worldskills

Standards and Assessment Guide

Health and Social Care

v1.0

Introduction

Welcome to the Standards and Assessment Guide (SAG), a comprehensive resource designed to support excellence in assessment practices for all skills competitions hosted at the WorldSkills Competition. A key component of the SAG is the commitment to continuous improvement through ongoing review, ensuring that these guides consistently reflect the latest industry innovations and high standards of assessment in an open and transparent manner.

Purpose

The primary purpose of this guide is to provide a structured framework for the consistent and fair assessment of each skill competition. It aims to ensure that all assessments are conducted with a high degree of accuracy, reliability, validity, and reflect global industry standards. By adhering to these guidelines, assessors can maintain the integrity of the competition and uphold the high standards associated with WorldSkills.

Note: this guide is not a replacement for the Marking Scheme and should only be used as a reference when required during the assessment process. Competitors are not allowed to have a copy of this SAG in the workshop in either digital or paper form.

Scope

This document covers general assessment practices applicable to a diverse range of industry sectors including:

- Manufacturing and Engineering Technology
- Information and Communication Technology
- Construction and Building Technology
- Transportation and Logistics
- Social and Personal Services
- Creative Arts and Fashion

Each skill competition has its unique requirements and benchmarks, which are detailed within sections of this guide. The consistency of assessment across each skill is the overarching principle, ensuring a unified approach to evaluating Competitor performance to the highest standards.

Key Components

The guide is structured into several key components, each addressing critical aspects of the assessment process:

Assessment Principles and Objectives

- Emphasis on fairness, transparency, and objectivity in assessments.
- Alignment with global industry standards and best practices.

Assessment Methods and Tools

- Description of various assessment methods in Measurement and Judgement.
- Guidance on the application of appropriate assessment tools and equipment (if applicable).

Criteria and Benchmarks

- Examples of assessment criteria and aspects for each skill, outlining the expected competencies and performance standards.
- Benchmarks for different levels of proficiency i.e. Judgement award range 0, 1, 2, 3 or Yes/No criteria alongside clear measurable descriptors.

Expert assessment requirements

- Completion of the Access Programme.
- Approved Curriculum Vitae (CV).
- Reaching **100%** Expert preparedness.
- Full participation of online and in-person Mandatory Assessment Training (MAT).
- Completion of practical assessment testing at the Competition.

Quality Assurance and Improvement

- Monitoring and evaluation: Ensuring assessments are carried out correctly and produce reliable results.
- Continuous improvement: Using feedback from Experts and Skill Competition Managers to enhance future assessments.
- Periodic review: Regularly updating processes to reflect current industry and WorldSkills standards.

Implementation

For effective implementation, this guide should be used for guidance purposes only and in parallel with the Technical Description for each skill. Experts are encouraged to familiarize themselves thoroughly with both the general guidelines and the particular requirements of their respective skill areas. Collaborative efforts between the Skill Management Team, Experts, and Competitors are vital for achieving the ultimate goal of global skills development.

Conclusion

The Standards and Assessment Guide embody the commitment of the WorldSkills movement to nurturing talent and promoting the highest standards of vocational education and training worldwide. By providing clear and comprehensive guidance, we aim to empower Experts to conduct marking and assessment practices that are not only rigorous and equitable but also inspiring and transformative for all participants.

Thank you for your dedication to upholding these standards and contributing to the success of the WorldSkills Competition. Together, we can continue to champion skills excellence and celebrate the achievements of talented individuals from around the globe.

Skill 41 – Health and Social Care

Measurement

Measurement is used to assess accuracy, precision, and other performance that can be measured objectively. It is used where ambiguity must be avoided.

The total marks allocated to measurement marking may vary from competition to competition depending on the Test Project.

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Planning of care	1, 6	Plan is complete	The care plan demonstrates systematic and patient-centred planning: • identifies the competitor's name and country, • includes clear goals of caring at least 50% of the plan, • arranges tasks according to priority, • distributes time effectively within the given timeframe, • mentions measurable expected outcomes covering at least 50% of the plan.	• Full marks – all elements are met • No marks – any of the elements are not met
Competitor's appearance	1, 2	Professional look	Demonstrates professional appearance by: • wearing a clean country-approved uniform with an ID badge, • minimal jewellery, • neat hair and trimmed beard, • natural make-up, • no heavy perfume or body odor, • short clean nails without bright polish or artificial nails, • clean comfortable closed-toe shoes.	• Full marks – all elements are met • No marks – any of the elements are not met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Establishing communication with the patient	2	Introducing and building rapport	Demonstrates effective use of communication skills aligned with respectful communication, patient safety, professional ethics, empathy, and patient-centred care standards e.g.: • greeting patient in the beginning, • using a courteous, calm, and professional tone, • introducing self to the patient (as a H&SC Practitioner), • informing the patient about purpose of visit, • addressing the patient by name, • using simple words to understand, • not interrupting the patient while speaking, • avoiding commanding language, • acknowledging patient concerns, • encouraging patient participation.	• Full marks – all elements are met • No marks – any of the elements are not met
Maintaining professional ethics	4	Obtaining consent from the patient	Demonstrates awareness of obtaining consent from the patient before doing any procedure or providing care by: • taking permission before touching or doing any tasks, • providing adequate explanation before starting care or in the beginning interaction.	• Full marks – all elements are met • No marks – any of the elements are not met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Maintaining ergonomics	1, 3	Maintaining good body mechanics for self	Demonstrates awareness of maintaining ergonomics and good body mechanics by: • using correct posture, keeping back straight, • using safe lifting techniques to ensure effective and safe patient care, • proper body alignment to prevent injury, bending from hips and knees, placing feet apart making a solid base, • working at an eye-level height while providing care.	• Full marks – all elements are met • No marks – any of the elements are not met

Maintaining a safe environment around the patient	1,4,5	• Safe Environment
		• Harm prevention
			<u>Core Evidence-Based Practice Points Across Sources</u>
			
			Across WHO, CDC, NHS, NICE, and AHRQ, safe patient environment practices include:
			
			• infection prevention (hand hygiene, cleaning protocols),
			• fall risk reduction (environmental hazard removal, safe mobility support),
			• safe equipment use and maintenance,
			• continuous risk assessment and monitoring,
			• clear communication and documentation systems,
			• system-based safety culture (not just individual action).
			
