



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Adult Nursing Team

Assignment 3 - Professional discussion - Distinction

Guide standard exemplification materials

T Level Technical Qualification in Health Occupational specialism assessment

Guide standard exemplification materials

Supporting the Adult Nursing Team

Assignment 3

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Introduction

The material within this document relates to the Supporting the Adult Nursing Team occupational specialism sample assessment. These exemplification materials are designed to give providers and students an indication of what would be expected for the lowest level of attainment required to achieve a pass or distinction grade.

The examiner commentary is provided to detail the judgements examiners will undertake when examining the student work. This is not intended to replace the information within the qualification specification and providers must refer to this for the content.

In assignment 3, the student must reflect on their own practice as a form of learning and continuing development. The student must answer questions and discuss their learning experiences in a professional manner.

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

Theme 1: supporting overall care and wellbeing

Supporting overall care and wellbeing, specifically reflecting on learning or an experience of ensuring fluid intake and nutritional needs were met for an adult individual.

Question 1

Part A

Referring to your own experience, describe a situation or learning experience where you supported an adult individual to meet their fluid and nutritional needs in a way that was underpinned by a nutrition assessment.

Part B

Referring to your own experience, explain the actions needed to support this individual's overall care and wellbeing.

Question 2

Part A

Referring to your own experience, explain your role implementing current best practice and agreed ways of working when enabling an adult individual to meet their fluid and nutritional needs.

Part B

Reflect and analyse on ways your practice has developed as a result of this learning or experience.

Student evidence

Question 1

Part A

I was asked by a care assistant to help feed a lady who had a stroke to have her lunch. She explained that she needed a special diet because she has swallowing difficulties. The food and drink were in front of her, but I wasn't given much information about how best to help her and she has difficulty speaking so she couldn't tell me what she needed. I saw that she had special cutlery and tried to use this to help to feed her but I didn't realise that this was so she could feed herself and I tried to feed her. I realised the lady didn't like this and I felt a bit silly because it was then obvious that the special cutlery had large grip handles and this made it obvious, they were for her to be independent. I noticed that when she was eating, she only ate from one side of the plate. When the nurse came to give her medicines, she said that I needed to turn the plate for the lady so that she could continue to feed herself to become more independent. I had not seen her nutritional care plan and everyone looked so busy I didn't have the confidence to ask about it until the nurse came by. She told me to read it as soon as possible but explained that the lady was on slightly thickened fluids and a soft and bite sized diet and that the drink in the cup was too thick and to go and change it. I asked her how to know what was correct for thickening fluids and she said the information was on the back of the tin. I then checked the care plan and was reminded of the IDDSM tool that we had learned in college. I re made the drink and sat with the lady while she drank her drink and she tried to communicate with me about things going on around us, and although it was difficult for her and for me to understand her, I felt happy that she was content because she was smiling all the time and nodded when I

repeated what I thought she had said, to check my understanding.

Part B

Now it seems obvious that the special cutlery was for her and not me and it reminded me to check what people mean if I am not sure and to take my time to assess the situation first. I felt confused about how to thicken the fluids initially because I hadn't made the drink before, but I learned afterwards that if drinks sit around for too long they can thicken up more. I didn't realise how difficult it can be to help someone to eat and drink. Now I have more confidence I know I should have asked to see the care plan and nutritional assessment before I started. I felt embarrassed that I didn't really know enough but now I realise why care plans are important because they contain the MUST assessment which includes the BMI and any nutritional deficiencies and difficulties with eating including dysphagia assessments, SALT assessments to prevent choking, plus any help the individual needs, such as this lady needing her plate turning around or reminders to eat from both sides of the plate. Now I know my role was to give her confidence and ensure she was safe from choking I realise I could have been more discreet about this if I had read the care plan. I also wouldn't have needed the nurse to tell me that the fluids were too thick because I would have recognised the IDDSM guidelines and that she was stage 1, which only has a slightly thick flow rate and doesn't look like the jelly I was trying to give her.

