



L-Università  
ta' Malta

**MATSEC**  
Examinations Board



# **SEC 36 Syllabus**

## Health and Social Care

**2022**

Updated on 15<sup>th</sup> October, 2021

**SEC36 Health and Social Care  
Syllabus Addendum**

*Mitigating factors for 2022 MATSEC Examinations Session*

Changes in Subject Content	<p>Content in Unit 1 has been reduced to what was covered in Assignment 1. Remaining content is not expected to be delivered.</p> <p>Content of Unit 2 <b>K6, K9, C4</b> and <b>A2</b> may not be covered.</p> <p>Content of Unit 3 <b>K7, K9, C3</b> and <b>C5</b> may not be covered.</p>
Changes in Coursework	<p>Unit 1 Assignment 2 will not be carried out. Marks for this component will be prorated at the end of the programme based on the performance in the other assessments of the qualification.</p> <p>Unit 2 <b>A2</b> will not be assessed in the coursework but still included on the front sheet and awarded full marks.</p> <p>Unit 3: No changes.</p>
Changes in Exam Paper(s)	<p>The Unit 1 Controlled assessment will not be carried out. Marks for Unit 1 Controlled assessment will be prorated at the end of the programme based on the performance in the other assessments of the qualification.</p> <p>The Unit 2 Controlled assessment will not include <b>K6, K9</b> and <b>C4</b>. Marks for these criteria, which shall not be assessed, will be prorated at the end of the unit based on the combined performance in Knowledge and Comprehension criteria within the same unit.</p> <p>The Unit 3 Controlled assessment will not include <b>K7, K9, C3</b> and <b>C5</b>. Marks for these criteria, which shall not be assessed, will be prorated at the end of the unit based on the combined performance in Knowledge and Comprehension criteria within the same unit.</p>

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## Introduction

The aim of this learning and assessment programme is to assist secondary schools to manage vocational programmes, specifically in the planning and implementation of the programme delivery.

This learning and assessment programme is structured in two parts, namely

Part A: General Policies

Part B: Unit Specifications

In Part A, the Learning Outcomes of the programme are explained. Important terms used in the Learning and Assessment Programme (LAP) are defined.

In Part B, the content to be covered in each unit is provided. The learning outcomes together with a brief description are also specified. The assessment criteria together with the scheme of assessment are presented in this part of the document.

In order to ensure effective implementation of the programme, adequate standards, quality assurance processes and procedures have to be adopted. Additionally, policies, guidelines and strategies related to assessment practices are documented in the SEC Vocational Subjects Policy Document. Standard templates will also be provided and will be structured as follows:

<b>List of Templates</b>
Teacher's Timeframe
Assignment Brief Front Sheet
Record of Internal Verification – Assignment Brief
Record of Internal Verification – Assessment Decision
External Verification Report Templates
Unit Tracking Sheet Template

## Part A: General Policies

### Introduction

The aim of the vocational programme in Health and Social Care is to provide candidates with the underpinning knowledge related to Health and Social Care. By the end of the programme, candidates are expected to have gained sufficient skills and knowledge and be able to apply them.

### Programme Learning Outcomes

#### **At the end of the programme, I can:**

- Demonstrate an understanding of the basic anatomy and physiology of the human body and the effects of a number of common health problems on the body's normal functions.
- Demonstrate an understanding of the Health and Social Care needs of different groups of people and show awareness of different types of services that can be offered to meet their personal care needs.
- Demonstrate proper communication skills when addressing different individuals.
- Demonstrate awareness of the Health and Safety issues that may arise in different environments with reference to Health and Safety legislation.
- Examine issues of equality, discrimination, dignity and rights, and explore own attitudes, beliefs and thoughts regarding such issues.
- Demonstrate awareness of the different practitioners who work in the Health and Social Care sector.
- Develop the right attitude and skills required in the Health and Social Care environment.

### Unit Learning Outcomes

#### **Unit 1: Effective Communication, Human Development and Holistic Care**

##### **At the end of the unit, I can:**

- LO 1.** Demonstrate an understanding of the different contexts of communication.
- LO 2.** Demonstrate communication skills in one-to-one and group interactions.
- LO 3.** Meet individual needs at different life stages.
- LO 4.** Demonstrate an understanding of the factors that influence the health and wellbeing of individuals.
- LO 5.** Develop a plan to meet the general health and wellbeing needs of an individual.

## **Unit 2: Anatomy, Physiology, Health and Safety in Health & Social Care**

### **At the end of the unit, I can:**

- LO 1.** Demonstrate an understanding of the organisation of the human body and the interrelationship of major body systems.
- LO 2.** Measure vital signs and interpret the results obtained.
- LO 3.** Demonstrate an understanding of potential hazards in Health and Social Care and how legislation promotes health, safety and security.
- LO 4.** Demonstrate an understanding of the activities of daily living and how their application improves quality of care.
- LO 5.** Demonstrate knowledge of basic First Aid skills.

## **Unit 3: Equality, Diversity and Quality Care**

### **At the end of the unit, I can:**

- LO 1.** Demonstrate an understanding of the concept of diversity underpinning Health and Social Care.
- LO 2.** Demonstrate an understanding of the role of legislation and organisations in promoting anti-discriminatory practice and equality.
- LO 3.** Demonstrate an understanding of the rights of individuals accessing Health and Social Care services.
- LO 4.** Demonstrate an understanding of the social service principles and the provision of quality care.

## Programme Descriptors

Programme descriptors are understood as outcome statements of what a candidate is expected to have achieved by the end of the programme. These are an adaptation of MQF level descriptors for the specific programme.

## Overview

MQF Level 1	MQF Level 2	MQF Level 3
<p>Basic general <b>knowledge</b>.</p> <ol style="list-style-type: none"> <li>1. Acquires basic general knowledge related to Health and Social Care environments and expressed through a variety of simple tools and contexts as an entry point to lifelong learning;</li> <li>2. Knows and understands the steps needed to complete simple tasks and activities in Health and Social Care settings;</li> <li>3. Is aware and understands basic tasks and instructions;</li> <li>4. Understands basic Health and Social Care textbooks.</li> </ol>	<p>Basic factual <b>knowledge</b> of Health and Social Care.</p> <ol style="list-style-type: none"> <li>1. Possess good knowledge of Health and Social Care;</li> <li>2. Is aware and interprets information and ideas;</li> <li>3. Understands facts and procedures in the application of basic Health and Social Care tasks and instructions;</li> <li>4. Selects and uses relevant knowledge to accomplish specific actions for self and others.</li> </ol>	<p><b>Knowledge</b> of facts, principles, processes and general concepts in Health and Social Care.</p> <ol style="list-style-type: none"> <li>1. Understands the relevance of theoretical knowledge and information related to Health and Social Care;</li> <li>2. Assesses, evaluates and interprets facts, establishing basic principles and concepts in Health and Social Care;</li> <li>3. Understands facts and procedures in the application of more complex Health and Social Care tasks and instructions;</li> <li>4. Selects and uses relevant Health and Social Care knowledge acquired on one's own initiative to accomplish specific actions for self and others.</li> </ol>

MQF Level 1	MQF Level 2	MQF Level 3
<p>Basic <b>skills</b> required to carry out simple tasks.</p> <ol style="list-style-type: none"> <li>Has the ability to apply basic knowledge and carry out a limited range of simple tasks related to Health and Social Care;</li> <li>Has basic repetitive communication skills to complete well defined routine tasks and identifies whether actions have been accomplished;</li> <li>Follows instructions and is aware of consequences of basic actions for self and others.</li> </ol>	<p>Basic cognitive and practical <b>skills</b> required to use relevant information in order to carry out Health and Social Care tasks and to solve routine problems using simple rules and tools.</p> <ol style="list-style-type: none"> <li>Has the ability to demonstrate a range of skills by carrying out a range of complex tasks in Health and Social Care;</li> <li>Communicates basic information;</li> <li>Ensures tasks are carried out effectively.</li> </ol>	<p>A range of cognitive and practical <b>skills</b> required to accomplish Health and Social Care tasks and solve problems by selecting and applying basic methods, tools, materials and information.</p> <ol style="list-style-type: none"> <li>Demonstrates a range of developed skills to carry out more than one complex task effectively and in unfamiliar and unpredictable contexts related to Health and Social Care;</li> <li>Communicates more complex information;</li> <li>Solves basic problems by applying basic methods, tools, materials and information given in a restricted Health and Social Care learning environment.</li> </ol>
<p>Work out or study under direct supervision in a structured context.</p> <ol style="list-style-type: none"> <li>Applies basic Health and Social Care knowledge and skills to do simple, repetitive and familiar tasks;</li> <li>Participates in and takes basic responsibility for the action of simple Health and Social Care tasks;</li> <li>Carries out activities under guidance and within simple defined timeframes;</li> <li>Acquires and applies basic key competences related to Health and Social Care at this level.</li> </ol>	<p>Work or study under supervision with some autonomy.</p> <ol style="list-style-type: none"> <li>Applies factual knowledge and practical skills to do some structured Health and Social Care tasks;</li> <li>Ensures s/he acts pro-actively;</li> <li>Carries out Health and Social Care activities under limited supervision and with limited responsibility in a quality controlled context;</li> <li>Acquires and applies basic key Health and Social Care competences at this level.</li> </ol>	<p>Take responsibility for completion of Health and Social Care tasks in work or study and adapt own behaviour to circumstances in solving problems.</p> <ol style="list-style-type: none"> <li>Applies Health and Social Care knowledge and skills to do some tasks systematically;</li> <li>Adapts own behaviour to circumstances in solving problems by participating pro-actively in structured learning environments;</li> <li>Uses own initiative with established responsibility and autonomy, but is supervised in quality controlled learning environments, normally in a Health and Social Care environment;</li> <li>Acquires key Health and Social Care competences at this level as a basis for lifelong learning.</li> </ol>