			Demonstrates maintenance of a safe, hazard-free environment by ensuring patient safety, following:
			
			• standard safety policies,
			• providing relevant patient information and guidance,
			• using assistive devices appropriately,
			• applying safe bed management practices including
			  • correct use of bedrails
			  • alternative safety measures based on patient condition and risk.
			
			References for: Safe environment and preventing harm:
			
			1. https://www.england.nhs.uk/patient-safety/
			2. https://www.nice.org.uk/guidance/cg161
			3. WHO (2021). *Global Patient Safety Action Plan 2021–2030* https://www.who.int/publications/i/item/9789240032705
			4. CDC (2003). *Guidelines for Environmental Infection Control in Health-Care Facilities* https://www.cdc.gov/infection-control/hcp/environmental-control/index.html
			
			References for Bedrails:
			
			1. Bed Rails Guidance
				• Full marks – all elements are met
				• No marks – any of the elements are not met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
			2. Effectiveness of Bedrails	

Hand hygiene	5	Handwashing	Demonstrates:
			• correct technique of handwashing, all steps,
			• use of handwashing at all five moments:
			  • before touching patient,
			  • before doing aseptic procedure,
			  • after touching patient,
			  • after contact with body fluid,
			  • after touching patient surroundings,
			• uses of handrub whenever needed, all steps,
			References:
			1. WHO – How to Handwash poster, May 2009
			2. WHO - All Moments poster, five moments
				• Full marks – all elements are met
				• No marks – any of the elements are not met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Measurement of vital signs: Blood Pressure	5	How to measure Blood Pressure	Demonstrates correct and safe measurement of blood pressure using a digital device by ensuring: • patient rest, • proper positioning, • accurate cuff application, • accurate technique, • obtaining and interpreting systolic and diastolic readings, • communicating results to the patient, • repeating measurement if required, • and documenting observations appropriately. References: 1. https://www.ncbi.nlm.nih.gov/books/NBK553213/ (National Library of Medicine) 2. https://www.bhf.org.uk/informationsupport/risk-factors/high-blood-pressure (British Heart Foundation)	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Measurement of vital signs: Blood Pressure	5	Measuring Blood Pressure via All-in-one Health Monitoring Application	Demonstrates correct and safe measurement of blood pressure using an automated device integrated with a digital health application by: • preparing and connecting the equipment, • ensuring proper cuff placement, • proper technique and procedure, • obtaining and interpreting accurate readings, • communicating results to the patient, • documenting observations appropriately.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Measuring vital signs: Temperature Pulse Respiration	5	Measuring Axillary Body Temperature	Demonstrates correct and safe measurement of body temperature using an axillary thermometer by: • ensuring proper device use, • accurate placement and timing, • obtaining and interpreting the reading, • communicating results to the patient, • documenting observations appropriately.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Measuring vital signs: Temperature Pulse Respiration	5	Measuring Temperature via use of Tympanic Thermometer (ear temperature)	Demonstrates comprehensive and safe measurement of body temperature using a tympanic thermometer by: • explaining the procedure to the patient, • ensuring correct device preparation, • maintaining and hygiene with probe cover, • performing accurate technique for ear canal access, • recording accurately, • interpreting and communicating results clearly, • documenting findings appropriately in patient records. References: 1. https://www.ncbi.nlm.nih.gov/books/NBK553213/ (National Library of Medicine)	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Measuring vital signs: Temperature Pulse Respiration	5	Temperature with Infrared Thermometer on All-in-one Health Monitoring Application	Demonstrates correct and safe measurement of body temperature using an infrared thermometer integrated with a digital monitoring system by: • preparing and connecting the device, • following proper measurement technique, • obtaining and interpreting readings accurately, • communicating results to the patient, • documenting observations appropriately.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Measuring vital signs: Temperature Pulse Respiration	5	Pulse Rate	Demonstrates correct and safe measurement of pulse rate by: • explaining the procedure, • locating and assessing the pulse accurately for an appropriate duration, • communicating results to the patient, • documenting observations correctly.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Measuring vital signs: Temperature Pulse Respiration	5	Respiratory Rate	Demonstrates correct and safe measurement of respiratory rate by: • explaining the procedure, • assessing the respiration accurately for an appropriate duration, • communicating results to the patient, • documenting observations correctly.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Measuring vital signs: Temperature Pulse Respiration	6	Digital documentation of vital signs on tablet	• Record the observation accurately in the patient's records using digital documentation tools. • Tablet-based documentation system to be used wherever applicable.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Measuring pain	5	Assessing pain with NRS (Numerical Rating System) or VAS (Visual Analogue System)	• Explaining to the patient about what is being done. • Showing patient, the NRS or VAS Scale. • Explaining the scale and levels. • Asking patients to point out on pain scale, what their feel. • Recording the pain level.	• Full marks – all elements are met • No marks – any of the elements are not met
Assessing characteristics of pain	5	Asking various questions to assess the type of pain	Demonstrates the following: • Is the pain at rest or after movement? How intense is it? • Location of pain, does it radiate? • Explain character of pain- example: throbbing, shooting, sharp, burning, stabbing, mild, moderate, piercing.	• Full marks – all elements are met • No marks – any of the elements are not met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Administering pain control medications	5	Pain management	Demonstrates comprehensive and safe pain management by: • assessing pain accurately, • administering prescribed analgesics, • using the 6 Rights of medication administration, • monitoring and re-evaluating pain response, • providing patient education on medication, • using comfort measures, • ensuring proper documentation of interventions and outcomes.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Checking oedema of feet	5	Fluid retention in feet	Demonstrates correct assessment of peripheral oedema by: • explaining the procedure, • applying appropriate pressure to assess pitting, • comparing both feet, • observing for abnormalities, • documenting findings accurately.	• Full marks – all elements are met • No marks – any of the elements are not met
Measuring weight	5	Using weighing scale	Demonstrates correct and safe measurement of body weight by: • explaining the procedure, • preparing and positioning the patient appropriately, • obtaining an accurate reading, • communicating the result to the patient, • documenting the observation correctly.	• Full marks – all elements are met • No marks – any of the elements are not met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Measuring Oxygen saturations	5	Checking Oxygen saturations	Demonstrates correct and safe assessment of oxygen saturation by: • explaining the procedure, • positioning the patient comfortably, • selecting and applying the probe appropriately, • obtaining and interpreting accurate readings, • communicating findings to the patient, • documenting observations correctly.  (Picture of a pulse-oximeter)	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

