

Occupational Therapy · Handwriting difficulties: is my son just lazy?

SPK-OCC-01 | Original simulated candidate card

Setting: Paediatric occupational therapy clinic

You are an occupational therapist. Ms Sinead Zheng's 6-year-old son was referred by his school because of difficulty with handwriting. Your assessment last week found poor fine motor control, a weak pencil grip and difficulty forming letters. His teacher has described him as 'not trying'. Ms Zheng has come to discuss the results.

Interlocutor: PARENT

Your tasks

1. Find out about Ms Zheng's concerns and how homework is going at home (her views, plans for homework)
2. Explain the assessment findings in simple terms (fine motor and coordination difficulty, not laziness)
3. Persuade Ms Zheng not to punish her son for messy work (effect on confidence, effort versus ability)
4. Advise on practical ways to support him at home (short practice, play-based activities, praise for effort)
5. Agree a plan, including therapy sessions and liaison with the school

Occupational Therapy · Refusing a shower chair before discharge after hip replacement

SPK-OCC-02 | Original simulated candidate card

Setting: Orthopaedic hospital ward

You are an occupational therapist. Mr Jasper Kershaw, aged 78, had a total hip replacement four days ago and is expected to go home in two days. He lives with his wife in a single-storey house with a shower over the bath and a standard-height toilet. You have recommended a bath transfer bench (a shower seat that sits across the bath) and a raised toilet seat for his recovery, but he has told the nurses he is 'not an invalid' and will manage without them.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Kershaw has been managing the bathroom on the ward, how he plans to manage showering and using the toilet at home, and his reasons for not wanting the equipment
2. Explain in simple terms why the equipment is recommended during his recovery (making sitting, standing and bathing safer while the hip heals, reducing the risk of a fall)
3. Reassure him about his concerns (e.g. the equipment is usually temporary, it supports his independence)
4. Agree a plan (e.g. staying safe in the bathroom on the ward now, trying the equipment, washing and toileting at home, involving his wife, follow-up)

Occupational Therapy · Child will not wear her hand splint after a burn

SPK-OCC-03 | Original simulated candidate card

Setting: Hand therapy outpatient clinic

You are an occupational therapist in a hand therapy clinic. Three weeks ago, an 8-year-old girl had a scald burn to the back of her right hand and fingers, and the wounds have now healed. Two weeks ago you fitted a night splint, to be worn overnight to keep her fingers stretched, and a pressure glove to reduce scarring, prescribed for wear day and night and taken off only for bathing, washing the glove and moisturising the skin. Her mother, Ms Wanjiru Mutua, has come to today's review alone while her daughter is at school, without the splint or glove, and says she has stopped using them.

Interlocutor: PARENT

Your tasks

1. Find out why Ms Mutua has stopped using the splint and glove (when, what her daughter complains of, how the hand looks and moves)
2. Explain in simple terms why the splint and glove are important at this stage of healing (scar tightening, hand movement)
3. Reassure Ms Mutua that her daughter's discomfort will be assessed and can be reduced (checking and adjusting the fit, skin care for itch)
4. Suggest practical ways to help her daughter accept the splint and glove (bedtime routine, involving her daughter)
5. Agree a safe plan for restarting them and arrange follow-up (fit check first, wearing times, warning signs)

Occupational Therapy · Making the kitchen safe for a mother with dementia

SPK-OCC-04 | Original simulated candidate card

Setting: Home visit

You are a community occupational therapist. Last week you assessed an 82-year-old woman with moderate dementia who lives with her daughter, Mrs Sina Kereama, aged 54, who is her main carer. Her mother has twice left saucepans burning on the gas stove in the past month. You recommended that she cook only when someone is with her in the kitchen, and that a licensed gasfitter assess the stove and fit a timer-controlled gas shut-off valve, which cuts the gas supply after a set time but cannot detect whether a burner is lit or whether anyone is in the kitchen. Mrs Kereama has asked to see you again because she is unhappy with these recommendations.

Interlocutor: RELATIVE

Your tasks

1. Find out about Mrs Kereama's concerns and how her mother currently uses the kitchen (daily routine, times she is alone)
2. Explain in simple terms why the recommendations were made and what the shut-off valve can and cannot do (risk of fire, gas left on, memory and attention changes)
3. Reassure Mrs Kereama that the aim is to keep her mother cooking safely, not to stop her (shared cooking, adapted tasks, checking which appliances she can use safely)
4. Agree a plan for the kitchen, including what will happen while her mother is alone before the valve is fitted, and arrange follow-up

Occupational Therapy · Wanting to drive home after a stroke

SPK-OCC-05 | Original simulated candidate card

Setting: Inpatient rehabilitation ward

You are an occupational therapist on the rehabilitation ward. Mr Dindo Galang, aged 66, is a self-employed electrician who had a right-sided stroke four weeks ago. His walking and arm strength have recovered well, and he is due to be discharged next week. Your assessments this week showed left-sided visual neglect: he often misses things on his left side. He has told the nurses he plans to drive his work van home and go straight back to work.

Interlocutor: PATIENT

Your tasks

1. Find out about Mr Galang's plans for discharge and returning to work
2. Explain the assessment findings in simple terms (left-sided neglect, how it affects driving and safety at work)
3. Explain that he must not drive or do hazardous work until cleared (driving: review by his doctor, possible specialist driving assessment, informing the licensing authority and his insurer; work: no ladders, roof spaces or hazardous electrical tasks until the rehabilitation team has assessed his work capacity)
4. Respond to his frustration and his worries about losing income
5. Agree a plan for getting home and for the next steps