T-LEVELS | Institute for Apprenticeships & Technical Education

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting Healthcare

Assignment 2 - Practical assessment - Distinction

Guide standard exemplification materials

v1.1: Specimen assessment materials
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T Level Technical Qualification in Health
Occupational specialism assessment

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Supporting Healthcare

Assignment 2

Contents

Introduction

The material within this document relates to the Supporting Healthcare 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 2, the student must demonstrate practical skills that are vitally important for any future role in the healthcare sector and must work in ways typical to the workplace.

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

Practical activity scenario 1

This practical activity scenario requires you to:

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

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

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

Brief

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

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

Task

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

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

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

(16 marks)

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

Supporting information

This practical activity scenario involves role play. The individual will be played by a member of staff

You have been given the individual's care plan (item A) and a daily care log (item B).

You have access to the following equipment:

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

Performance outcomes

This practical activity scenario assesses:

PO1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

PO2: Assist registered health professionals with clinical or therapeutic tasks and interventions

Student evidence

The student introduces themself to the individual, acknowledging their response to the buzzer call, and asking how they can be of assistance and support.

They follow up their discussion about what support is requested by gaining consent from the individual to complete the transfer including asking the individual if they have any queries or questions which support informed consent such as can they retain the information and weigh the options related to the task/request.

They review the care plan (item A), reiterating to the individual that they will look at what support is needed and work alongside them to complete the task in a personalised way asking for any concerns, preferences, or any aspects of the care plan which they would like to discuss with me further.

They identify any areas of need within the care plan seeking to identify any concerns which will need to be assessed with the individual, such as any feelings of dizziness and whether this increases on moving or sitting in an upright position, ascertain by asking simple questions and observation related to the current state of individual's breathlessness (rapid breathing, laboured breathing/taking large gasps of air, struggling to answer simple questions), which may impact on the task related to completing an assisted transfer. They seek clarifying information from the individual in relation to their current physical wellbeing and identify whether they are currently experiencing dizziness or shortness of breath. They ask if they have ever experienced these symptoms during past transfers.

They complete a dynamic (on-site) risk assessment of the task with the individual, which includes assessing the task, identifying any preferences, recognising any of their own limitations, discussing the individual's capabilities and experiences of transfers from the bed to a chair. They ensure that the environment is supportive by ensuring that all equipment is available and asking the individual if they have any preferences in relation to accessing the toilet and ensuring that privacy and dignity can be maintained throughout.

They identify what equipment is required to complete the task. They complete a safety check of the equipment to ensure that it is suitable, taking into consideration cleanliness and safe working practices and its appropriateness with the individual. They ask the individual if they have used the equipment previously and establish levels of assistance. They place equipment near the individual to enable safe transfer and ability to complete transfer. They seek feedback on position from the individual.

They continue to offer clear communication and seek feedback from the individual before and during the completion of the bed to toilet transfer. Once completed, they request feedback from the individual in relation to comfort and position, but also seek to establish any symptoms of dizziness or shortness of breath related to the activity. They ensure that any feedback is documented within the daily log (item B).

Item B: daily care log

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

Date	Time	Actions taken	Signatures
		I introduced myself using supportive tone and language such as “Hello, my name is....”. “How would you like to be referred to, such as Mr, Ms..... or by first name?”. I acknowledged their appropriate use of the buzzer call as a way of requesting assistance and ask how I can be of assistance and support. I followed up my discussion about what support is requested by gaining consent from the individual to complete the transfer task, reiterating that I will look at what support is needed and work alongside them to complete the task in a personalised way asking for any concerns or preferences. I reviewed the care plan (item A), reiterating to the individual that I will look at what support is needed and work alongside them to complete the task in a personalised way asking for any concerns, preferences or any aspects of the care plan which they would like to discuss with me further. I identified any areas of need within the care plan seeking to identify any concerns which will need to be assessed with the individual, such as any feelings of dizziness and whether this increases on moving or sitting in an upright position, ascertain by asking simple questions and observation related to the current state of individuals breathlessness, (rapid breathing, laboured	