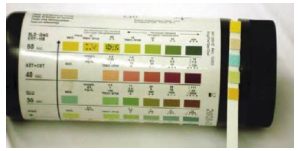
Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Use of respiratory devices to aid in Lung Expansion	5	Spirometer	Using a Spirometer – Demonstrates correct teaching and use of the incentive spirometer by: • explaining the purpose and parts of the device, • guiding the patient in proper breathing technique and positioning, • assessing patient understanding and performance, • encouraging effective lung expansion exercises, • documenting observations appropriately.  (Picture of a Spirometer)	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Use of respiratory devices to aid in Lung Expansion	5	Peak Flow Meter	Using a Peak Flow Meter – Demonstrates correct teaching and use of the peak flow meter by: • explaining the purpose and technique of the procedure, • guiding the patient in accurate performance and recording of readings, • interpreting peak flow zones appropriately, • reinforcing patient understanding and self-monitoring, • documenting observations correctly.  (Picture of a Peak Flow Meter)	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Administering medication by Inhalation therapy	5	Inhalation through metered Dose Inhaler	Demonstrates correct and safe administration of medication through a metered dose inhaler by: • following medication safety principles, • preparing and using the inhaler accurately, • positioning and guiding the patient appropriately during inhalation, • monitoring patient response and comfort, • documenting the procedure and observations correctly.  (Picture of an inhaler)	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Measuring Blood Glucose	5	Use of Glucometer	Demonstrates comprehensive and safe use of a glucometer by: • infection prevention measures, • preparing and handling equipment correctly, • obtaining an appropriate capillary blood sample, • performing blood glucose testing accurately according to standard procedure, • interpreting and explaining blood glucose values to the patient in simple terms, • ensuring patient comfort and safety, • disposing biomedical waste appropriately, • documenting results accurately.  (Picture of checking blood glucose and glucometer)	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Administering Subcutaneous Insulin Injection with a pen	5	Teaching patient Technique for administration of Insulin via S/C route with pen	Demonstrates correct and safe teaching of subcutaneous insulin administration using an insulin pen by: • following medication safety principles, • preparing and administering insulin accurately, • maintaining infection prevention practices, • educating the patient on correct technique and site rotation, • monitoring patient response, • and documenting the procedure appropriately. References: 1. Nice Guidelines 2024 2. https://diabetesjournals.org/care/article/49/Supplement_1/S6/163930/Summary-of-Revisions-Standards-of-Care-in-Diabetes	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Urinalysis	5	Measuring Urine Glucose with test strips	Demonstrates comprehensive and accurate urine glucose testing by: • explaining the procedure to the patient, • ensuring proper collection of a clean urine sample, • checking the integrity and expiry of test strips, • performing the testing procedure according to manufacturer instructions, • interpreting and explaining the results appropriately, • maintaining infection prevention and waste disposal practices, • documenting findings accurately.  (Picture of urine testing strips bottle)	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Wound care management	5	Wound dressing	Demonstrates comprehensive and safe wound dressing using aseptic technique by: • explaining the procedure, • preparing and maintaining a sterile field, • assessing the wound and surrounding area for signs of infection or complications, • performing wound cleaning and dressing systematically, • ensuring infection prevention • ensuring biomedical waste management, • maintaining patient comfort and dignity throughout the procedure, • documenting observations and patient response accurately. References (specific guidelines and standards): 1. World Health Organization (WHO) • *WHO Guidelines on Hand Hygiene in Health Care (2009, updated references still used globally)* • Key focus: aseptic technique, infection prevention during wound care, hand hygiene compliance. 2. Centres for Disease Control and Prevention (CDC) • *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007, updated practices ongoing)* • Key focus: standard precautions, PPE use, wound contamination prevention. 3. National Institute for Health and Care Excellence (NICE) • *NG125: Surgical Site Infections: Prevention and Treatment (2019)* • Key focus: wound dressing technique, sterile vs clean procedures, post-operative wound management. 4. National Health Service (NHS England)	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
			• *Wound Care Guidance / Tissue Viability Guidelines (updated local trust protocols, 2021–2024 editions)* • Key focus: dressing selection, wound assessment framework (TIME: Tissue, Infection/Inflammation, Moisture balance, Edge) 5. European Wound Management Association (EWMA) • *EWMA Document: Wound Bed Preparation in Practice (2016)* • Key focus: wound bed preparation, exudate management, chronic wound care standards. 6. Wound Healing Society • *Guidelines for the Treatment of Chronic Wounds (updated consensus papers)* • Key focus: evidence-based dressing selection and chronic wound management.	