## Definitions/Terminology

Term	Definition
Assessment Criteria	A description of what a candidate is expected to do in order to demonstrate that a learning outcome has been achieved.
Assessor	The person responsible to grade the candidate's work, issue a mark and determine the candidate's final grade.
Competences	Each competence is defined as a combination of knowledge and skills and is associated with the level of autonomy and responsibility that the person is expected to have at that level.
Controlled Assessment	An assessment set by MATSEC which may include written and/or practical tasks as specified in the syllabus. This may be a take-home assessment or carried out under controlled conditions.
Coursework	A number of assignments set by teachers and given to the candidate during the course as specified in the syllabus.
Knowledge	Knowledge refers to the understanding of basic, factual and theoretical information, which is traditionally associated with formal learning but can also be acquired from informal and non-formal learning.
Learning Outcome	Learning Outcomes are statements which describe what a qualification represents in terms of knowledge, skills and competences. The Malta Qualifications Framework (MQF) defines a learning outcome as what the candidate understands and is capable of doing at the end of the learning process.
Malta Qualification Framework	The Malta Qualifications Framework (MQF) provides an indication of the level of difficulty as a benchmark for a qualification, which needs to be assigned a level and mapped to the framework. The MQF has level descriptors from Level 1 to 8. The level descriptors are useful for education and training providers as they describe the Knowledge, Skills and Competences and a set of Learning Outcomes, which indicate to the candidate the end of a learning process.
Quality Assurance	A continuous process to assure the standards and quality of the learning assessment programme.
Sample of Work	A sample of work is a percentage of the candidate's work gathered as a representative sample for the internal or external verifier.
Skills	Skills imply the application of acquired knowledge and understanding in different contexts. A skill may be the result of formal learning or of repetitive work in an informal setting.
Synoptic Assessment	An assessment in the form of a written examination and conducted under controlled conditions covering all learning outcomes and the majority of Knowledge and Comprehension assessment criteria in a given unit.
Unit Content	The unit content is the content required to be communicated and given to the candidate per learning outcome. Each learning outcome must have content related to it, which content must be delivered to provide the candidate with the tools necessary to achieve that outcome.

## Assessment Scope

Assessment is an important element in any learning process. In order to ensure that assessment informs candidates and at the same time meets important conditions of reliability, validity and fairness, important rules and procedures must be adhered-to. In particular, the assessment regulations and procedures that are explained in this section will ensure that assessments are:

- Of the required standard, quality and level;
- Fair for all candidates;
- Valid and reliable.

Each unit will be assessed by means of three assignments, one of which must be an assessment conducted within a controlled school environment. The assessment mode/type, criteria to be assessed and marks distribution are explained in Part B of the programme as part of the unit specifications.

## Quality Assurance

An important aspect of this programme is the quality assurance process that must be conducted throughout the implementation of the programme. Three main processes are to be conducted as stipulated in the table below.

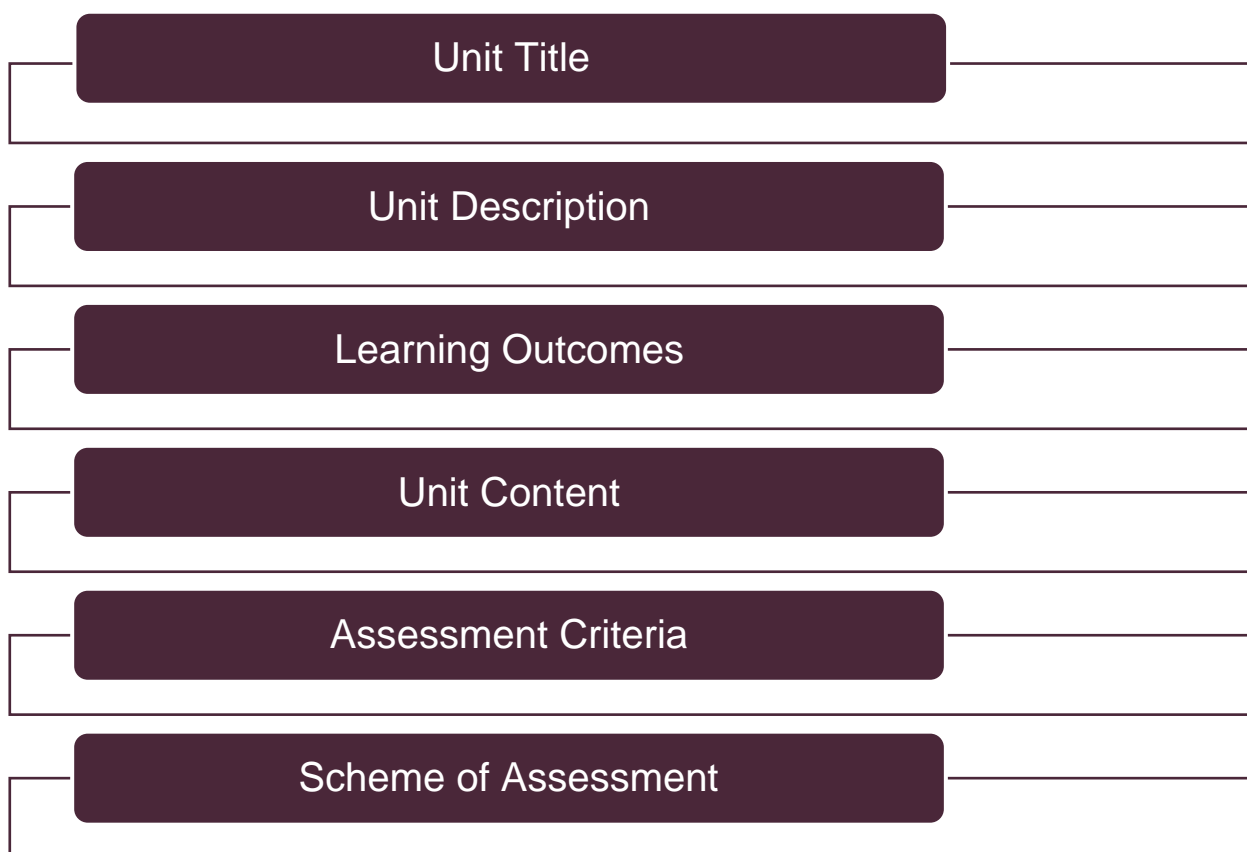
Internal Verification of Assessment Briefs	All assessment briefs are to be internally verified before being issued to the candidates. Within this process, important checks relating to learning outcomes, criteria to be assessed, validity and reliability are to be performed.
Internal Verification of Assessment Decisions	Once candidates complete their work and assessments have been corrected, a representative sample of candidates' work is to be internally verified.
External Verification	The process of external verification will ensure that programme quality and standards are met.

## Part B: Unit Specifications

### Introduction

This part of the programme guide provides detailed specification for each of the three units that are to be implemented for the successful completion of the programme. The curriculum design adopted for the development of the units of study is based on the learning outcomes approach. The latter can be defined as “written statements of what a candidate should be able to do/know/apply by the end of the learning process.”<sup>1</sup>

The structure of the unit specifications is presented below:



### Interpreting the Unit Specifications

The syllabus is written in a way whereby the knowledge criteria at MQF level 3 build upon the knowledge criteria at MQF level 2 and in the same manner the knowledge criteria at MQF level 2 build upon the knowledge criteria at MQF level 1. The same applies for the comprehension and application criteria. The comprehension criteria also build upon the knowledge criteria and the application criteria build upon the knowledge and the comprehension criteria.

<sup>1</sup>[http://www.cedefop.europa.eu/files/4156\\_en.pdf](http://www.cedefop.europa.eu/files/4156_en.pdf)

The document is an assessment syllabus; therefore any other examples or information apart from those written in the unit content should be taught so that candidates will enjoy the learning process and get a general overview of the subject. Under each grading criterion, only the minimum content that has to be covered is listed. The material covered in class must at least reflect both the unit content and grading criteria.

Examples (e.g.), commas, semi-colons, bullets, or, and N.B. are used in the Learning and Assessment Programme. When semi-colons are used the candidates should be assessed on all the content prescribed. However, when the list is headed with example (e.g.), all the content is to be covered but candidates are to be assessed on more than 50% of the content prescribed for that grading criterion. Where bullets are present, marks allocated for the criterion should be equally distributed. Where 'or' is present, only one of the listed items should be assessed. Where an 'N.B.' is present, important information regarding the assessment is given.

Where the plural is used in grading criteria (e.g. types, aspects, etc.), at least two answers are expected. Unless indicated otherwise in the unit content, when assignments are written, the criteria assessed should build on each other.

In each grading criterion there is a command verb which determines the type of answers expected by the student, such as list, identify, outline, describe, explain, etc... These verbs are defined in the glossary of verbs available on the MATSEC website. It is of vital importance that the command verbs specified in the grading criteria remain unchanged in the assignment brief.

