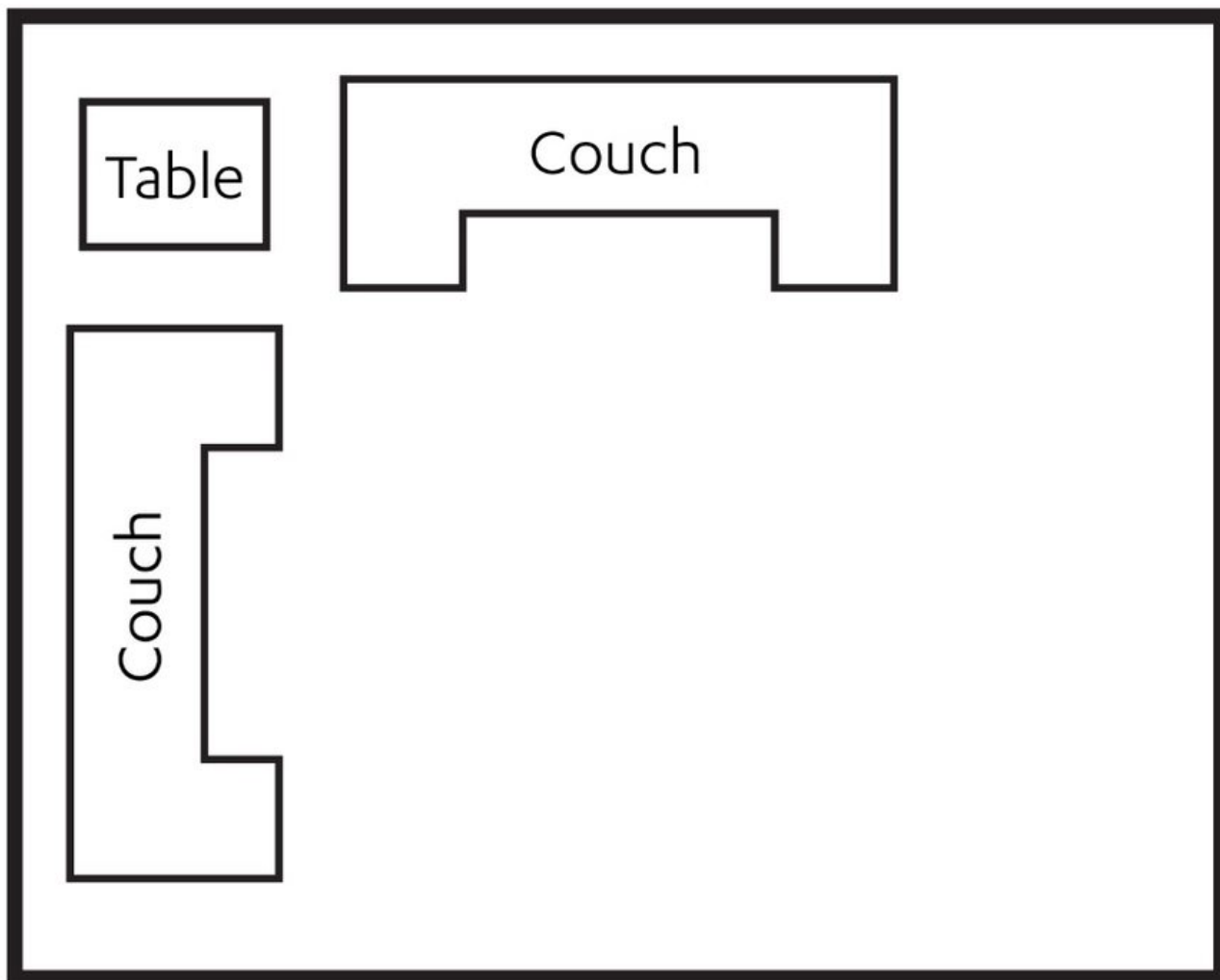
Confidential patient record form

Health simulation centre

Date					
Name					
Date of Birth					
Home address	1 The Place Somewhere UK				
Next of kin	Susan Jones (Mother)				
Name of GP	Dr Goode				
Social history					
Occupation					
Smoking (per day)					
Alcohol (units per week)					
Exercise taken					
Diet					
Children	Age	Age	Age	Age	Age

Medical history	Self	Family
Long-term conditions		
Mental health status	Had postnatal depression but feels normal self now, had a lot of support from mother after the child's father left when baby was only 6 weeks old.	Not that I know of, have not really discussed it.
Previous surgical interventions		N/A
Medication		N/A
Allergies		N/A
Advice given		
Signatures	Patient	Health professional

Floor plan scenario 2



Practical activity scenario 3

This practical activity scenario requires students to:

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

Purpose

To assess students' knowledge and skills relevant to undertaking and recording key vital signs and physiological measures, recording and responding to findings.