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Changing Stoma wafer	4 and 5	Stoma wafer bag changing	Demonstrates comprehensive and safe stoma care using clean technique by: • preparing equipment appropriately, • assessing the stoma and peristomal skin for abnormalities, • maintaining hygiene and infection prevention, • applying and securing the wafer and ostomy bag correctly, • ensuring patient comfort and dignity, • educating the patient regarding stoma care and complications, • documenting observations accurately. References: 1. Peristomal Skin Assessment Guide for Clinicians (PSAG) https://psag.wocn.org/ 2. WOCN Society – Basic Ostomy Skin Care (Clinical Practice Document) https://www.ostomy.org/wp-content/uploads/2024/07/wocn_basic_ostomy_skin_care_2024-07.pdf 3. Cleveland Clinic: Ostomy Care Overview https://my.clevelandclinic.org/health/procedures/22496-ostomy/ 4. Ostomy Canada Society Clinical Guidance https://www.ostomycanada.ca/ostomy-care-basics/general-management/changing-your-pouching-system/ 5. Chelsea & Westminster NHS Foundation Trust – Care of your ileostomy https://www.chelwest.nhs.uk/your-visit/patient-leaflets/medicine-services/care-of-your-ileostomy	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Helping patients in grooming	5	Washing and changing clothes	Demonstrates following comprehensive actions by: • maintaining safely and security, • using patient's preferences, • involving patient in self-care, • being supportive and helpful, • ensuring that special appliances are taken care e.g. hearing aids, spectacles, wristwatch, • documenting the observations responses.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Preventing Deep Vein Thrombosis	5	Wearing stockings	Demonstrates following comprehensive actions by: • explain the reasons for wearing wear compression stockings, • procedure of wearing of stockings based on situation, • explaining if any medications (blood thinners) are prescribed by Physician, • documenting patent's responses.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Preventing Deep Vein Thrombosis	5	DVT prophylasis	Demonstrates following comprehensive actions by: • explain why mobility is important after surgery, • instructing the exercise of calf muscles, • explaining the duration and frequency, • documenting patient's responses.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Providing Health Education	5	Healthy Living and Managing Disease conditions	Discussing and demonstrating awareness of general health topics: • Management of Diabetes: hyperglycemia, hypoglycemia, diet therapy, exercises, insulin precautions, dos and don'ts etc. • Fall prevention at home: shoes, socks, dos and don'ts, risks, bathroom safety lighting, carpeting, staircase safety etc. • Healthy diet: as per age, needs and disease conditions, eating habits, healthy diets constituents, dos, and don'ts of cooking • Smoking cessation: risks of smoking, general health problems, narrowing of airways, how to cope etc. • Asthma: triggers, avoidance of triggers, using protective measures, dos and don'ts, according to the situation, immunization therapy etc. • Preventing life-style diseases: diet control, alcohol and smoking cessation, exercising, anxiety management, adequate sleep and rest, pursuing interests and hobbies, cultivating social network etc.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Management of ankle injury	5	Ankle care at home	Demonstrates appropriate home care management of ankle injury by: • explaining RICE measures—Rest to avoid strain, Ice to reduce pain and swelling, Compression to control swelling, and Elevation to improve circulation and reduce oedema, • while identifying warning signs that require medical attention, • documenting patient's responses.	• Full marks – all elements are met • No marks – any of the elements are not met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Helping patients with mobilization	5	Post-knee replacement surgery moving from bed to chair	Demonstrates correct and safe assistance during transfer from bed to chair after knee replacement surgery by: • promoting mobility, • supporting positioning and movement, • ensuring safe use of assistive devices, • maintaining patient comfort and safety, • documenting observations appropriately.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Helping patients with mobilization	5	Use of Zimmer frame	Demonstrates correct and safe use of the Zimmer frame by: • explaining its parts, • adjusting the frame according to patient height, • assisting the patient in maintaining proper posture, • safe walking technique and balance during mobility, • documenting observations appropriately.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Helping patients with mobilization	5	Use of a wheelchair	Demonstrates correct and safe preparation, handling, and use of the wheelchair by: • ensuring proper setup, • brake application, • patient positioning, • footrest adjustment, • comfort and support, • safety during transfer and mobility • documenting observations appropriately. References: 1. Morris, P. E., Goad, A., Thompson, C., et al. (2008). *Early intensive care unit mobility therapy in the treatment of acute respiratory failure.* Critical Care Medicine, 36(8), 2238–2243. 2. Adler, J., & Malone, D. (2012). *Early Mobilization in the Intensive Care Unit: A Systematic Review.* Cardiopulmonary Physical Therapy Journal, 23(1), 5–13. 3. Hinkle, J. L., & Cheever, K. H. *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Wolters Kluwer — Chapter on postoperative nursing management and patient mobility. 4. Perry, A. G., Potter, P. A., & Ostendorf, W. *Clinical Nursing Skills and Techniques* (9th ed.). Elsevier.— Procedures for transfer, ambulation, positioning, and mobility assistance. 5. Kozier, B., Erb, G., Berman, A., & Snyder, S. *Fundamentals of Nursing: Concepts, Process and Practice* (10th ed.). Pearson. — Chapters on mobility, body mechanics, and patient transfer. 6. Daniels, R., Nosek, L. J., & Nicoll, L. *Contemporary Medical-Surgical Nursing* (2nd ed.). Delmar Cengage Learning.— Nursing interventions for postoperative mobility and rehabilitation. 7. National Institute for Health and Care Excellence (NICE) – Rehabilitation after Critical Illness Guideline CG83	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
			8. Agency for Healthcare Research and Quality (AHRQ) – Safe Patient Handling and Mobility 9. Hodgson, C., Needham, D., Haines, K., et al. (2014). *Feasibility and inter-rater reliability of the ICU Mobility Scale.* Heart & Lung, 43(1), 19–24. 10. Johns Hopkins Medicine – Early Mobility Protocols	