It was good that the lady got her dinner, but it was not so good that she was worried I was going to try and feed her, as she knew she could do it herself and the goal of her treatment is to be rehabilitated and independent. It made me realise how important knowing people's individual goals are, and that I can get this information from the care plan. I did support the lady and she did eat all of her meal and finished her drink and I learned how to record all of this on her food and fluid chart and put the information in the daily records. I took care to sign and date the records and checked I had done this correctly with the nurse. It was good that the nurse explained more about the IDDSM and I realise that I must remember to follow the agreed ways of working and check care plans beforehand even when I feel under pressure. I didn't want the lady to have cold food though and I needed to think about how I could handle this situation if it happened again because I realised I didn't have the confidence to say that I didn't know something.

Question 2

Part A

In the end, because the nurse told me what I was doing wrong, she made sure that I followed the agreed ways of working. When I looked at the care plan, I saw the lady has a MUST score and that she was at high risk of malnutrition because she had lost weight and that although she could feed herself, she got tired and would give up and my job was to help to encourage her and make sure she finished her meal. I didn't know any of this when I started and assumed that I was to feed her. This could have been a lost opportunity for the lady to regain her independence because I would not have been following the assessments that professionals had done and now I realise how important it is to follow the care plan because then we are working correctly according to the individual's wishes and preferences and ensuring we act in their best interests and keep them safe. Because I wrote in the records, I know others know how well she ate that day and that I followed what I was supposed to do and that this will help when she is next assessed by the nurse. I also feel satisfied that I was helping to make sure that she had enough food and fluids to ensure she didn't lose any more weight and that she was nourished and hydrated.

Part B

I need to get more confidence at asking more questions because if I asked to see the care plan, I would have known more about what this lady needed and could do for herself. I learned it was better to help people to be independent and how much people can do for themselves in the care plan. I also learned how what we do when

we provide care should be recorded with good detail because this will make sure that there is information for the review of the care plan. I also realised that when you are self-conscious because something is new that it is easy to forget how the resident is feeling. If I had just checked a bit sooner, I could have appeared more confident and this would have been better for the lady.

I also had only practiced once at thickening fluids and I didn't realise if they sat around how thick they could get and they go like jelly. I learned how to read a nursing care plan to follow the agreed ways of working and I learned that giving the correct diet and thickened fluids will help make sure someone with swallowing problems has enough food. Because I had to remake the drink, I learned what different levels of fluid look like. I also looked up the stages of diets on the IDDSM and realised that I was giving a level 6 meal which was soft and bite-sized, which is in line with what it says in the care plan because this is what the SALT assessment had agreed she needed. I need to understand more about swallowing difficulties and will revise the anatomy and physiology of swallowing.

Next time I will have more confidence to see the care plan and not feel like I am bothering anyone because I know it is important and that we are all learning. I will make sure that I know how much help the person needs and what they can do for themselves. I will make sure I know what assessments have been done and follow these carefully to make sure that the individuals and the staff have confidence that I am capable of meeting someone's nutritional needs.

Theme 2: working as part of a team

Working as part of a team to assist registered nurses/health professionals with routine clinical tasks, specifically reflecting on learning, or an experience of, undertaking a range of physiological measurement tasks for adults, using appropriate equipment.

Question 3

Part A

Describe your performance during a situation or learning experience where you worked as part of a team to assist health professionals to undertake a range of physiological measurements.

Part B

Explain how you responded to abnormal physiological measurements and why it is important to record all results.

Question 4

Part A

Referring to your own experience, assess how working, or failing to work, within the scope of your own role when undertaking a range of physiological measurements can impact on the duties and responsibilities of others.

Part B

Referring to your own experience and using physiological measurements to guide you, evaluate why feedback is essential for your own professional development and reflect upon how you have used this approach.

Student evidence

Question 3

Part A

When I was on placement, I was asked to take the vital signs and complete the NEWS2 chart for one of the service users. This included the respirations, pulse oximetry, blood pressure, pulse, conscious level and body temperature. I made sure that I had all the equipment needed and cleaned it down with the alcohol solution. I put on my PPE including mask, gown and single use gloves. I asked permission from the service user and explained that I was learning but that I would check with the trained nurse if I was unsure. Mr X was very understanding and was quite happy for me to go ahead. This made me feel quite relaxed even though I knew that doing blood pressures can sometimes be difficult to hear. I did all of the recordings and all of them were in the normal range except for the blood pressure which was 180/110 and I knew this was high, but it didn't need to be escalated on the NEWS2 chart as a sign of acute illness because the total scores were 0 and less than 4 doesn't need to be escalated. I recorded all the results on the NEWS2 and signed and dated it. I was confident that I had used the equipment correctly and that I cleaned it properly before and after I used it.