Brief

A 52 year old individual with a history of chronic obstructive pulmonary disease (COPD) has been admitted to the hospital with a possible chest infection, following a GP appointment.

Prior to admission he had his physiological measurements taken at the GP surgery, these are given in his individual's care plan (item D).

You've been instructed to take his first set of readings on admission to hospital, he's currently sat upright in a chair in the triage waiting room. Currently he is not receiving any oxygen treatment and is currently alert and able to consent to observations being taken.

Task

It is 6:00pm and the individual's first set of observations in hospital are due to be taken.

Take the individuals current observations of:

- respiratory rate
- oxygen saturation (SpO2 Scale 2)
- blood pressure
- heart rate (pulse)
- body temperature
- level of consciousness

Use the physiological measurements form (item E) to make notes before recording them on the National Early Warning Score 2 (NEWS2) chart (item F).

Using the results, calculate the individuals NEWS2 score using the information given in item G.

Report the findings to the nurse in charge in accordance with criteria provided in item H.

(16 marks)

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

Supporting information

Mode of assessment

The individual in this practical activity scenario is played by a responsive manikin. The nurse in charge is played by a member of staff. If required, the assessor should act as the responsive manikin's voice to respond to the student's communication in a minimal way, for example, consenting to procedure, responding to questions about comfort/position.

The responsive manikin must be programmed to give the following readings:

- respiratory rate – 32 breaths per minute
- oxygen saturation (SpO2 Scale 2) – 84%
- blood pressure – 140/80 mmHg
- heart rate (pulse) – 98 bpm
- body temperature – 38°C
- level of consciousness - alert

The nurse is played by a member of staff.

Equipment

This practical activity scenario requires the following equipment:

- a responsive manikin
- a chair
- an automatic blood pressure (BP) machine
- a tympanic thermometer and disposable covers
- a pulse oximeter
- a watch with second hand

Resources

Students are given a care plan extract (item D), a physiological measurements form (item E) and NEWS2 observation chart (item F), within the assignment brief booklet. Providers must also ensure that students have access to the NEWS2 scoring system (item G), and NEWS2 thresholds and triggers and clinical response to the NEWS2 trigger thresholds (item H). Items G and H are given below.

Time

The total amount of time available for this practical activity scenario, including the 5 minutes reading time is 35 minutes.

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

Item D: individual's care plan extract

Confidential patient record form

Health simulation centre

Daily log

Name	Home address	DOB
Individual	4 The Avenue New Village Old Town	12/04/1968

Date	Time	Actions taken	Signature
08/09/20	2:00pm	GP takes physiological measurements: <ul style="list-style-type: none">• respiratory rate – 22 bpm• oxygen saturation (SpO2) – 94%• blood pressure – 130/80 mmHg• heart rate (pulse) – 90 bpm• body temperature – 38.0°C• alert• Individual ate less than half of food provided at lunch and drank half a cup of water today.	<u>A. Smith</u>

Item E: physiological measurements form

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

Physiological measurements			
Blood pressure (mmHg)			
Heart rate (pulse)			
Respirations			
Oxygen saturation (SpO2 Scale 2)			
Body temperature (°C)			
Level of consciousness			