Providing physical therapy	2, 3, 5	Active and passive exercises	Demonstrates correct and safe performance of exercises such as flexion, extension, abduction, adduction, rotation, joint mobility exercises, deep inhalation and expiration etc. depending on the muscle groups involved • active and passive exercises, • deep breathing and coughing exercises, • improving mobility, • strengthening exercises, • weight reduction exercises, • ROM exercises for feet, legs, arms, hands, shoulders, aiding in lymphatic drainage, abdominal, preventing DVT. References: 1. Kisner, C., Colby, L. A., & Borstad, J. (2017). *Therapeutic Exercise: Foundations and Techniques* (7th ed.). Philadelphia: F.A. Davis Company.— Detailed explanation of active, passive, and active-assisted range-of-motion exercises. 2. Perry, A. G., Potter, P. A., & Ostendorf, W. (2021). *Clinical Nursing Skills and Techniques* (10th ed.). Elsevier.— Chapters on mobility exercises, ROM techniques, and patient rehabilitation. 3. Hinkle, J. L., & Cheever, K. H. (2021). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (15th ed.). Wolters Kluwer.— Postoperative mobility and therapeutic exercise interventions. 4. Kozier, B., Erb, G., Berman, A., & Snyder, S. (2022). *Fundamentals of Nursing: Concepts, Process and Practice* (11th ed.). Pearson Education.— Nursing management of immobility and exercise therapy. 5. NCBI Bookshelf – Nursing Fundamentals: Range of Motion Exercises— Definitions and procedures for passive, active, and active-assisted ROM exercises. 6. Access Physiotherapy – Range of Motion Exercises— Clinical interpretation of active and passive ROM techniques. 7. Open RN Nursing Assistant – Active and Passive ROM Exercises — Nursing-focused explanation of ROM exercises and patient mobility.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
			8. Nurse Key – Exercises: Active and Passive— Indications, rationale, and nursing procedures for active and passive exercises.	
Applying bandages	5	• Roller bandages • Tubular bandages • Triangular bandages	Demonstrates correct and safe application of bandages to provide: • support, • protection, • comfort, • immobilization, • maintaining circulation, • patient safety. Applies bandage effectively for: • support, immobilization, or sling application, • securing dressings, • supporting the affected area. References: 1. American Red Cross – Cuts, Scrapes, and Wounds First Aid 2. Mayo Clinic – First Aid for Cuts and Scrapes 3. MedlinePlus – Wound Care and Bandaging 4. NHS – How to Clean and Dress a Wound 5. Johns Hopkins Medicine – Treating Minor Cuts and Scrapes 6. St John Ambulance – Bandaging Techniques	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
General pre-operative care	5	• Assessment • Investigations • Reduce risk • Patient education • Consent • Pre-op prep protocol	Demonstrates comprehensive preoperative care application by: • performing patient assessment and checking required investigations, • identifying and reducing surgical risks, • providing patient education and preparation, • ensuring informed consent, and • maintaining safe and systematic preoperative practices. References: 1. Association of perioperative Registered Nurses. (2024). *Guidelines for perioperative practice*. AORN. 2. Berríos-Torres, S. I., Umscheid, C. A., Bratzler, D. W., et al. (2017). *Guideline for the prevention of surgical site infection, 2017*. *JAMA Surgery, 152*(8), 784–791. https://doi.org/10.1001/jamasurg.2017.0904 3. National Institute for Health and Care Excellence. (2019). *Surgical site infections: Prevention and treatment (NG125)*. https://www.nice.org.uk/guidance/ng125 4. World Health Organization. (2009). *WHO guidelines for safe surgery 2009: WHO surgical safety checklist implementation manual*. https://www.who.int 5. World Health Organization. (2016). *Global guidelines for the prevention of surgical site infection*. https://www.who.int 6. World Health Organization. (2011). *Patient safety: Surgical safety checklist*. https://www.who.int	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
General post-operative care	5	• Safe recovery • Preventing complications • Wound monitoring • Pain management • Mobilization	Demonstrates appropriate post-operative care by: • ensuring wound care, • pain management, • mobility support, • nutrition, • monitoring of patient condition, • and early identification of complications. References: 1. Brunner & Suddarth's Textbook of Medical-Surgical Nursing- postoperative assessment, wound care, pain management, complications, and recovery nursing care 2. Lewis's Medical-Surgical Nursing: perioperative nursing process, monitoring protocols, DVT prevention, respiratory care 3. Bailey & Love's Short Practice of Surgery: Surgical basis for postoperative monitoring and complication management 4. WHO: *WHO Surgical Safety Checklist & Perioperative Care Guidelines:* infection prevention, safe recovery monitoring, surgical outcomes improvement 5. NICE: NG180: Perioperative Care in Adults: postoperative monitoring, analgesia, mobilization, discharge readiness 6. CDC: Surgical Site Infection (SSI) Prevention Guidelines: wound care, antibiotics, asepsis	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Aspect	WSOS section as per TD	Sub-aspects	Descriptor/Elements	Marking Plan
Poster-making	1, 6	Poster as an effective health educational tool	Demonstrates via poster making: • effective visual communication by presenting clear, accurate, and professional health education materials, • using appropriate headings, • readable content, • and simple visual aids for patient and caregiver understanding.	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met
Reflective report	1, 6	Writing a report: a descriptive explanation of events and associated learnings	Demonstrates via a written report through structured reflection on clinical experiences and learning outcomes with specific emphasis on- • critical thinking, • professional judgement, • self-reflection, • accountability, • and commitment to safe, ethical, and person-centred care	• Full marks – all elements are met • Partial marks – 50% of elements are met • No marks – if less than 50% of elements are met

Judgement

Judgement is used to assess the quality of performance about which there may be small differences of view when applying the external benchmarks.