## Unit 1: Effective Communication, Human Development and Holistic Care

Unit 1	Effective Communication, Human Development and Holistic Care
<p><b>Unit Description</b></p>	<p>This unit will enable candidates to gain the knowledge, understanding and practical skills they need to be able to communicate successfully within Health and Social Care contexts. Throughout this unit candidates will investigate and learn about different forms of communication, understand barriers to communication and be able to communicate effectively.</p> <p>Due to the wide range of care settings available in Malta, the candidate needs to understand human growth and development through the different life stages and the resultant needs. Candidates also need to understand the effect of life factors and events on an individual's needs, health and wellbeing. For example, during birth and infancy candidates will explore the rapid changes that a baby progresses through. In childhood, candidates will look at the development of physical skills and life changing events such as the birth of a sibling. In adolescence, puberty, self-esteem, peer pressure and risk-taking (e.g. drugs and alcohol) will be taken into account. In adulthood life-changing events (such as marriage and employment) will be considered along with the physical and psychological effects of growing old. The effects of bereavement and the loss of a partner will also be covered. The impact of disability will be examined. Candidates will have the opportunity to learn how to wash and feed babies and persons with mobility problems.</p> <p>Knowledge and understanding of the needs of individuals is fundamental to delivering holistic Health and Social Care. An introduction to needs will challenge candidates to consider how these vary at different life stages of human growth and development: birth and infancy, childhood, adolescence, adulthood and old age.</p> <p>Additionally, candidates will carry out a basic assessment of an individual's general health and wellbeing and develop a plan to meet his/her health and wellbeing needs.</p>

### Learning Outcomes

#### At the end of the unit, I can:

- LO 1.** Demonstrate an understanding of the different contexts of communication.
- LO 2.** Demonstrate communication skills in one-to-one and group interactions.
- LO 3.** Meet individual needs at different life stages.
- LO 4.** Demonstrate an understanding of the factors that influence the health and wellbeing of individuals.
- LO 5.** Develop a plan to meet the general health and wellbeing needs of an individual.

## Unit Content

Subject Focus	Contexts of communication
LO 1.	Demonstrate an understanding of the different contexts of communication.
K-1.	Stages of the communication cycle: ideas occur; message encoded; message sent; message received and decoded; feedback to sender.
K-2.	Different contexts for communication: one-to-one; group; formal; informal.
	Individuals: service-users; colleagues; managers; other individuals.
C-1.	One-way and two-way communication: <ul style="list-style-type: none"> <li>• One-way communication: prescription; hospital record; logbooks; giving/receiving instructions;</li> <li>• Two-way communication: face-to-face conversations; telephone conversations; counselling; consultation.</li> </ul>
	Advantages of face-to-face communication: immediate confirmation of understanding; improved negotiation; observation of non-verbal communication; evaluation of congruence between verbal and non-verbal message.

Subject Focus	Effective one-to-one and group interactions
LO 2.	Demonstrate communication skills in one-to-one and group interactions.
K-3.	Basic competences for effective communication: recognising when using formal and informal communication; active listening; turn taking; decoding appropriately non-verbal skills; respecting others' opinions and being assertive.
	Forms of communication and their skills <ul style="list-style-type: none"> <li>• Verbal: e.g. greeting, checking for understanding, probing, empathy, confrontation, constructive feedback, summarization, termination;</li> <li>• Non-verbal: e.g. facial expressions, eye contact, gestures, touch, posture, proximity, tone of voice, speech pace;</li> <li>• Written*: e.g. incident reports, journals, contact book, policies and procedures, memos, medical records, telephone notes, prescriptions or referrals;</li> <li>• Augmentative and/or alternative: e.g. sign language, lip reading, flash cards, signs and symbols, key word signing, picture exchange communication system, Braille, electronic devices, computer applications specific for certain needs.</li> </ul> <p><i>*N.B. It is recommended that during lessons reference to clarity, objectivity, accuracy and legibility is made.</i></p>

<b>K-4.</b>	Barriers to effective communication: e.g. disability, speech difficulties, foreign language and cultural differences, jargon, emotional and behavioural difficulties, mental health problems and dementia, environmental problems, differing sense of humour, illegibility.
	Effects of barriers on the sender and receiver: misunderstanding; mistakes; confusion; frustration; offence.
<b>C-2.</b>	<b>N.B.</b> This criterion should be assessed after the group and one-to one interaction (A-1).
	<b>N.B.</b> For assessment purposes, candidates should also include basic competences and skills that could have been used, but were not, in the interaction.
<b>C-3.</b>	Overcoming communication barriers: e.g. adapting the environment, understanding language needs and preferences, using the individual's preferred language, timing, electronic devices (text phones, telephone amplifiers, hearing loops), effective non-verbal communication.
	Persons with additional needs: dementia <b>or</b> stroke <b>or</b> wheelchair users <b>or</b> hearing impairment <b>or</b> visual impairment <b>or</b> speech impairment <b>or</b> foetal alcohol syndrome <b>or</b> Down's syndrome <b>or</b> autism. <b>N.B.</b> For assessment purposes, <b>TWO</b> ways of overcoming barriers to communication with an individual with an additional need should explained.
<b>A-1.*</b>	<b>N.B.</b> Marks should be awarded for the competences mentioned above.
	<b>N.B.</b> For assessment purposes, the teacher should present the topic for the group interaction during the assessment session.
	Basic communication skills: <ul style="list-style-type: none"> <li>• Verbal: greeting; probing; checking for understanding; summarisation; termination;</li> <li>• Non-verbal: facial expression; eye contact; posture; proximity; tone of voice.</li> </ul>
	Advanced communication skills: <ul style="list-style-type: none"> <li>• Verbal: e.g. constructive feedback, empathy, confrontation;</li> <li>• Non-verbal: e.g. gestures, touch, speech pace.</li> </ul>

**\*N.B.** It is highly recommended that candidates should be given ample time to practise the skills using various scenarios before the actual assessment of the **spontaneous** one-to-one and group interactions.

<b>Subject Focus</b>	<b>Human development and individual needs</b>
<b>LO 3.</b>	Meet individual needs at different life stages.
<b>K-5.</b>	Life stages and key aspects of human growth and development: <ul style="list-style-type: none"> <li>• Life stages: infancy (0 – 3 years); childhood (4 – 10 years); adolescence (11 – 18 years); adulthood (19 – 65 years); old age (65 years onwards);</li> <li>• Key aspects of human growth and development: physical; intellectual; emotional; social; spiritual.</li> </ul>
	<b>N.B.</b> For assessment purposes at MQF 2, <b>TWO</b> developmental changes should be matched to each specific life stage.

K-6.	<p>Individual needs:</p> <ul style="list-style-type: none"> <li>• Physical: balanced diet; exercise; warmth; safety; rest;</li> <li>• Intellectual: communication; learning; problem solving; creativity; exploration;</li> <li>• Emotional: love; affection; feeling valued; security; support;</li> <li>• Social: interaction with family; interaction with extended-family; interaction with friends; participation in activities; adapting to new environments and acquaintances.</li> </ul>
	<p>Consequences if needs of a particular individual are not met:</p> <ul style="list-style-type: none"> <li>• Physical: e.g. stunted growth, illness, death;</li> <li>• Intellectual: e.g. late language development, slow learning, apathy towards learning;</li> <li>• Emotional: e.g. attachment problems, helplessness and frustration, low self-esteem;</li> <li>• Social: e.g. inability to make friends, lack of social skills, strained relationship.</li> </ul>
C-4.	<p>Infection control measures to meet physical needs of an individual: hand washing; gloves; aprons; face mask; not sharing equipment and personal possessions (such as face cloth, towels, soap).</p>
	<p>Consequence of not following infection control measures: infecting oneself; infecting clients; cross-infecting other clients; death.</p>
	<p><b>N.B.</b> This criterion should be assessed after the washing activity (A-2).</p> <p><b>N.B.</b> When assessing this criterion candidates should also include skills that could have been used, but were not, during the washing activity (A-2).</p>
A-2.	<p>Preparation of equipment for washing a baby mannequin: the bath; suitable soap shampoo and baby lotion for washing baby; soft face cloth or sponge; supply changing area with clean nappies, wipes and appropriate creams; towel; clothes.</p>
	<p>Prepare the baby for bathing: not leaving baby alone at any time; handling; undressing; wash hands and/or wear gloves; clean the baby; disposal of soiled nappy, wipes and gloves.</p>
	<p>Dressing a baby mannequin after washing: prepare the tub with about 3 inches (7 cm) of warm water; check bath temperature; wrap the baby firmly in a towel enclosing the arms; wash the baby; rinse the baby; dry baby; apply nappy; dress the baby.</p>
A-3.	<p>Preparation of feed for an adult with swallowing difficulties: add thickener; stir; check for consistency.</p>
	<p>Preparation of a plate suitable for an individual with particular needs: good presentation of food on plate; healthy for the individual according to the nutritional needs; consistency of food; suitable according to the individual's feeding needs.</p>
	<p>Feeding a person with a visual impairment: proper sitting position of individual; protective bib for individual; candidate to sit in the individual's line of vision; small portions at a time; give choice to individual's food preference.</p> <p><b>N.B.</b> It is highly recommended that during delivery the following points are taught: to avoid hovering with the next spoonful of food as this may cause an individual to hurry and worsen any swallowing difficulties, and that the individual should remain upright for 15 minutes after feeding.</p> <p><b>N.B.</b> It is highly recommended that candidates are taught how to feed a baby.</p>



Subject Focus	Factors that influence the health and wellbeing of individuals
LO 4.	Demonstrate an understanding of the factors that influence the health and wellbeing of individuals.
K-7.	<p>Life factors and examples:</p> <ul style="list-style-type: none"> <li>• Socio-economic factors: social class <b>or</b> culture <b>or</b> employment <b>or</b> education <b>or</b> housing;</li> <li>• Physical factors: genetic inheritance <b>or</b> disability <b>or</b> age <b>or</b> gender;</li> <li>• Lifestyle factors: diet <b>or</b> exercise <b>or</b> smoking/substance misuse <b>or</b> working pattern/stress <b>or</b> social and community networks;</li> <li>• Health factors: infection <b>or</b> sexually transmitted diseases <b>or</b> injury <b>or</b> mental health <b>or</b> presence of chronic disorder.</li> </ul> <p><b>N.B.</b> For assessment purposes at MQF 3, the way <b>TWO</b> different life factors affect the health and wellbeing of an individual should be described.</p>
K-8.	Life events: e.g. birth of a sibling/son/daughter, going to nursery/school, employment/redundancy, marriage/divorce, serious injury, ageing, retirement, bereavement.
C-5.	How life events are portrayed by the media: false image of life; incomplete depiction of life.