Part B

I knew that the blood pressure seemed a bit high, so I went to tell the nurse and she said it was good that I checked and explained that high blood pressure doesn't always score on the NEWS2 because it is not always a sign of acute illness on its own. Also, because the patient had just come in from outside this might affect their blood pressure and said they should be checked again in 10 minutes. This was helpful because when I checked again the blood pressure was in the normal range. This made me pleased that I had checked when I wasn't sure even though I was confident that I heard the blood pressure sounds quite clearly and was confident that I had applied the cuff properly to the arm; 2 fingers above the brachial artery and with the line of the cuff in the correct place, and the patient sitting down. I think that I should have checked that the person had not just been doing something active beforehand and this will help me think about factors that can have an influence on physiological measurements that are not always obvious.

Question 4

Part A

Because I am still learning it is important that I check when I am unsure because working as part of a team means that I must be aware of the scope of my role and the responsibilities of others. The trained nurse was my supervisor, and it is important not to be embarrassed to say when you don't understand something because if I had left it and the patient did have high blood pressure, they may not have got it treated correctly. I also realised that professional knowledge is so important because the supervisor was able to show me that because the person had just done some physical exertion their blood pressure would be higher and that it returned to normal quickly. This showed me how important timing was and thankfully the patient was very understanding because I was able to explain everything that happened to him and I was pleased with him and the nurse for giving me the opportunity to learn.

Part B

It is so important to get feedback when you are learning because that is how you know what you did well, not so well and what knowledge and skills you still need. The nurse had told me I had done a good job checking the blood pressure recording and now I have knowledge about the way the NEWS2 scoring works for systolic blood pressure and that it is focused on acute illness. I was also able to see the feedback I got on the rest of the recordings and that I correctly calculated the score. I had felt apprehensive about telling the service user that I

was learning and because they were happy with what I did made me feel a bit more confident that I could do the vital signs without being nervous and losing the trust of the patient.

The nurse showed me where to report the actions in the care plan so that I knew what to do for the other patients. Because of the feedback the nurse has given me, I now also know that I need to learn more about blood pressure recording and why someone gets a high or low blood pressure because it is not enough just to know how to do these measurements. It is important that you understand the results and what to do about them in order to keep the patient as well as possible, preventing any harm occurring.

Theme 3: assisting with skin integrity assessment

Assisting with skin integrity assessment, specifically reflecting on learning or an experience of providing appropriate care associated with pressure ulcers for an adult individual.

Question 5

Part A

Describe a situation or learning experience to show how you carried out a skin integrity assessment.

Part B

Referring to your own experience, explain how the actions taken following a skin integrity assessment provide care that will reduce the risk of development or deterioration of a pressure ulcer.

Question 6

Part A

Referring to your own experience, explain how assessing other needs from the 12 activities of daily living could be applied to prevent pressure ulcers from developing or deteriorating.

Part B

Referring to your own experience, evaluate how comprehensive assessment of activities of daily living, or failure to do so, can have an impact on overall wellbeing.

Student evidence

Question 5

Part A

I have only carried out a skin integrity assessment on the manikin at college. We did a case study about a woman called Florence and we were told all about her condition including her body mass index and her MUST score, how well she was eating and drinking, her medications which included drugs for her cancer, that she is a diabetic and that she had recently had a fractured hip which was not operated on.

We had to check her (the manikins) pressure areas in the classroom which I did making sure I followed infection control procedures, washed my hands and wore PPE. I asked her consent to carry out the assessment, which felt strange to a manikin but that was okay.

I had to check all of the bony prominences and think about my findings. I could see that she had a sore on her left heel and I had to categorise the sore which was possible because we had a chart and I identified it as being a grade 2. There were no other areas of concern such as dryness, heat, redness or oedema. I then had to make sure that I left the manikin in a comfortable position and I removed my PPE, washed my hands and cleared away. It felt a bit odd but I had to explain to the manikin that she had a sore and that I was going to plan what to do about it.