The Resources column in the table below may include all kinds/formats of resources such as: a link to a YouTube video, a website link, an illustration, a photo, a reference to a book, and so on. It needs to be as detailed as possible to show the differentiation between 0, 1, 2, 3.

Generic rules:

The assessment group comprises three Experts plus one Expert who acts as the supervisor. The supervising Expert will replace an Expert in the marking group to prevent compatriot marking.

The difference of the three Experts' scores may not exceed 1. If this is the situation the Experts must re-score until there is a maximum difference of 1. As long as the three Experts judge within 1, the result can be entered into the CIS.

The total marks allocated to judgement marking may vary from competition to competition depending on the Test Project.

Aspect	WSOS	Sub-Aspects	Score	Descriptor
Communicating with a patient with Dementia	2 and 3	Eye contact while talking with patient	3	Always maintains eye contact when talking to the patient.
			2	Mostly maintains eye contact when talking to the patient
			1	Sometimes maintains eye contact when talking to the patient (minimum once)
			0	Does not maintain eye contact when talking to the patient

Aspect	WSOS	Sub-Aspects	Score	Descriptor

Communicating with a patient with Dementia	2 and 3	Validation biography	3	• Develops a contact with the patient (at the same height while interacting)
				• Is reacting/responding on the patient's needs.
				• Is using ALL validation technique:
				  • uses the same tone and tempo of language.
				  • uses biographic information to console/calm the patient.
				  • uses the materials which are connected to the life of the patient (camera, bell, watch etc.) for interacting

			2	• Develops a contact to the patient (at the same height when interacting)
				• Is reacting/responding on the patient's needs.
				• Is using SOME validation technique:
				  • uses the same tone and tempo of language.
				  • uses biography to console/calm the patient.
				  • uses the materials which are connected to the life of the patient (camera, bell, watch etc.) for interacting

			1	• Does not develop a contact to the patient (not at same height when interacting)
				• Is reacting/responding on some of the patient's needs.
				• Is using SOME OTHER of the validation technique:
				  • uses the same tone and tempo of language.
				  • uses biographic information to console/calm the patient.
				  • use some other method such as to distract patient at some times while interacting

Aspect	WSOS	Sub-Aspects	Score	Descriptor

			0	• Uses mainly the technique of communication & interaction as- distracting the patient. No real contact.
				• Is not reacting/responding the patient needs.
				• Is NOT using validation communication technique.
				  • does not use the same tone and tempo of language.
				  • does not use the biographic information.
				  • does not use the materials which are connected to the life of the patient (camera, bell, watch etc.) for interacting.

Aspect	WSOS	Sub-Aspects	Score	Descriptor
Communicating with a patient with Dementia	2 and 3	Validation-communication	3	• Relates or reacts to the feelings of the patient. • Verbalizes feelings by mirroring verbally. • Verbalizes responses of the patient by providing encouragement
			2	• Relates or reacts to the feelings of the patient. • Verbalizes feelings by mirroring verbally
			1	• Relates or reacts to the feelings of the patient. • Tries to console/calm them
			0	• Does not verbalize the feelings of the patient. • Does not try to calm the patient

Aspect	WSOS	Sub-Aspects	Score	Descriptor
Empathetic communication	2 and 3	Active listening	3	• Maintains same height level as of the patient when talking (always) • Creates excellent contact with the patient (interacts with the patient, has the same tempo etc.) • Uses a gentle tone of the voice. • Showcases positive and friendly attitude (often smiles, very interested) • Reacts on the concerns of the patient. • Gives an answer to all the questions of the patient. • Uses active listening technique adequately (e.g. repeats the words that the patient is using, nods, sounds, and mirrors feelings if adequate) • Does not interrupt the patient when talking. • Asks questions when necessary. • Expresses appreciation (shows interest for the patient, encourages, appreciates efforts) • Does not command the patient

Aspect	WSOS	Sub-Aspects	Score	Descriptor
			2	• Maintains same height level as of the patient when talking (often) • Creates a good contact with the patient (interacts with the patient, has the same tempo etc.) • Uses a normal tone of the voice • Showcases less positive and less friendly attitude (regular smiles, regularly interested) • Reacts on most of the concerns of the patient • Gives an answer to some of the questions of the patient • Uses active listening technique sometimes (e.g., repeats the words that the patient is using, nods, sounds, mirror feelings if adequate) • Does not interrupt the patient when talking • Asks questions if necessary • Expresses appreciation (shows interest for the patient, encourages) • Does not command the patient
			1	• Maintains same height level as of the patient when talking (sometimes) • Creates a fair contact with the patient (interacts with the patient, has the same tempo etc.) • Uses a neutral tone of the voice. • Showcases borderline attitude (sometimes smile, sometimes interested) • Gives an answer to one of the questions of the patient. • Uses hardly any active listening technique (e.g. Sometimes repeats the words that the patient is using, nods, sounds, mirror feelings if adequate) • Does not disrupt patient while talking. • Asks questions sometimes. • Expresses appreciation moderately (shows interest for the patient, sometimes praises) • Does not command the patient