Subject Focus	Assessment and plan to meet the health and wellbeing needs of an individual
LO 5.	Develop a plan to meet the general health and wellbeing needs of an individual.
K-9.	Components of a healthy lifestyle: physical fitness; a balanced diet; intellectual stimulation; emotional and social wellbeing.
	Reason for assessing the health and well-being of a person: identification of unmet needs; planning interventions to meet the needs.
K-10.	<p>SMART targets for a health plan: Specific; Measurable; Achievable; Realistic; Time-related.</p> <p><b>N.B.</b> For assessment purposes at MQF 3, both short-term <b>and</b> long-term goals should be included as part of the health plan.</p>

## Learning Outcomes and Assessment Criteria

<b>Subject Focus:</b>	<b>Contexts of communication</b>
<b>Learning Outcome 1:</b>	Demonstrate an understanding of the different contexts of communication.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-1. Identify the sender and the receiver.	K-1. Label the stages of the communication cycle.	K-1. Outline the communication cycle.	C-1. Distinguish between one-way and two-way communication.	C-1. Differentiate between situations when one-way and two-way communication are used.	C-1. Describe the advantages of face-to-face communication.			
<b><i>K-2. List the different contexts for communication.</i></b>	<b><i>K-2. Distinguish when to use different contexts of communication.</i></b>	<b><i>K-2. Identify different contexts for communication with different individuals in a given scenario.</i></b>						

<b>Subject Focus:</b>	<b>Effective one-to-one and group interactions</b>
<b>Learning Outcome 2:</b>	Demonstrate communication skills in one-to-one and group interactions.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-3. Mention the basic competences needed for effective communication.	K-3. Match the skills with the different forms of communication.	K-3. Describe the different forms of communication, giving an example of a skill related to each form.	C-2. Evaluate the basic competences in a group interaction.	C-2. Evaluate the basic verbal and non-verbal communication skills in a one-to-one interaction.	C-2. Evaluate the advanced verbal and non-verbal skills in a one-to-one communication.	A-1. Participate in a group interaction using basic competences.	A-1. Participate in a spontaneous one-to-one interaction using basic verbal and non-verbal communication skills.	A-1. Participate in a spontaneous one-to-one interaction using advanced verbal and non-verbal communication skills.
<b>K-4. Define what is meant by barriers to communication.</b>	<b>K-4. Identify the barriers to effective communication within a Health and Social Care environment.</b>	<b>K-4. Describe the effects of different barriers on both the sender and the receiver.</b>	<b>C-3. Identify ways to overcome barriers to communication.</b>	<b>C-3. Describe ways to overcome barriers to communication.</b>	<b>C-3. Explain ways to overcome barriers to communication with a person with additional needs.</b>			

<b>Subject Focus:</b>	<b>Human development and individual needs</b>
<b>Learning Outcome 3:</b>	Meet individual needs at different life stages.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
<b>K-5. List the key aspects of human growth and development of each life stage.</b>	<b>K-5. Match developmental changes to each specific life stage.</b>	<b>K-5. Describe the key aspects of development at a particular life stage.</b>	C-4. State the infection control measures that have to be taken into consideration when meeting the physical needs of individuals.	C-4. Discuss the consequences of not following infection control measures that have to be taken into consideration when meeting the physical needs of individuals.	C-4. Evaluate an activity to improve your practice/skills in meeting the physical needs of an individual.	A-2. Prepare equipment for washing a baby mannequin.	A-2. Prepare a baby mannequin for bathing.	A-2. Dress a baby mannequin after washing.
<b>K-6. List the Physical, Intellectual, Emotional and Social needs.</b>	<b>K-6. Outline the Physical, Intellectual, Emotional and Social Needs at a particular life stage.</b>	<b>K-6. Describe the consequences that will follow if the needs of a particular individual are not met.</b>				A-3. Prepare a feed for an adult with swallowing difficulties.	A-3. Prepare a healthy and colourful plate for an individual with particular needs.	A-3. Feed a person with a visual impairment.

<b>Subject Focus:</b>	<b>Factors that influence the health and wellbeing of individuals</b>
<b>Learning Outcome 4:</b>	Demonstrate an understanding of the factors that influence the health and wellbeing of individuals.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-7. List the different life factors which influence the health and wellbeing of individuals.	K-7. Outline the different life factors which influence the health and wellbeing of individuals, giving an example for each of the life factors.	K-7. Describe how different life factors affect the health and wellbeing of an individual in a given scenario.	<b>C-5. Identify how a particular life event affects all the needs (PIES) of an individual.</b>	<b>C-5. Compare and contrast a specific life event as portrayed by the media to that experienced by an individual in real life.</b>	<b>C-5. Discuss how a particular life event affects all the life factors in a particular scenario.</b>			
<b>K-8. Name the life events which influence the health and wellbeing of individuals.</b>	<b>K-8. Outline how different life events affect individuals.</b>	<b>K-8. Identify the positive and negative influences which a specific life event may have on the health and wellbeing of a particular individual.</b>						

<b>Subject Focus:</b>	<b>Assessment and plan to meet the health and wellbeing needs of an individual</b>
<b>Learning Outcome 5:</b>	Develop a plan to meet the general health and wellbeing needs of an individual.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
<b>K-9. State what wellbeing is according to the WHO definition.</b>	<b>K-9. List the components of a healthy lifestyle.</b>	<b>K-9. Outline the components of a healthy lifestyle.</b>						
<b>K-10. State the reason for assessing the health and well-being of a person.</b>	<b>K-10. Identify which components of a healthy lifestyle are being neglected in a given scenario.</b>	<b>K-10. Prepare a health plan for a given scenario including short and long term SMART goals.</b>						

## Assessment Criteria

Assessment criteria provide guidance on how the candidates will be assessed in order to ensure that the learning outcomes have been achieved. The assessment criteria which will be assessed in the controlled assessment have been highlighted.

## Scheme of Assessment

Assignment Number	Assignment Type	Percentage distribution
1	Coursework	26 - 34%
2	Coursework	26 - 34%
3	Controlled	38 - 42%

## Distribution of Marks

Criteria	MQF Level 1 Marks	MQF Level 2 Marks	MQF Level 3 Marks	Totals
Knowledge	1	1	2	4
Comprehension	2	2	2	6
Application	3	3	4	10

## Unit 2: Anatomy, Physiology, Health and Safety in Health & Social Care

Unit 2	Anatomy, Physiology, Health and Safety in Health & Social Care
<p><b>Unit Description</b></p>	<p>This unit will introduce candidates to the knowledge and understanding of how the body works: the organisation of the human body, the major body systems and the fact that body systems do not function in isolation but work together in maintaining the body as a whole, with the health of the individual depending on this.</p> <p>The unit allows candidates to explore how to take and record basic clinical measurements such as temperature, pulse, breathing rate and blood pressure. This knowledge will help them understand the routine procedures that take place in Health and Social Care environments, including the monitoring of body systems.</p> <p>Within Health and Social Care environments there are many hazards that need to be identified, communicated and controlled to ensure a safe environment for everyone using the services. The unit enables candidates to explore the knowledge and skills related to Health and Safety issues, including Health and Safety legislation, risk assessment and the actions that are necessary to minimise potential hazards and risks.</p> <p>Furthermore, the unit will give candidates a basic understanding of First Aid: summoning help or taking action to help a person in distress or preventing further damage in the event of an accident or injuries.</p>

### Learning Outcomes

**At the end of the unit, I can:**

- LO 1.** Demonstrate an understanding of the organisation of the human body and the interrelationship of major body systems.
- LO 2.** Measure vital signs and interpret the results obtained.
- LO 3.** Demonstrate an understanding of potential hazards in Health and Social Care and how legislation promotes health, safety and security.
- LO 4.** Demonstrate an understanding of the activities of daily living and how their application improves quality of care.
- LO 5.** Demonstrate knowledge of basic First Aid skills.