Because we had information in the case study, I was able to use this to do a Waterlow assessment, which is what is used to show if she was at risk of a pressure sore. I used the body mass index, and described the skin type, which was broken and so scored higher. We also had to use other information including medication, mobility and her medical condition, which was complicated because it showed she had special high risks and until I checked I wasn't sure that I had worked it out correctly. I was really surprised at how very high her score was. We then had to complete a document as though we were completing real clinical records and this included making sure the patient identifier, date and my signature was there.

Part B

We were taught to use SSKIN which is a way of remembering everything that is needed to help skin integrity. This meant that I had to think about the surface for skin (the first S) and we decided, because she was at very high risk, that this needed to be an air flow mattress and a turn chart for 2 to 4 hourly turns because it would ensure that she was not continuously in one position which would risk the sore getting worse and other areas of skin breaking down. I had already recorded the second part of SSKIN because that is about the skin assessment and we had decided from the Waterlow she was at high risk but I knew it was important to record the exact detail of what the pressure ulcer looked like and do a body map so others would know too. We also used a hydrocolloid dressing because the teacher said it would keep the wound moist. K means I had to think about keeping her moving and this was also about explaining to Florence why it was important to stop compression of her skin cells and the circulation being cut off. Florence was not incontinent, so we didn't have to be concerned with the I part. Finally, I knew that it was important to make sure that she had full nutrition and was hydrated and that the MUST score was really important for identifying what she needed.

Question 6

Part A

Almost all of the activities of daily living could have something to do with preventing pressure ulcers but here are 3 examples that explain why it is important to assess properly to prevent them occurring:

Florence was struggling to eat and drink because of nausea which was caused by her chemotherapy. The

nutrition score is really important because if the person is malnourished, they will not have sufficient nutrients and fluids in their blood to keep the cells in the skin healthy and this means they are at greater risk of breaking down. It may be that extra nutrition, or a special diet is needed such as a PEG feed.

Florence had difficulty with mobilisation. If the person cannot move independently then they will be dependent on the health care staff to assist them so that they do not have continuous loads and the cells are not deformed in areas over bony prominences. The skin can become damaged within minutes for someone who has multiple risk factors and so it is important to know if anyone has limitations to their movement and sensation. Florence had diabetes and this means her skin will probably not heal as well.

Florence had lung cancer and anyone who has breathing difficulties may not be able to get enough oxygen around their body, this means the cells may not have enough oxygen for cellular respiration and puts them at greater risk of the skin cells being damaged and breaking down into a pressure ulcer.

Part B

If you do not assess all of the activities of daily living you may miss something crucial that could be the difference between getting a pressure sore or not. It is much better to prevent an ulcer occurring in the first place as they are not pleasant and can stop someone doing all sorts of activities, (for example, if you have pain you might need pain killers and they can make you sleepy).

If you have a pressure sore on your sacrum it could mean that you can't sit for very long and therefore couldn't go out with family and friends because this involves sitting.

Pressure ulcers are wounds and can get infected and this can make someone feel very unwell, such as in the case of Florence, which I talked about above. This taught me it's important to remember people have many different needs, not just their immediate medical problem, and we should consider all of the ADLs together to help ensure good standards of wellbeing.

Also, if someone gets a pressure ulcer of grade 2 or above because you have not done a comprehensive assessment this is neglect which is a safeguarding issue.

We are supposed to care for the whole person, this means that we should be aware of mental wellbeing to avoid putting someone at risk of depression or lower self-esteem if they had a pressure ulcer which meant they couldn't do their usual activities and have a meaningful life.

Examiner commentary

Theme 1

Question 1(a)

Student provides a well thought out and detailed description of supporting an adult with their fluid and nutritional requirements. They clearly reflect on the entire experience, which is reflective of outstanding practice.

Student demonstrates sound knowledge to support the progression of skills by seeking guidance from senior colleagues. Lessons learnt through practice have been clearly discussed and applied to patient outcomes and professional practice. Use of a 'lessons learned' approach reflects a distinction level standard of practice because it is considered above and beyond the basic practical requirements in the field.

Student demonstrates excellent patient-centred care to help overcome the communication barriers, the student correctly reads the patient's body language and facial expressions to gauge levels of contentment. This is demonstrative of outstanding individualised care.

Question 1(b)

The student reflects on the experience in a detailed manner, identifying skills and knowledge that they have acquired and can carry forward as good practice.