Item F: NEWS2 observation chart

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

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017

Item G: 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

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

NEWS 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

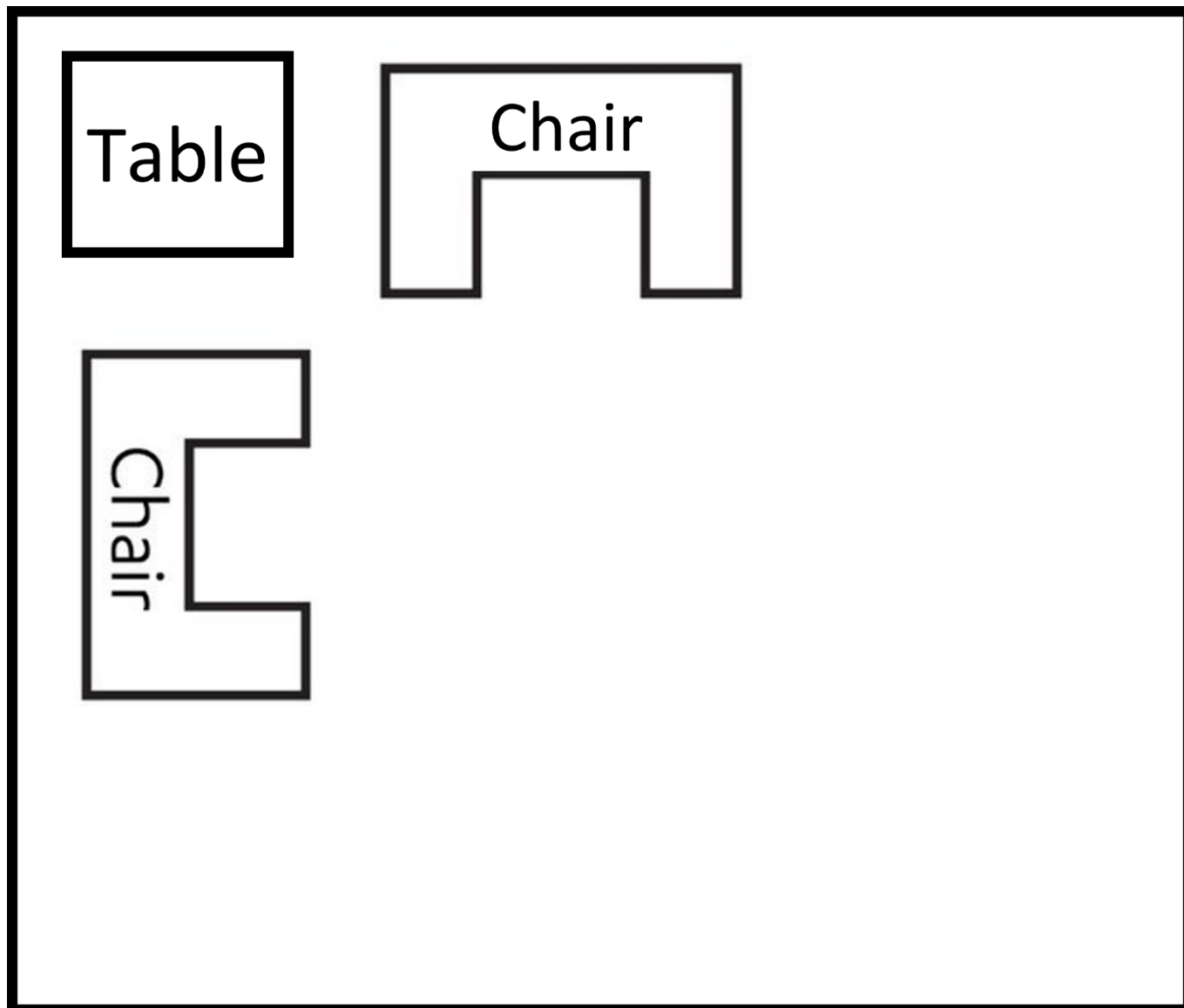
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NEW score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	<ul style="list-style-type: none"> Continue routine NEWS monitoring
Total 1–4	Minimum 4–6 hourly	<ul style="list-style-type: none"> Inform registered nurse, who must assess the patient Registered nurse decides whether increased frequency of monitoring and/or escalation of care 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 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 practitioner(s) with advanced airway management skills Consider transfer of care to a level 2 or 3 clinical care facility, ie higher-dependency unit or ICU Clinical care in an environment with monitoring facilities

National Early Warning Score (NEWS) 2

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Floorplan scenario 3



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 (insert series) 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 at www.qualhub.co.uk.

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 at www.qualhub.co.uk.

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 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 clinical tasks		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks		Use of equipment and/or materials and/or resources in relation to clinical tasks		Following, recording, reporting, and/or storing data and/or handling information in relation to clinical tasks	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
4	4	The student demonstrates excellent knowledge and understanding of the clinical tasks, that is sustained throughout the student's practice.	4	The student demonstrates a highly effective application of the clinical tasks 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 tasks is always within the scope of their role and responsibilities.	4	The student demonstrates a highly proficient use of the equipment and/or materials and/or resources, which are always applied with accuracy and precision. The student maintains a consistently safe environment, providing an excellent experience for the individual and their wider family/carers, as appropriate.	4	The student follows, records and reports on information in a highly effective and clear way, with accurate spelling, grammar, and punctuation, to suit a particular purpose. The student consistently follows, records, reports, stores, and handles information in line with local and national policies, keeping all relevant information confidential and supports others to do so.