## Unit Content

Subject Focus	Organs and main body systems
LO 1.	Demonstrate an understanding of the organisation of the human body and the interrelationship of major body systems.
K-1.	<p>Key organs of the human body: e.g. skin (protection of organs), heart (pumping of blood), lungs (breathing), brain (responsible for thought and coordination), eyes (responsible for sight), nose (responsible for smell and taste), ear (responsible for hearing), stomach (breaking down of food), pancreas (production of hormones to regulate level of sugar in the blood), liver (responsible for filtration of blood), kidneys (removal of waste products and regulating water fluid levels), intestines (absorption of nutrients), ovaries (production of ova and reproductive hormones), testes (production of sperm and reproductive hormones), uterus (houses and nourishes the foetus).</p> <p><b>N.B.</b> It is highly recommended that before delivering the content found in this criterion, the organisation of cells, tissues, organs and systems is covered.</p>
K-2.	Main systems of the human body: e.g. cardiovascular system, respiratory system, digestive system, renal system, musculoskeletal system, nervous system.
C-1.	<p>Relationships between major body systems: circulatory and respiratory systems <b>or</b> musculoskeletal and Nervous systems.</p> <p><b>N.B.</b> For assessment purposes at MQF 2, the description of the way systems interact should also include the different organs involved.</p>

Subject Focus	Vital signs
LO 2.	Measure vital signs and interpret the results obtained.
K-3.	<p>Vital signs of the human body: body temperature; pulse; breathing rate; blood pressure.</p> <p>Readings of vital signs (at rest):</p> <ul style="list-style-type: none"> <li>• Baby (1 – 5 years) <ul style="list-style-type: none"> <li>○ Blood Pressure: 80/50mmHg to 110/80mm Hg;</li> <li>○ Temperature: 36°C to 37.5°C;</li> <li>○ Pulse: 95 to 140 beats per minute;</li> <li>○ Breathing rate: 20 to 35 breaths per minute <b>OR</b></li> </ul> </li> <li>• Adult <ul style="list-style-type: none"> <li>○ Blood pressure: 90/60mmHg to 140/90mm Hg;</li> <li>○ Temperature: 36°C to 37.5°C;</li> <li>○ Pulse: 60 to 100 beats per minute;</li> <li>○ Breathing: 12 to 20 breaths per minute <b>OR</b></li> </ul> </li> <li>• Older Adult <ul style="list-style-type: none"> <li>○ Blood Pressure: 120/80mmHg to 140/90 mm Hg;</li> <li>○ Temperature: 36°C to 37.5°C;</li> <li>○ Pulse: 50 to 85 beats per minute;</li> <li>○ Respiratory Rate: 10 to 30 breaths per minute.</li> </ul> </li> </ul> <p><b>N.B.</b> For assessment purposes at MQF 3, candidates are expected to only indicate whether the readings are high, low, or within expected range for each vital sign.</p>
K-4.	<p>Signs/symptoms of vital sign readings outside the acceptable range: skin colour and texture <b>or</b> feeling hot <b>or</b> feeling cold <b>or</b> irregular breathing rhythm <b>or</b> dizziness <b>or</b> thirst <b>or</b> dehydration <b>or</b> fainting <b>or</b> coughing <b>or</b> wheezing.</p> <p><b>N.B.</b> For assessment purposes, candidates should give a sign/symptom that might be present when the reading of <b>EACH</b> vital sign is above and below the normal range.</p> <p>Considerations before measuring vital signs:</p> <ul style="list-style-type: none"> <li>• Blood Pressure: settle patient down and reassure him/her;</li> <li>• Temperature: assess the most adequate place from where to take the reading;</li> <li>• Pulse: ask individual whether s/he is an athlete or not;</li> <li>• Breathing: ensure individual is at rest.</li> </ul> <p>Underlying factors influencing the reading of vital signs: e.g.</p> <ul style="list-style-type: none"> <li>• High blood pressure: narrowing of blood vessels,</li> <li>• Low blood pressure: dilated blood vessels,</li> <li>• High body temperature: infection,</li> <li>• Low body temperature: extreme exposure to cold,</li> <li>• Rapid pulse: heart condition,</li> <li>• Slow heart beat: heart condition,</li> <li>• Irregular breathing: lung condition.</li> </ul>

C-2.

Importance of taking measurements of the vital signs: provide important feedback about the body's functions; detect medical problems; monitor medical problems or recovery following surgery; vital signs might indicate the necessity for further testing.

Common reasons why pulse, temperature, breathing rate and blood pressure readings might not be within the acceptable range: e.g. family history, age, diet, shock, injury, alcohol, drugs, being active/fit, infections and diseases.

A-1.

Equipment to measure vital signs: digital thermometer **or** mercury free thermometer; digital blood pressure monitor; stop watch.

Precautions taking into consideration accuracy and infection-prevention and control: hand hygiene and cleansing of equipment; proper use of equipment; accuracy considerations when taking measurements; communication with patient to get relevant information regarding any risks.

Measuring and recording the vital signs of an individual:

- Temperature
  - Positioning of thermometer;
  - Proper recording of result;
- Pulse
  - Make sure the individual is seated and calm/rested;
  - Locate the radial pulse (place the second and third fingers NOT the thumb for it has a pulse of its own);
  - Count pulse for 60 seconds;
  - Proper recording of result;
- Breathing rate
  - Ensure the individual is at rest and doesn't know their breathing rate is being taken;
  - Count how many times the chest rises and falls: 1 breath = 1 rise + 1 fall;
  - Note whether the breathing is regular or irregular;
  - Properly record the number of breaths a person takes per minute;
- Blood Pressure
  - Ensure the individual is relaxed and not talking;
  - Make sure that the individual does not have restrictive clothing impairing the blood flow;
  - The arm is resting on the table, level with the heart and with palm upwards;
  - Connection from cuff to monitor should fall downwards along the arm in line with brachial artery ensuring it is properly positioned above inner elbow and neither tight nor loose;
  - Properly record the systolic and diastolic pressure.

Subject Focus	Health and Safety
LO 3.	Demonstrate an understanding of potential hazards in Health and Social Care and how legislation promotes health, safety and security.
K-5	Hazards in Health and Social Care environments: e.g. slip-trip-fall hazards, hazardous agents, sanitary conditions and hygiene, ergonomic hazards, physical hazards, work conditions, untrained staff, work practices.
K-6.	Signs and symbols in a Health and Social Care environment: <ul style="list-style-type: none"> <li>• Prohibition signs (red disk with red diagonal line);</li> <li>• Warning signs (yellow triangle);</li> <li>• Mandatory signs (blue circle with white pictogram and blue background for text);</li> <li>• Safe condition signs (green rectangle/square with white pictogram/text).</li> </ul>
	Equipment to minimise or eliminate risks: e.g. bed rails, height adjustable bed, hoist, protective wear, antibacterial disinfectants, safe disposal boxes, safety installations in bathrooms such as rails.
K-7.	Legislation: e.g. <ul style="list-style-type: none"> <li>• Act 27 of 2000: Occupational Health and Safety Authority Act,</li> <li>• LN 35 of 2003: Protection against Risks of Back Injury at Work Placement Regulations,</li> <li>• LN 36 of 2003: General Provisions for Health and Safety at Work Places Regulations,</li> <li>• LN 121 of 2003: Minimum Requirements for the use of Personal Protective Equipment at Work Regulations,</li> <li>• LN 228 of 2003: Protection of Workers from Risks related to Exposure to Biological Agents at Work Regulations.</li> <li>• LN 199 of 2015: Work Place (Provision of Health and /or Safety Signs Amendment) Regulations</li> <li>• LN 293 of 2016: Work Equipment (Minimum Safety and Health Requirement) Regulations.</li> </ul>
C-3.	Responsibilities of the employer and the employee: <ul style="list-style-type: none"> <li>• The employer is responsible for: the Health and Safety of the employees; the elimination and minimization of hazards and risks; the training of employees; the provision and maintenance of adequate equipment; ensuring there is a Health and Safety officer/s;</li> <li>• The employee is responsible for: his/her own and colleagues' safety; attending training provided by the employer; using equipment in an adequate manner; co-operating with employer and Health and Safety officer/s; reporting any hazards and informing superior if an accident occurs.</li> </ul>

Subject Focus	Activities of daily living
LO 4.	Demonstrate an understanding of the activities of daily living and how their application improves quality of care.
K-8.	<p><b>N.B.</b> For assessment purposes, <b>TEN</b> of the following activities should be considered: maintaining a safe environment, communicating, breathing, eating and drinking, eliminating, personal cleansing and dressing, controlling body temperature, mobilising, working and playing, expressing sexuality, sleeping, dying.</p> <p><b>N.B.</b> It is highly suggested that reference should be made to the Roper and Logan Model of nursing during delivery.</p>
	Importance of assessing the activities of daily living: e.g. assess the level of independence of the individual, identify areas where individual is not independent, identify specific type of help (whether human/mechanical) needed.
C-4.	Potential health problems experienced by people with mobility impairment: e.g. obesity, muscle weakness, unsteadiness, pressure sores, pain, joint problems, infections.
	<p>The cause of pressure sores development and where they are formed:</p> <ul style="list-style-type: none"> <li>• Development of pressure sores: friction <b>and/or</b> compression <b>and/or</b> shearing <b>and/or</b> tearing;</li> <li>• Where they are formed: ears <b>and/or</b> head <b>and/or</b> shoulder blades <b>and/or</b> back bone <b>and/or</b> elbows <b>and/or</b> sacrum <b>and/or</b> buttocks <b>and/or</b> knees <b>and/or</b> heels <b>and/or</b> ankles.</li> </ul>
	Prevention of pressure sores: e.g. change position frequently (at least every 2 hours if bedridden and every 20 minutes if on a wheelchair), use of pressure relief mattress or cushions, use of Sudocrem®, remove any creased material beneath the patient, keep skin clean and dry, change nappy often, use pillows, exercise, diet rich in protein.
A-2.	Unoccupied bed making technique: clear the bed; put the fitted sheet on; put the top sheet on; make hospital corners.
	<p>Preparation of equipment to wash, move and handle an individual with mobility problems:</p> <ul style="list-style-type: none"> <li>• Risk assessment: the type of task to be performed; the weight of the individual; the capabilities of the individual and his/her behaviour; the working environment;</li> <li>• Wash hands*;</li> <li>• Prepare equipment: basin; soap and sponge; towels; apron; equipment for moving and handling.</li> </ul> <p><b>*N.B.</b> For assessment purposes, techniques to wash hands should be according to the WHO guidelines: <a href="http://www.who.int/gpsc/clean_hands_protection/en/">http://www.who.int/gpsc/clean_hands_protection/en/</a></p>

Washing, moving and handling individuals with mobility problems: wear protective equipment; show respect, dignity and privacy while meeting individual's needs; respect independence; involve individual as much as possible when moving and handling; use appropriate moving and handling technique; use appropriate washing technique; use appropriate technique to dry up the washed areas; use appropriate technique to dress the individual after washing.