Clear description based on what could have been done better will support improvement of skills and knowledge as they continue within this sector. Knowledge of documentation to be used has been captured and its relevance in supporting the care of this individual.

Shows excellent understanding on reflection to improvement in areas of confidence and communication skills with addressing gaps in skills and knowledge and approaching senior colleagues for clarification, which is reflective of outstanding practice.

The answer was distinction level because it included all key, relevant concepts of good practice and the level of understanding was well developed and fully accurate.

Question 2(a)

Student clearly links how to improve knowledge to teamwork - asking colleagues for clarification. The importance of referring to every individual care plan to support in their progression and independence. Again, student demonstrates excellent knowledge learnt about patient centred care and the importance of adhering to an individual's wishes and preferences, whilst keeping them safe. Shows excellent reasoning behind completing individual records to support members of their team to provide the appropriate care, this is above and beyond that expected for the scenario.

The answer was distinction level because it balanced sound reasoning with practical knowledge and applies both to the teamwork environment in a meaningful way.

Question 2(b)

Student shows a sound understanding based on how to improve knowledge and skills and shows an excellent ability to identify areas of improvement in their own skills set. Providing a clear narrative of actions carried out incorrectly and how they addressed them and how this contributed to improved patient outcomes.

The answer was distinction level because it demonstrated structured learning and the outcomes of recognising areas for improvement.

Theme 2

Question 3(a)

The student provides a clear and detailed explanation of their role and responsibilities when assisting their team. The student discusses how clear communication and transparency of experience with the individual was shared. Further explanation of vital signs taken and recorded accurately meant the student demonstrated the skills to provide correct calculations so any further outcome will have been of relevance and benefit to the individual.

The answer is distinction level because it recognised the links between communication skills and patient outcomes, a national priority and area for improvement in the NHS.

Question 3(b)

The student's confidence in taking and recording the individual's vital signs were clearly demonstrated in this reflection. Due to the accuracy the student accurately identified the elevated BP and followed the correct steps of escalating to a nurse who confirmed the student had adhered to good practice. Recognising the discrepancy and using own initiative by retaking the individual's BP. Student demonstrates confidence in their own skills when putting on of BP cuff.

The answer is distinction level because it demonstrated the ability to accurately follow guidance when faced with clinical readings and act on a discrepancy. This is significant at this level of study.

Question 4(a)

The student provides a clear link to their developing skills and asking for clarification from colleagues to support and progress their knowledge and understanding. They clearly identify the importance of learning from senior colleagues, which is reflective of outstanding practice.

The answer is distinction level because it demonstrated an advanced level of applied reflection for this level of study.

Question 4(b)

The student shows excellent knowledge based on the benefits of feedback from colleagues and the importance this feedback has on developing skills and knowledge further. The student demonstrates a positive outlook on receiving feedback and sees the gains to be had whether it is negative or positive. They clearly detail and evaluate how their professional confidence has been increased through using feedback as it is intended.

The answer is distinction level because it demonstrated a mature, developed understanding of applying feedback to the healthcare environment.

Theme 3

Question 5(a)

The student can recall a systematic review when carrying out a skin integrity test on a mannikin. Using the information provided through a scenario the student shows excellent knowledge of PPE application. Patient-centred care is demonstrated in the reflection by implementing taught processes, for example, gain patient consent prior to beginning treatment.

The student then clearly and concisely recalls the steps adhered to when carrying out the skin integrity assessment. This is a confident recollection of the process and demonstrates the student's abilities. This recollection also includes post assessment activity, safe removal of PPE and adherence to best practice standards.

The answer is distinction level because it demonstrated accurate, standardised practice with additional measures such as obtaining consent. This is considered outstanding practice in the field.

Question 5(b)

The student applies learnt methods (SSKIN) to accurately assess and implement a treatment plan recording all measurements taken to fully complete all the correct documentation accordingly. A detailed description of each element of the SSKIN acronym is given, to support knowledge. The student confidently discusses how each assessment is important for identifying the needs of the individual.

The answer is distinction level because it linked standard practice with individual patient outcomes, a national priority.

Question 6(a)

The student is required to draw upon their knowledge of the activities of daily living. They provide a concise reflection taken from their experience (again from the scenario of Florence) linked to 3 activities that can support the prevention of pressure ulcers. The student provides a detailed overview of the individual's current condition and potential implications, which is reflective of outstanding practice in relation to person-centred care.