Band	Demonstration of knowledge and understanding of the clinical tasks		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks		Use of equipment and/or materials and/or resources in relation to clinical tasks		Following, recording, reporting, and/or storing data and/or handling information in relation to clinical tasks	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
3	3	The student demonstrates good knowledge and understanding of the clinical tasks, that is largely sustained throughout the student's practice.	3	The student demonstrates an effective application of the clinical tasks 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 tasks is usually within the scope of their role and responsibilities.	3	The student demonstrates a proficient use of the equipment and/or materials and/or resources, which are usually applied with accuracy and precision. The student maintains a generally safe environment, providing a good experience for the individual and their wider family/carers, as appropriate.	3	The student follows, records and reports on information in an effective and mostly clear way, with largely accurate spelling, grammar, and punctuation, to suit a particular purpose. The student generally follows, records, reports, stores, and handles information in line with local and national policies, keeping most relevant information confidential and largely supports others to do so.

Band	Demonstration of knowledge and understanding of the clinical tasks		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks		Use of equipment and/or materials and/or resources in relation to clinical tasks		Following, recording, reporting, and/or storing data and/or handling information in relation to clinical tasks	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
2	2	The student demonstrates satisfactory knowledge and understanding of the clinical tasks, that is partially sustained throughout the student's practice.	2	The student demonstrates a reasonably effective application of the clinical tasks 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 tasks 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 maintains sufficiently safe environmental practices, but errors may not always, provide a comfortable experience for the individual and their wider family/carers, as appropriate.	2	The student follows, records and reports on information in a reasonably effective and partially clear way, with some accurate spelling, grammar, and punctuation, to suit a particular purpose. The student sometimes follows, records, reports, stores, and handles information in line with local and national policies, keeping some relevant information confidential and sometimes supports others to do so.

Band	Demonstration of knowledge and understanding of the clinical tasks		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks		Use of equipment and/or materials and/or resources in relation to clinical tasks		Following, recording, reporting, and/or storing data and/or handling information in relation to clinical tasks	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
1	1	The student demonstrates basic knowledge and understanding of the clinical tasks, that is fragmented throughout the student's practice.	1	The student demonstrates a minimally effective application of the clinical tasks 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 tasks is minimally within scope of their role and responsibilities.	1	The student demonstrates a poor use of the equipment and/or materials and/or resources, which are rarely applied with accuracy and precision. The student is uncertain about how to maintain a minimally safe environment, providing an uncomfortable experience for the individual and their wider family/carers, as appropriate.	1	The student follows, records and reports on information in a minimally effective and clear way, with occasionally accurate spelling, grammar, and punctuation, to suit a particular purpose. The student rarely follows, records, reports, stores, and handles information in line with local and national policies, keeping little relevant information confidential and rarely supports others to do so.
0	No evidence demonstrated or nothing worthy of credit.							

Underpinning skills marking grid

Band	Duty of care, candour, and person-centred care		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
4	4	<p>The student demonstrates excellent duty of care, candour, and person-centred care, taking all necessary precautions to protect physical and mental wellbeing of the individuals.</p> <p>The student is always respectful of and responsive to the individual's perspectives, consistently keeping carers and relevant others informed where appropriate.</p> <p>The student is highly effective at working with others.</p>	4	<p>The student demonstrates highly effective communication skills, always speaking clearly and confidently.</p> <p>The student's tone, register and level of detail is excellent and always reflects the audience and purpose.</p> <p>The student uses technical language with accuracy and they always demonstrate active listening.</p>	4	<p>The student maintains a highly effective and safe clinical working environment, demonstrating excellent knowledge, understanding and application of health and safety legislation.</p> <p>The student demonstrates correct use of personal protective equipment (PPE) throughout and follows safe practices highly effectively.</p> <p>The student is fully aware of their own limitations and always works within them to safeguard the individual's wellbeing.</p>