Aspect	WSOS	Sub-Aspects	Score	Descriptor
			0	• Does not maintain height level of the patient when talking (mostly) • Does not create a contact with the patient (no interaction with the patient, has a different tempo etc.) • Uses an unfriendly tone of the voice. • Showcases a negative attitude (bothered by questions) • Does not react on the concerns of the patient. • Does not give answers to the questions of the patient. • Does not use active listening technique (e.g. ignores, looks away, does not repeat the words, does not mirror feelings of patient) • Interrupts patient while speaking • Asks inadequate or too many questions as not paying attention. • Expresses no appreciation or encouragement. • Directs or gives commands to patient

Aspect	WSOS	Sub-Aspects	Score	Descriptor
Patient feedback – consulting a patient to elicit response of care given to them	2	Talking to patient about how the patient felt when connecting with Competitor	3	• Always pleasant • Always warm and friendly • Always respectful and courteous • Always sensitive to my needs • Always listening to my concerns • Always explained enough • Always empathetic • Always considerate about my convenience • Always ensured my safety • Always made me feel confident in their professional work

Aspect	WSOS	Sub-Aspects	Score	Descriptor
			2	• Many times, pleasant • Many times, warm and friendly • Many times, respectful and courteous. • Many times, sensitive to my needs • Many times, listening to my concerns • Many times, explained enough • Many times, empathetic • Many times, considerate about my convenience • Many times, ensured my safety • Many times, made me feel confident in their professional work
			1	• Sometimes pleasant • Sometimes warm and friendly • Sometimes respectful and courteous • Sometimes sensitive to my needs • Sometimes listening to my concerns • Sometimes explained enough • Sometimes empathetic • Sometimes considerate about my convenience • Sometimes ensured my safety • Sometimes made me feel confident in their professional work

Aspect	WSOS	Sub-Aspects	Score	Descriptor
			0	• Not pleasant • Not warm and friendly • Not respectful and courteous • Not sensitive to my needs • Not listening to my concerns • Not explained enough • Not empathetic • Not considerate about my convenience • Not ensured my safety • Not made me feel confident in their professional work

Appendix

China – Waste Management Policy in Care Settings

National Legal Framework for Medical Waste

From: Regulations on the Administration of Medical Wastes (Order No.380, State Council, 2003)

1. Defines medical waste as: "Any waste directly or indirectly contaminated by infectious, toxic, or other hazardous substances produced during medical, preventive, healthcare, or related activities."
2. Five Legal Categories of Medical Waste (China)

No.	Category	Description	Common Examples	Disposal Requirement
1	Infectious waste	Waste contaminated with pathogens	Dressings, gauze, gloves, catheters, blood/urine bags	Collect in yellow "Infectious Waste" bags, seal and label clearly
2	Pathological waste	Human tissues, organs, body parts, animal carcasses used in experiments	Surgical specimens, amputated limbs	Sealed containers, transported for incineration
3	Sharps waste	Objects that can puncture/cut skin	Needles, blades, broken ampoules, glass slides	Rigid sharps box, seal when 3/4 full
4	Pharmaceutical waste	Expired, spoiled, or unused medicines and vaccines	Expired drugs, contaminated IV bottles	Collect in sealed containers, returned to licensed disposal unit
5	Chemical waste	Disinfectants, reagents, heavy metals, and lab chemicals	Mercury thermometers fixatives	Sealed bottles, chemical neutralization or special disposal

3. Temporary storage rule:

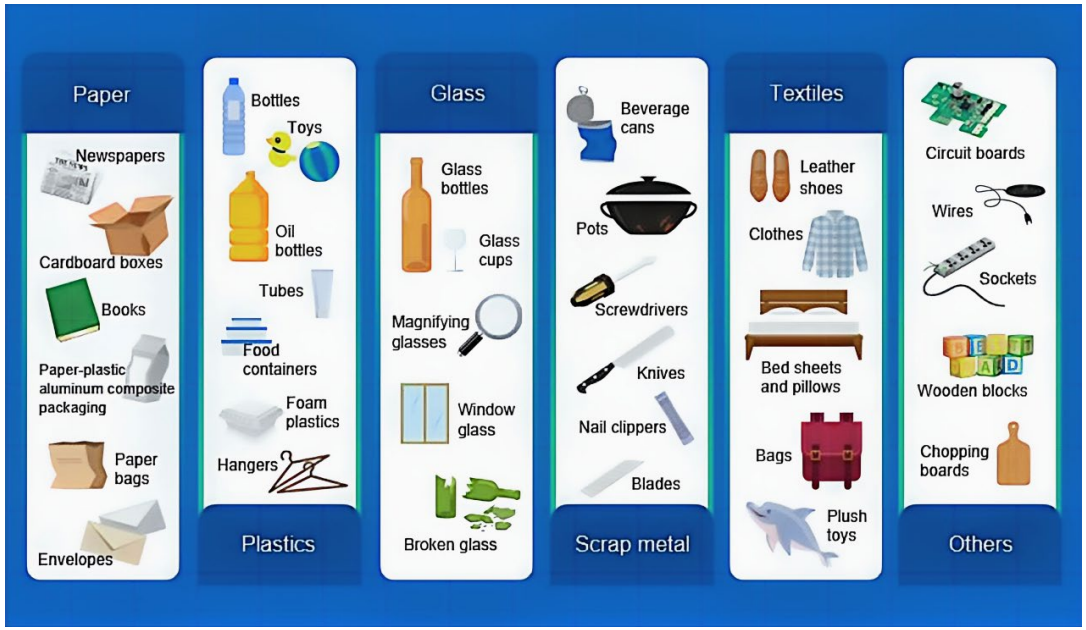
Hospitals or institutions may store medical waste ≤ 48 hours only; storage sites must be enclosed, ventilated, and marked " 医疗或感染性废物 / Medical or Infectious Waste".