**N.B.** For assessment purposes, **ONE** of the following moving and handling techniques are to be considered: sitting transfer from bed to wheel chair using a transfer board; transfer of patient from bed to wheel chair using hoist; transfer of a patient who can take some weight on his legs and needs to be transferred from bed to chair; repositioning of patient both on bed and on wheel chair; walking with a Zimmer frame; help patient to stand from wheelchair using one person on one side and using two persons (one on each side).

**N.B.** For assessment purposes, washing, drying and dressing should only be carried out on the arms **or** legs of an individual with mobility problems using the appropriate techniques.

**N.B.** It is highly recommended that during delivery bed bathing is demonstrated.

Subject Focus	First Aid skills
LO 5.	Demonstrate knowledge of basic First Aid skills.
K-9.	<p>Necessary items in a First Aid box: ten individually wrapped sterile adhesive dressings in various sizes; sterile eye pads with attachment; three triangular bandages; six safety pins; three sterile dressings in various sizes; a suitable supply of sterile eye wash; three pairs of surgical gloves; three roller bandages of different sizes; one personal protection shield for use during artificial respiration; three individually wrapped gauze pads.</p>
	<p>Reasons for knowing how to use First Aid box items: e.g. to be able to use the items for the correct purpose, to prevent infection and control, to prevent further harm.</p>
K-10.	<p>Importance of working in a team in an emergency situation: e.g. synergy between team members, increased safety of service users, increased efficiency in reaching targets.</p> <p>Information when calling for help: exact address of emergency or any noticeable landmarks; directions to the scene of emergency; telephone number from where call is taking place; details of incident such as number of people involved; description of injuries and any known pre-existing medical conditions.</p> <p>Situations that might require someone to summon help from a health care professional: e.g. cardiac arrest, falls, fractures, bleeding, burns, choking, unconsciousness.</p>

<b>C-5.</b>	Roles assumed by individuals when there is an emergency: someone to call 112; someone to help in assisting person in emergency situation; someone to help in moving away any vulnerable individuals; if more than one First Aider is present any CPR should be done alternately.
	Procedure to treat minor accidents: 1 <sup>st</sup> degree burns <b>or</b> minor falls with no fractures <b>or</b> minor cuts <b>or</b> minor nose bleeds <b>or</b> minor sprains/strains;
	First Aid application/procedure for major accidents: serious burns <b>or</b> major bleeds <b>or</b> fractures <b>or</b> cardiac arrests/suspected cardiac arrests <b>or</b> unconsciousness <b>or</b> choking.
<b>A-3.</b>	Preparation of First Aid box: choose the correct items; correct quantity of each item.
	First Aid application in a minor accident: using prevention and infection control methods; applying the correct First Aid procedure.
	First Aid application in a major accident: check safety for the casualty and first aider; manage the situation; apply the correct First Aid procedure; call for help.

## Learning Outcomes and Assessment Criteria

<b>Subject Focus:</b>	<b>Organs and main body systems</b>
<b>Learning Outcome 1:</b>	Demonstrate an understanding of the organisation of the human body and the interrelationship of major body systems.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-1. Label the key organs of the human body.	K-1. Identify the position of the key organs in the human body.	K-1. Describe the key organs in the human body and their core function.	<b>C-1. Outline how different systems interact with each other.</b>	<b>C-1. Describe how different systems interact with each other.</b>	<b>C-1. Explain how different systems interact with each other in a given scenario.</b>			
K-2. List the main systems of the human body.	K-2. Identify the key organs within the main systems of the human body.	K-2. Outline the main systems in the human body with their main function.						



<b>Subject Focus:</b>	<b>Vital signs</b>
<b>Learning Outcome 2:</b>	Measure vital signs and interpret the results obtained.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-3. Name the vital signs of the human body.	K-3. Determine the normal range of the vital signs of a particular individual.	K-3. Interpret the readings of the vital signs from nursing observation sheets.	C-2. Outline the importance of taking measurements of the vital signs.	C-2. List reasons why the readings of the vital signs might not be within the acceptable range.	C-2. Explain the most common reasons why the vital signs might not be within the acceptable range.	A-1. Choose the correct equipment to measure the vital signs by taking into consideration the individual's needs.	A-1. Take the necessary precautions to ensure accuracy of readings whilst considering infection-prevention and control.	A-1. Record and individual's vital signs after measuring them.
<b><i>K-4. List a sign/symptom that might be present when readings of each vital sign is outside the acceptable range.</i></b>	<b><i>K-4. Identify a consideration that must be taken before measurements of each vital sign are taken.</i></b>	<b><i>K-4. Indicate the underlying factors that influence the reading of the vital signs.</i></b>						

<b>Subject Focus:</b>	<b>Health and Safety</b>
<b>Learning Outcome 3:</b>	Demonstrate an understanding of potential hazards in Health and Social Care and how legislation promotes health, safety and security.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
<b>K-5. List different types of hazards that might be found in Health and Social Care environments.</b>	<b>K-5. Describe potential hazards in Health and Social Care environments and their associated risks.</b>	<b>K-5. Identify the safety measures to keep in mind when planning a specific room in a Health and Social Care environment.</b>						
<b>K-6. Match signs and symbols used in a Health and Social Care environment to their meaning.</b>	<b>K-6. Identify which safety equipment should be used to minimise or eliminate the risks.</b>	<b>K-6. Determine the right equipment and symbols that must be at hand to ensure safety in a particular scenario.</b>	C-3. Match the different types of legislation with different Health and Social Care scenarios.	C-3. List the responsibilities of the employers and employees in relation to Health and Safety legislation.	C-3. Discuss the responsibilities of the employers and employees in relation to Health and Safety legislation.			
K-7. Name Health and Safety legislation related to Health and Social Care.	K-7. State the aim of current Health and Safety legislation.	K-7. Outline how current Health and Safety legislation promotes Health and Safety practices.						

<b>Subject Focus:</b>	<b>Activities of daily living</b>
<b>Learning Outcome 4:</b>	Demonstrate an understanding of the activities of daily living and how their application improves quality of care.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-8. List the activities of daily living.	K-8. Mention why assessing the activities of daily living is important.	K-8. Identify the support needed by an individual who has problems carrying out his/her daily living activities independently.	<b><i>C-4. Identify the potential health problems which people with mobility impairment are likely to experience.</i></b>	<b><i>C-4. Discuss the causes of pressure sores and where they are likely to develop in a given case scenario.</i></b>	<b><i>C-4. Explain how pressure sores can be prevented in a given scenario.</i></b>	A-2. Use the appropriate technique in making an un-occupied bed.	A-2. Prepare the necessary equipment to wash, move and handle an individual with mobility problems after conducting a risk assessment.	A-2. Wash an individual with mobility problems whilst using appropriate moving and handling techniques.

<b>Subject Focus:</b>	<b>Basic First Aid skills</b>
<b>Learning Outcome 5:</b>	Demonstrate knowledge of basic First Aid skills.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
<b>K-9. Identify the different items that are necessary in a First Aid box.</b>	<b>K-9. Outline the function of each item in the First Aid box.</b>	<b>K-9. Describe why it is important to know how to use the items in the First Aid box.</b>	<b>C-5. Identify the different roles that different individuals can assume when there is an emergency situation.</b>	<b>C-5. Describe the procedure to treat an individual who has had a minor accident.</b>	<b>C-5. Explain the First Aid application/ procedure needed in a major accident.</b>	A-3. Prepare a First Aid box against an inventory.	A-3. Demonstrate the First Aid procedure needed in a minor accident.	A-3. Demonstrate the First Aid procedure needed in a major accident.
<b>K-10. Outline the importance of working in a team in an emergency situation.</b>	<b>K-10. State all the information needed when calling for help in an emergency situation.</b>	<b>K-10. Identify the situations which might require someone to summon help from a health care professional.</b>						

## Assessment Criteria

Assessment criteria provide guidance on how the candidates will be assessed in order to ensure that the learning outcomes have been achieved.

To achieve each outcome a candidate must satisfy the assessment criteria listed in the previous table. The assessment criteria which will be assessed in the controlled assessment have been highlighted.