Band	Duty of care, candour, and person-centred care		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
3	3	<p>The student demonstrates good duty of care, candour, and person-centred care, taking most necessary precautions to protect physical and mental wellbeing of the individuals.</p> <p>The student is mostly respectful of and responsive to the individual's perspectives, generally keeping carers and relevant others informed where appropriate.</p> <p>The student is effective at working with others.</p>	3	<p>The student demonstrates effective communication skills, generally speaking clearly and confidently.</p> <p>The student's tone, register and level of detail is good and generally reflects the audience and purpose.</p> <p>The student's use of technical language is generally accurate, and they usually demonstrate active listening.</p>	3	<p>The student maintains an effective and safe clinical working environment, demonstrating good knowledge, understanding and application of health and safety legislation.</p> <p>The student demonstrates correct use of personal protective equipment (PPE) most of the time and follows safe practices effectively.</p> <p>The student is generally aware of their own limitations and mostly works within them to safeguard the individual's wellbeing.</p>

Band	Duty of care, candour, and person-centred care		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
2	2	<p>The student demonstrates satisfactory duty of care, candour, and person-centred care, taking sufficient necessary precautions to protect physical and mental wellbeing of the individuals.</p> <p>The student is sometimes respectful of and responsive to the individuals, sometimes keeping carers and relevant others informed where appropriate but often orientated towards own or service perspectives.</p> <p>The student is reasonably effective at working with others.</p>	2	<p>The student demonstrates reasonably effective communication skills, sometimes speaking clearly and confidently.</p> <p>The student's tone, register and level of detail is satisfactory and sometimes reflects the audience and purpose.</p> <p>The student's use of technical language is partially accurate, and they demonstrate active listening sometimes.</p>	2	<p>The student maintains a sufficiently effective and safe clinical working environment, demonstrating satisfactory knowledge, understanding and application of health and safety legislation.</p> <p>The student sometimes demonstrates the correct use of personal protective equipment (PPE) and follows satisfactory safe practices.</p> <p>The student shows some awareness of their own limitations and they work sufficiently within them, but this may risk failure to safeguard the individual's wellbeing.</p>

Band	Duty of care, candour, and person-centred care		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
1	1	<p>The student demonstrates basic duty of care, candour, and person-centred care, occasionally taking the necessary precautions to protect physical and mental wellbeing of the individuals.</p> <p>The student is rarely respectful of and responsive to the individuals, occasionally keeping carers and relevant others informed where appropriate but invariably orientated to own perspectives.</p> <p>The student is minimally effective at working with others.</p>	1	<p>The student demonstrates minimally effective communication skills, occasionally speaking clearly and confidently.</p> <p>The student's tone, register and level of detail is basic and rarely reflects the audience and purpose.</p> <p>The student's use of technical language is limited in accuracy and they rarely demonstrate active listening.</p>	1	<p>The student maintains a minimally effective and safe clinical working environment, demonstrating basic knowledge, understanding and application of health and safety legislation.</p> <p>The student rarely demonstrates the correct use of personal protective equipment (PPE) and follows limited safe practices.</p> <p>The student shows limited awareness of their own limitations, rarely working within them, which risks failure to safeguard the individual's wellbeing.</p>
0	No evidence demonstrated or nothing worthy of credit.					

Indicative content

Practical activity scenario 1

- the student will demonstrate appropriate hand washing technique, respecting health and safety legislation and policy
- the student will communicate effectively with the individual before, during and after the movement to promote safety and dignity
- the student will gain consent from the patient prior to mobilising; explaining the procedure to be carried out safeguarding patients' rights to accept or decline care
- the student will check the wheelchair prior to use for any faults or signs of wear and tear

The student will check the level of support required for the patient:

- check care plan and confirm verbally with patient to maximise independence and promote safety
- the student will use the wheelchair appropriately and safely

The student uses the following technique or other appropriate safe actions:

- assist the individual into a sitting position on the bed with their feet flat on the floor
- move the wheelchair as close to the patient as possible
- put the wheelchair's brakes on and keep them on whilst moving the patient into position
- move the foot/leg rests out of the way
- support the patient whilst they are in a standing position
- completes the patient transfer from the chair to the wheelchair
- once seated, ask the individual to raise each leg separately and place the footrests in place
- ensure the patient is seated comfortably
- reverse the process once moved to the dayroom
- maintain patient dignity throughout and support independence
- the student will document the moving and handling in the daily log

The student washes equipment and hands in accordance with health and safety legislation and policy.

Note: Any neglect to follow procedures to promote health and safety should be considered for the potential neglect of safeguarding principles and assessed in accordance with the underpinning skills mark scheme.

Accept other appropriate actions.