Excellent knowledge of the impacts to the individual based on the 3 chosen activities of daily living are given, including clear links between malnutrition, immobility and breathing difficulties, which may result in the development of pressure ulcers.

The answer is distinction level because it demonstrated depth of knowledge in addition to accuracy and is centred on patient outcomes.

Question 6(b)

Further focus on the impacts of not assessing the activities of daily living are reflected upon demonstrating detailed knowledge. Knowledge of illness related to pressure ulcers is included and areas of the body where they can occur, which demonstrates competence and accuracy.

The student recognises the link between mis-diagnosis and safeguarding which can result in potential neglect. Not just limited to physical neglect the student correctly recognises the implication on mental wellbeing and long term outcomes.

The answer is distinction level because it recognised the links between misdiagnosis, safeguarding and mental wellbeing.

Overall grade descriptors

The performance outcomes form the basis of the overall grading descriptors for pass and distinction grades.

These grading descriptors have been developed to reflect the appropriate level of demand for students of other level 3 qualifications, the threshold competence requirements of the role and have been validated with employers within the sector to describe achievement appropriate to the role.

Grade	Demonstration of attainment
Pass	<p>A pass grade student can:</p> <ul style="list-style-type: none"> • communicate the relationship between person-centred care and health and safety requirements in healthcare delivery by: <ul style="list-style-type: none"> ○ demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals ○ recognising and responding to relevant healthcare principles when implementing duty of care and candour, including demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality ○ following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment ○ demonstrating use of an adequate range of techniques, equipment and resources safely to promote sufficient levels of cleanliness and decontamination required for satisfactory infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users views to maintain effective provision of services ○ gathering sufficient evidence, contributing to, following and recording information in care plans/records relevant to tasks and interventions, structuring these sufficiently to allow understanding in line with local and national legislation and policies, preserving individuals' rights ○ maintaining a record of professional development with evidence of using feedback to develop knowledge, skills, values and behaviours consistent with sufficient ability to reflect on practice and thereby improve performance adequately • communicate sufficiently reliable levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used by: <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment effectively and safely and following correct

Grade	Demonstration of attainment
	<p>monitoring processes</p> <ul style="list-style-type: none"> ○ calculating scores, reporting any differentiation of normal and abnormal results to the relevant registered professional ○ applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance
Distinction	<p>A distinction grade student can:</p> <ul style="list-style-type: none"> ● communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery by: <ul style="list-style-type: none"> ○ demonstrating flexible and constructive person-centred care, taking appropriate precautions reliably, making sound decisions to protect the safety and physical and mental wellbeing of individuals ○ alertness and responsiveness to relevant healthcare principles when implementing duty of care and candour, including the demonstration of exceptional sensitivity and accurate knowledge of safeguarding individuals and maintaining confidentiality ○ commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment ○ demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control ● communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ following current best practice and agreed ways of working highly relevant to assisting with scenario specific, care-related tasks consistently and reliably, whilst fully supporting individuals to meet their care and needs including maintaining the individual's privacy and dignity to a high standard ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users views to maintain effective provision of services ○ gathering extensive evidence consistently, interpreting, contributing to, following and recording information in care plans/records highly relevant to tasks and interventions, structured accurately and legibly and in line with local and national policies, while preserving and promoting individuals' rights ○ maintaining a record of professional development to develop knowledge, skills, values and behaviours consistent with the ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency ● communicate exceptional levels of knowledge of the physiological states that are commonly

Grade	Demonstration of attainment
	<p>measured by healthcare support workers including why, when and what equipment/techniques are used by:</p> <ul style="list-style-type: none"><li data-bbox="300 436 1476 504">○ working as part of a team to use relevant equipment accurately, safely and consistently following correct monitoring processes<li data-bbox="300 526 1476 593">○ calculating scores, reporting any differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional<li data-bbox="300 616 1476 716">○ applying knowledge of policy and good practice techniques proficiently when undertaking all physiological measurements, checking when uncertain, solving problems, and following instructions and guidance with energy and enthusiasm

Document information

The T Level Technical Qualification is a qualification approved and managed by the Institute for Apprenticeships and Technical Education.

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Owner: Head of Assessment Design

Change History Record

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