## Scheme of Assessment

Assignment Number	Assignment Type	Percentage distribution
1	Coursework	26 - 34%
2	Coursework	26 - 34%
3	Controlled	38 - 42%

## Distribution of Marks

Criteria	MQF Level 1 Marks	MQF Level 2 Marks	MQF Level 3 Marks	Totals
Knowledge	1	1	2	4
Comprehension	2	2	2	6
Application	3	3	4	10

## Unit 3: Equality, Diversity and Quality Care

Unit 3	Equality, Diversity and Quality Care
<p><b>Unit Description</b></p>	<p>This unit aims to give candidates an understanding of diversity in Health and Social Care. Multi-cultural societies have different values, preferences and beliefs with the consequence that treatments and practices adopted by some groups may be unacceptable to others on the basis of diverse cultural norms and/or religious practices. Diet, physical contact, certain treatments (i.e. blood transfusions) and rituals can be regarded differently by individuals from diverse cultures. Sometimes, these might necessitate alternative treatments.</p> <p>Diversity can create obstacles while caring for people. In the Health and Social Care fields it is important to be aware of these differences in order to adjust practice to accommodate individual needs wherever possible. Similarly, different people have different values and norms. It is extremely important that practitioners in the Health and Social Care field are as non-judgmental as possible and are able to demonstrate unconditional positive regard towards each individual service user.</p> <p>Individuals accessing Health and Social Care services are vulnerable because they are dependent on others for their care. This means that practitioners' attitudes and prejudices may have an effect on the care being provided. This unit will explore prejudices and stereotypes and encourage candidates to examine their own values and beliefs. Awareness of how such (conscious or subconscious) prejudices may affect practitioners' behaviour will improve the quality of care they provide.</p>

### Learning Outcomes

#### At the end of the unit, I can:

- LO 1.** Demonstrate an understanding of the concept of diversity underpinning Health and Social Care.
- LO 2.** Demonstrate an understanding of the role of legislation and organisations in promoting anti-discriminatory practice and equality.
- LO 3.** Demonstrate an understanding of the rights of individuals accessing Health and Social Care services.
- LO 4.** Demonstrate an understanding of the social service principles and the provision of quality care.

## Unit Content

Subject Focus	Diversity
LO 1.	Demonstrate an understanding of the concept of diversity underpinning Health and Social Care.
K-1.	Benefits of a diverse society: e.g. development of a wider range of social skills through meeting different people, greater tolerance/acceptance, cultural enrichment, expanding range of foods and tastes, experience a variety of knowledge and skills, behaviours and beliefs that people will bring with them to the care setting.
	Drawbacks of living in a diverse society: e.g. tensions, conflict, cultural clashes which lead to inequality and poverty.
	Factors that contribute to a diverse society: e.g. family structure, gender, social class, age, sexual orientation, religion, race, disability, mental health problems.
K-2.	Main forms of discrimination: direct; indirect. <i><b>N.B.</b> It is highly recommended that positive discrimination should also be addressed during delivery.</i>
	Discriminatory practices: e.g. stereotyping and labelling, prejudice, bullying, avoiding people, not considering people's individual needs and preferences, limiting or denying access to services.
C-1.	Effects of discriminatory practices: e.g. anger/aggressiveness, physical and emotional injury, low self-esteem, guilt/shame, stress, poor mental health, restricted opportunities, deviant behaviour, loss of rights.
A-1.	Preparation of points to be used in discussing a factor that might result in discrimination: <b>THREE</b> reasons in favour or against the motion.
	Presentation of views: support your view by giving facts, examples, comparisons, etc... as evidence; explain how the evidence supports your reasons.
	Participation in a discussion: rebut your opponent's views; deliver points persuasively through effective verbal and non-verbal communication skills. <i><b>N.B.</b> For assessment purposes, it is highly recommended to differentiate between candidates who rebut and use persuasive skills in the appropriate manner and those who present weaker arguments.</i>

<b>Subject Focus</b>	<b>Legislation and organisations</b>
<b>LO 2.</b>	Demonstrate an understanding of the role of legislation and organisations in promoting anti-discriminatory practice and equality.
<b>K-3.</b>	Barriers to accessing services: physical; psychological; financial; cultural and linguistic.
	Facilitating access to services: adaptation of existing premises to provide equal access to all; campaigns to raise awareness and influence the attitude of the service providers and the general public; provision of basic services for free; promotion of self-advocacy.
	Services that enable individuals to raise their standard of living: free education; free healthcare services; free social services; social benefits.
<b>K-4.</b>	International declaration and convention promoting anti-discriminatory practices: Universal Declaration of Human Rights; United Nations Convention on the Rights of the Child.
	Articles in the Constitution of Malta promoting anti-discriminatory practices: <ul style="list-style-type: none"> <li>• Article 14: Equal rights of men and women;</li> <li>• Article 45: Protection from discrimination on the grounds of race, etc.;</li> <li>• Article 17: Social assistance and insurance;</li> <li>• Article 32: Fundamental rights and freedoms of the individual;</li> <li>• Article 40: Protection of freedom of conscience and worship.</li> </ul>
<b>K-5.</b>	Service providers: e.g. Mater Dei Hospital, Mount Carmel Hospital, health centres, domiciliary and day care facilities, Aġenzija Appoġġ, Aġenzija Sedqa, Aġenzija Sapport, Caritas, residential homes (for children in care, older adults, victims of domestic violence, homeless persons, people with disability).
	Types of services offering support: <ul style="list-style-type: none"> <li>• Health care services: e.g. medical, nursing, therapy (occupational therapy, physiotherapy, and speech and language pathology);</li> <li>• Social care services: e.g. social work services, psychological services, community services.</li> </ul>
	Types of organisations providing support to vulnerable individuals: governmental; non-governmental; private; public-private partnerships.
<b>C-2.</b>	Practitioners involved in providing care for service users: e.g. nurses, doctors, social workers, psychologists, psychiatrists, care workers, physiotherapists, speech and language pathologists, occupational therapists.
	How multidisciplinary teams work together: conducting assessment; sharing information and coordination; planning short-term and long-term goals; monitoring progress.
<b>A-2.</b>	Questions to be used in an interview with a Health & Social Care practitioner about: the profession itself and his/her role and responsibilities within the organisation (e.g. anti-discriminatory service, safe work practices, collaborative work); the legislation they need to take into consideration; the support services/organisations they need to work with.
	Interview with a Health/Social Care practitioner: finding a suitable practitioner; setting up an appointment; conducting an interview.
	Report summarising the main points of the interview in one's own words under four different categories: roles; responsibilities; legislation; support services.



Subject Focus	Individual rights and care workers' responsibilities
LO 3.	Demonstrate an understanding of the rights of individuals accessing Health and Social Care services.
K-6.	Rights of individuals accessing Health and Social Care services: to be respected; to be granted equal opportunities; to be treated as an individual; to be treated with dignity; to be allowed privacy; to be safeguarded from danger and harm; to be allowed access to information about themselves; to be able to communicate using their preferred methods of communication and language; to be supported in a way that meets their needs and takes account of their choices; confidentiality.
	Rights of individuals which can conflict with one another: the right of choice vs the right to be safeguarded from danger and harm <b>or</b> the right to privacy vs the right to be safeguarded from danger and harm <b>or</b> promoting the individual's independence vs the right to be safeguarded from danger or harm <b>or</b> meeting the needs of the individual vs taking account of their choices <b>or</b> the rights of the individual service user vs the rights of others.
	Ways of dealing with ethical dilemmas: ensure that all service users know their rights and responsibilities; balance the rights of the individual service user with the rights of others; consult all involved, such as practitioners and supervisors to avoid unilateral decisions; adhere to codes of conduct and policies.
K-7.	Types of abuse: physical; emotional; sexual; neglect.
C-3.	Signs and effects of abuse on an individual: <ul style="list-style-type: none"> <li>• Signs: e.g. bruising, injuries, burns, bites, malnourished, unkempt;</li> <li>• Effects: e.g. fear, guilt, poor self-esteem, under-achievement, difficulty in trusting others, difficulties with close relationships.</li> </ul>
	Ways of preventing and dealing with abuse: <ul style="list-style-type: none"> <li>• Prevention: inform individuals about their rights; promote empowerment, assertiveness, self-confidence and self-esteem; teach children about 'sharing information' (good and bad secrets, privacy, saying 'no' to relatives and strangers); provide information to children according to their age, needs and abilities;</li> <li>• Dealing with abuse: listen to service-user without asking leading questions; re-assure victim/s that they are not at fault or to blame; do not minimize what is being said; report any suspected abuse immediately and objectively.</li> </ul>
	Ways of promoting individual rights: staff training, mentoring, and regular audits; complaints procedure; meeting individual needs; accepting and making provision for all service users including those who have different sexual orientation, cultural and religious beliefs.