Practical activity scenario 2

The student will appropriately meet individual and escort from simulated waiting area to the simulated environment for the appointment. The student will introduce themselves in a professional and friendly manner to build rapport with

the patient. The student will maintain good verbal and non-verbal communication throughout the patient assessment:

- good eye contact
- active listening
- appropriate language, avoiding jargon
- good posture
- appropriate pitch, rate, and volume
- hand gestures

The student will check identity of the patient and gather basic information in accordance with duty of care, candour and person-centred care principles, using the health and wellbeing form provided for guidance.

The student will record past medical history:

- known conditions such as diabetes, asthma
- illnesses
- allergies
- medical/surgical interventions

The student will note the patient's mental health status:

- diagnosed conditions

The student will record medication:

- prescribed medication
- non-prescribed medication

The student will enquire about family medical and social history – gains consent to speak with next of kin or carer if appropriate.

General health enquiries offer general brief advice relating to any or all the following:

- smoking
- alcohol intake
- diet
- exercise

A more able student will offer more targeted advice in accordance with duty of care, candour and person-centred approaches and may also discuss the following:

- energy
- appetite
- bowel/bladder function
- menstrual cycle (females)

- headaches
- pain
- weight loss/gain.
- student will record any advice given

Note: Any failure to apply underpinning skills of communication, duty of care, candour and person-centred approaches should be assessed in accordance with the underpinning skills mark scheme.

Accept other appropriate actions.

Practical activity scenario 3

The student asks for consent in accordance with duty of care.

The student applies standard precautions in accordance with health and safety legislation and policy:

- infection control as previously mentioned
- PPE
- each piece of equipment is cleaned prior to and following use in accordance with health and safety legislation and policy in order to safeguard the wellbeing of other service users and staff
- the student communicates each stage of the procedure to the patient

Respiration and oxygen saturation monitoring using watch seconds hand/stopwatch and pulse oximeter:

- probe placed on index finger for a minimum of 1 minute
- whilst probe is in place, counts breaths for 1 minute (this allows the measurement to be more accurate as the patient is unaware that breaths are being counted at that time)

Blood pressure (BP) monitoring using manual sphygmomanometer plus stethoscope:

- applies correct sized cuff
- lower edge of cuff 2cm to 3 cm above the brachial artery with the cuff aligned as per the cuff instructions
- locates the radial pulse
- inflates the cuff using the bulb
- when pulse no longer felt inflates cuff by another 20 mmHg
- places stethoscope in ears and with the diaphragm over the brachial artery
- deflates the cuff noting the point where pulse is detectable (systolic) and when it disappears (diastolic)
- documents systolic blood pressure measurement on the NEWS2 chart

Heart rate monitoring:

- appropriately set-up and use the automatic blood pressure (BP) machine
- numeric data in beats per minute identified (bpm)
- rhythm – regular/irregular identified
- heart rate recorded in correct place on NEWS2 chart
- level of consciousness – alert, verbal, pain, unresponsive (AVPU) scale identified and recorded

Body temperature monitoring:

- apply protective cover to tympanic thermometer probe
- place probe in individuals' ear
- leave in place for correct amount of time (according to manufacturer's instructions) before removing (tympanic will beep when ready)
- dispose of probe cover correctly
- correct numeric and degree noted
- temperature recorded in correct place on NEWS2 chart

The manikin will have the following observations:

- respiratory rate 32 breaths per minute = NEWS2 score of 3
- oxygen saturation (SpO2 Scale 2) 84% = NEWS2 score of 2
- blood pressure 140/80 = NEWS2 score of 0
- heart rate (pulse) 98 = NEWS2 score of 1
- body temperature 38C = NEWS2 score of 1
- level of consciousness = alert = NEWS2 score of 0

Responsive manikin programmed to give a NEWS2 score of 7.

Reports the finding to the nurse in charge in accordance with effective communication standard operating procedures. All students will report the measurements and NEWS2 score to the nurse in charge, and more able students will additionally talk about the clinical intervention and findings.

Explain to patient the meaning of results and escalation requirements or next steps.

The student cleans the equipment, removes PPE and disposes safely and washes hands in accordance with health and safety legislation and policies.

Note: Any neglect of application of standard precautions, procedural competency and communication protocols should be considered in accordance with safeguarding principles.

Accept other appropriate actions.

Performance outcome grid

Practical activity scenario	C-PO1	C-PO2	C-PO3	Total
1	13	3		16
2	7	9		16
3	1	3	12	16
Underpinning skills	12			12
Total	33	15	12	60
% weighting	55%	25%	20%	100%

Document information

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Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Post approval, updated for publication.		January 2021
v1.1	NCFE rebrand		September 2021
v1.2	OS review Feb 23		February 2023