General (Non-medical) Waste Classification-Refer to Shanghai Model

From: Shanghai Municipal Government. (2023, December 12). Waste disposal in Shanghai - Residents' Household Waste Classification. Retrieved from https://english.shanghai.gov.cn/en-WasteDisposal/20231212/15dc5685586b44b3ad419639b10268 7c.html

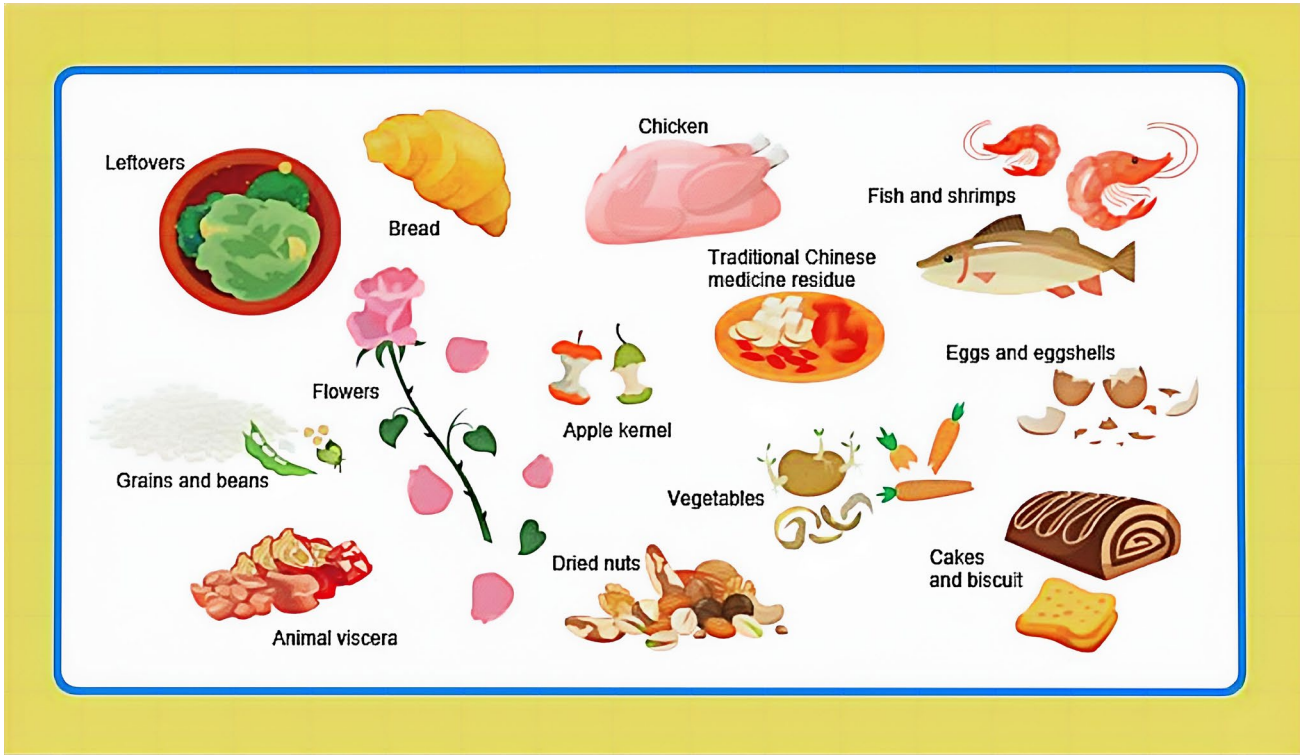
In households, community care, or nursing homes, daily waste follows the four-category system:

① Recyclable waste — clean bottles, paper boxes, glass, metal



② Hazardous waste — batteries, fluorescent tubes, paints, expired medicines

③ Food waste (wet waste) – leftovers, peels, tea leaves



④ Residual waste (dry waste) – contaminated paper, dust, plastics not recyclable

How are the two waste management policies implemented in different settings in Shanghai?

1. Households, schools, offices, public places → Household waste classification (4 categories: recyclables, hazardous, wet, dry waste) per Shanghai's municipal regulation
2. Hospitals, clinics, CDC centers → Medical waste classification (5 categories per national medical waste regulation) handled by licensed companies only

For example, in home setting:

Scenario	Handling rule	Legal/Guideline reference
Procedures involving injection, wound dressing, or contact with patient's body fluids	Classified as medical waste → collect in yellow bags or sharps box → nurse must take back to institution for centralized disposal	Shanghai Municipal Health Commission (2025). Regulation on Home Bed Service in Shanghai (Hu Wei Ji Ceng [2025] 4).
Ordinary domestic cleaning waste	Classified as household waste, follow local four-category rules	Shanghai Municipal Government. (2023, December 12). Waste disposal in Shanghai – Residents' Household Waste Classification. Retrieved from https://english.shanghai.gov.cn/en-WasteDisposal/20231212/15dc5685586b44b3ad419639b102687c.html

3. Potential overlap and ambiguity between two waste management policies: Medical vs. Household waste

Examples: Home insulin injections, nursing home wound care recommended protocol:

- Sharps/needles: collect with rigid container → Return to medical collection point
- Contaminated items: seal and label → Hazardous waste bin