Subject Focus	Values and quality care
LO 4.	Demonstrate an understanding of the social service principles and the provision of quality care.
K-8.	<p>Personal values: e.g. fairness, compassion, generosity, commitment, courage, courtesy, honesty, self-control, positivity.</p> <p><b>N.B.</b> For assessment purposes at MQF 2, candidates must refer to their <b>own</b> personal values.</p> <p><b>N.B.</b> For assessment purposes at MQF 3, candidates may refer to other values.</p>
K-9.	<p>Principles found in the code of conduct and practice for social service workers:  <a href="https://www.scie.org.uk/workforce/files/codesofpracticeforsocialcareworkers.pdf?res=true">https://www.scie.org.uk/workforce/files/codesofpracticeforsocialcareworkers.pdf?res=true</a></p> <p>Negative impact on quality of service provided from failure in adhering to the principles guiding Health and Social Care workers: individual needs of service users are not met; discriminatory practice; rights of individuals are not upheld; individuals might be at risk of harm.</p>
K-10.	<p>Qualities of Social Care workers: e.g. care, compassion, competence, communication, courage, commitment.</p> <p><b>N.B.</b> Quality care means that one is adhering to the code of practice for social service workers.</p>
C-4.	<p>Acquisition of personal values: e.g. family, education, media, peers, culture, religion, local community.</p> <p><b>N.B.</b> For assessment purposes, candidates must refer to their <b>own</b> personal values.</p> <p>Personal experiences affecting one's own values: at school <b>and/or</b> at work <b>and/or</b> parenthood <b>and/or</b> marriage/divorce <b>and/or</b> serious injury/illness <b>and/or</b> bereavement.</p> <p><b>N.B.</b> For assessment purposes, candidates must refer to <b>TWO</b> personal experiences and <b>own</b> values.</p> <p>Ways of reconciling one's own values with the principles that guide Health and Social Care workers: attend supervision sessions; allow clients to make decisions based on their own values; seek to work according to professional guidelines, policies and procedures; reflective practice to help you work in a non-judgemental way.</p> <p><b>N.B.</b> For assessment purposes, personal values may not necessarily be the candidate's own values.</p>
C-5.	<p>How the principles promote anti-discriminatory practice: empowering the individual; fostering equality and diversity; fostering people's rights and responsibilities; maintaining confidentiality of information.</p> <p><b>N.B.</b> For assessment purposes at MQF 3, <b>TWO</b> principles should be discussed.</p>

**A-3.**

**N.B.** For assessment purposes, in a role-play a candidate acts out an imaginary scenario that closely mirrors a situation that could occur in a care setting. The role play should involve interacting with 'an actor' posing as a patient/service-user. Candidates should not write and/or be given a transcript.

Situations that enable candidates to show adherence to principles: meeting specific needs of individuals **or** promoting the individual's view and rights **or** declaring issues that might create conflicts of interest **or** adhering to employers' policies and procedures about accepting gifts and money **or** promoting the independence of service users **or** challenging and reporting any behaviour and practice of concern such as abuse **or** reporting any operational difficulties including lack of resources **or** responding appropriately to complaints **or** reporting Health and Safety issues.

**N.B.** At the end of the activity the candidate should indicate the qualities, rights and **ONE** principle that were adhered to.

## Learning Outcomes and Assessment Criteria

<b>Subject Focus:</b>	<b>Diversity</b>
<b>Learning Outcome 1:</b>	Demonstrate an understanding of the concept of diversity underpinning Health and Social Care.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
<b>K-1. List the benefits of a diverse society.</b>	<b>K-1. State the drawbacks of living in a diverse society.</b>	<b>K-1. Outline the factors that contribute to a diverse society.</b>	C-1. Name the potential effects of discriminatory practices.	C-1. Explain the potential effects of different discriminatory practices.	C-1. Discuss the potential effects of discrimination from a particular case study.	A-1. Prepare points that can be used in a discussion regarding a factor that might result in discrimination.	A-1. Present your views in a discussion regarding a factor that might result in discrimination.	A-1. Participate in a discussion about a factor that might result in discrimination.
<b>K-2. Outline the main forms of discrimination.</b>	<b>K-2. Match the main forms of discrimination with the corresponding scenario.</b>	<b>K-2. Identify the different types of discriminatory practices that individuals might face in given scenarios.</b>						

<b>Subject Focus:</b>	<b>Legislation and organisations</b>
<b>Learning Outcome 2:</b>	Demonstrate an understanding of the role of legislation and organisations in promoting anti-discriminatory practice and equality.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-3. List barriers to accessing services.	K-3. Outline ways and means of facilitating access to services.	K-3. Describe how certain services enable individuals to raise their standard of living.						
K-4. Name an international declaration and convention that promotes anti-discriminatory practices.	K-4. Outline how current articles in the Constitution of Malta promote anti-discriminatory practices.	K-4. Describe how current articles in the Constitution of Malta promote anti-discriminatory practices in a given scenario.	C-2. Identify the different practitioners that may be involved in providing care for service users in a particular scenario.	C-2. Outline the different roles of the care practitioners in a specific scenario.	C-2. Explain how a multidisciplinary team work together in order to meet the holistic needs of an individual in a specific scenario.	A-2. Prepare a list of questions to be used in an interview with a specific Health/Social Care practitioner.	A-2. Interview a Health/Social Care practitioner to understand his/her role.	A-2. Write a report of the interview with the Health/Social Care practitioner.
<b>K-5. Match the service providers with the individuals they seek to support.</b>	<b>K-5. List the type of services which offer support to individuals.</b>	<b>K-5. Outline an advantage and a disadvantage of different types of organisations providing support to vulnerable individuals.</b>						

<b>Subject Focus:</b>	<b>Individual rights and care workers' responsibilities</b>
<b>Learning Outcome 3:</b>	Demonstrate an understanding of the rights of individuals accessing Health and Social Care services.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
<b>K-6. Name the rights of individuals accessing Health and Social Care services.</b>	<b>K-6. Outline which rights are in conflict with one another in a given scenario.</b>	<b>K-6. Describe how Health and Social Care workers deal with ethical dilemmas in supporting the rights of the individuals accessing services.</b>	<b>C-3. Outline the signs and effects of abuse on an individual.</b>	<b>C-3. Suggest ways of preventing and dealing with abuse.</b>	<b>C-3. Describe ways of promoting individual rights to make sure that abuse does not occur.</b>			
<b>K-7. Name the different types of abuse.</b>	<b>K-7. Outline each type of abuse.</b>	<b>K-7. Outline how the service-user and the care worker can suffer abuse at the place of work.</b>						

<b>Subject Focus:</b>	<b>Values and quality care</b>
<b>Learning Outcome 4:</b>	Demonstrate an understanding of the social service principles and the provision of quality care.

Knowledge Criteria			Comprehension Criteria			Application Criteria		
Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)	Assessment Criteria (MQF 1)	Assessment Criteria (MQF 2)	Assessment Criteria (MQF 3)
K-8. List personal values.	K-8. Outline how personal values enable the provision of a good service to vulnerable individuals.	K-8. Outline how the imposition of personal values may negatively impact the service provided.	C-4. Outline how personal values were acquired.	C-4. Write a reflection on how personal experiences affected one's own values.	C-4. Discuss practical ways of reconciling personal values with the principles that guide Health and Social Care workers.			
<b>K-9. Name the principles that guide Health and Social Care workers.</b>	<b>K-9. Outline the principles that guide Health and Social Care workers.</b>	<b>K-9. Describe how failing to adhere to the principles that guide Health and Social Care workers may negatively impact the quality of the service being provided.</b>	<b>C-5. Identify how the principles that guide Health and Social Care workers promote individual rights in a given scenario.</b>	<b>C-5. Illustrate how the principles that guide Health and Social Care workers promote anti-discriminatory practice through a case study.</b>	<b>C-5. Discuss how different principles that guide Health and Social Care workers relate to the promotion of individual rights.</b>	A-3. Participate in a role play to show the qualities that Health and Social Care workers should possess.	A-3. Participate in a role play to promote the rights of the individuals accessing Health and Social Care services.	A-3. Participate in a role play to show adherence to a principle that guides Health and Social Care workers.
<b>K-10. List the qualities Health and Social Care workers need to possess in order to provide quality care.</b>	<b>K-10. Outline how these qualities enable Health and Social Care workers to provide quality care.</b>	<b>K-10. Describe the qualities that are essential for a care worker in a particular scenario.</b>						

## Assessment Criteria

Assessment criteria provide guidance on how the candidates will be assessed in order to ensure that the learning outcomes have been achieved.

To achieve each outcome a candidate must satisfy the assessment criteria listed in the previous table. The assessment criteria which will be assessed in the controlled assessment have been highlighted.

## Scheme of Assessment

Assignment Number	Assignment Type	Percentage distribution
1	Coursework	26 - 34%
2	Coursework	26 - 34%
3	Controlled	38 - 42%

## Distribution of Marks

Criteria	MQF Level 1 Marks	MQF Level 2 Marks	MQF Level 3 Marks	Totals
Knowledge	1	1	2	4
Comprehension	2	2	2	6
Application	3	3	4	10



## Appendix 1 – Minimum required resources

This list is not intended to be exhaustive. These resources should be available for at least 16 candidates.

### 1. Clinical Observation Equipment

- Life size torso
- 8 thermometers (2 mercury free, 2 digital, 2 temporal, 2 ear thermometer)
- 4 Stopwatches
- 4 Stethoscopes
- 1 teaching stethoscope
- 4 Electronic sphygmomanometers

### 2. Moving and Handling Equipment

- Wheelchair
- Propad cushion
- Non slip mat
- Hoist and sling
- Hospital bed
- Propad mattress
- Adjustable bed table
- Walking frame
- Transfer board
- Sliding sheet
- Pillows
- Pivot disk
- Transfer belt

### 3. Washing

- Curtains and curtain rails
- Linen (bed sheets, pillow cases)
- Incontinence pads
- Towels
- Basin
- Soap
- Adult nappies
- Adult patient care mannequin

### 4. Baby Care

- Baby care model
- Nappy changer
- Nappies
- Wipes
- Sudocrem®
- Bottle
- Sterilizer
- Tiny tums

**5. Health and Safety Equipment**

- Hand washing training kit (UV Hand Inspection Cabinet + Glow lotion)
- Sharp container
- Disposable gloves
- Disposable aprons
- First Aid Kit
- Pill preparation box
- Resusci Anne® training mannequin
- Choking rescue training vest

**6. Feeding Equipment – Persons with physical Impairment**

- Adjustable bed table
- Nelson knife
- Right and left Manoy cutlery set
- Weighted cutlery set
- Two-handed transparent mug with spout
- Scoop plate
- Plate guard

**7. Other Equipment**

- Photo camera
- Video camera