		breathing/taking large gasps of air, struggling to answer simple questions) which may impact on the task related to completing an assisted transfer. I sought clarifying information from the individual in relation to their current physical wellbeing and identified whether they are currently experiencing dizziness or shortness of breath. I also asked if they have ever experienced these symptoms during past transfers. This enabled me to assess constructive approaches to their care plan and identify any presenting or historical risks related to the task. I completed a dynamic (on-site) risk assessment of the task with the individual, which include assessing the task, identifying any preferences, recognising any of my own limitations, discussing the individual's capabilities (such as being able to assist in standing, moving feet/turning) and experiences of assisted transfers. This risk assessment supported me to establish the individual's level of skill, experience and involvement as well as the individual's current emotional state as anxiety about the transfer may impact on their confidence and influence their ability to participate. I ensured that the environment was supportive by ensuring that all equipment (transfer belt, toilet) was available, moving equipment if possible or required. I asked the individual if they had any preferences in relation to accessing the toilet and ensuring that privacy and dignity can be maintained throughout. I identified what equipment was required to complete the task (transfer belt, toilet). I complete a safety check of the equipment to ensure that it is suitable (not damaged, suitable size, and within easy access to support the transfer), taking into consideration current cleanliness (ensuring that it is clean), and its appropriateness for supporting the individual (raised seating, arm	

		rests if required). I asked the individual if they have used the equipment previously and establish their levels of assistance (such as assisting with the positioning of the transfer belt, moving to the edge of the chair, lower body strength to assist a standing position). I placed the transfer belt around the waist of the individual as per training in its use. I established the comfort and positioning of the transfer belt, seeking feedback from the individual. I continued to offer clear communication and seek feedback from the individual before the transfer, indicating that we would use a verbal instruction to support the transfer, an example of this would be 'ready, steady, stand'. Once completed I requested feedback from the individual in relation to their comfort and position, but I also seek to establish any symptoms of dizziness or shortness of breath related to the activity in case any further risk assessment was needed. I ensured that any feedback is documented within the daily log (item B). This included actions that I took, supportive language and whether this was supportive of the task which can then be offered as a preference for future transfers.	

Practical activity scenario 2

This practical activity scenario requires you to:

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

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 30 minutes.

Brief

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

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

Task

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

Offer brief advice relating to smoking, alcohol intake, diet, and exercise according to the information gathered.

(16 marks)

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

Supporting information

This practical activity scenario involves role play. The individual will be played by a member of staff.

You have been given a health and wellbeing form (item C). Parts of the form have already been completed for you.

You have access to the following equipment:

- a waiting area
- a room for the appointment
- 2 chairs
- a table

Performance outcomes

This practical activity scenario assesses:

PO1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

PO2: Assist registered health professionals with clinical or therapeutic tasks and interventions

Student evidence

The student introduces themself to the individual, identifying their role and ensuring the individual's understanding of the reason for the assessment and its completion. ŧ They offer the opportunity for the individual time to ask questions should they wish.

They seek to gain consent for the completion of the assessment, further establishing that this information will be held confidentially and is used to offer support in relation to identifying potential areas of support. They refer to information already collected and ask for confirmation of this alongside requesting other identifiable information (such as preferred name and preferred pronouns).

They use the structure of the health and wellbeing form (item C) to ask questions related to the assessment areas, exploring these areas with open questions for example – smoking? Have you ever tried to stop smoking, if so, when? If not, what would motivate you to stop? In relation to family-based questions they ask if they consent to them speaking with the next of kin.

Advice and guidance are offered to encompass a holistic approach. They discuss at least one area in depth and provide information and intervention linked to current and future health needs, examples can include the potential for a reduction in smoking being supported by an increase in exercise and involvement in meaningful activities, which can also improve mental and physical wellbeing and support long term conditions. Another example could be related to considering the units of alcohol and where this is taken, for instance if linked to social activities could low-alcohol or non-alcoholic alternatives be considered. In relation to increasing healthy diet and choices then asking about preferred foods and considering lower fat alternatives, cookery classes, or if weight management is also linked then accessing local programmes designed to support weight loss.

The student discusses a plan that is related to areas of overall holistic wellbeing and is reflective of individual's personal goals and experiences, for example setting goals related to money saving from reduced smoking activities suggesting personal goals are linked to preferred activities, holidays, as well as asking the individual to consider and reflect on potential health related gains such as less breathlessness, increased activity. In relation to diet then learning about different foods, cuisines, or adapting favourite foods to healthier alternatives. They link this plan to their knowledge of national clinical interventions and positive wellbeing, such as '5 a day', '5 ways to wellbeing', exercise on prescription, couch to 5K, as well as links to public health information related to smoking reduction/cessation, diabetes, positive mental health, and wellbeing, alongside identifying the health benefits short and long term.

They complete the assessment by thanking the individual and asking them if they would like to add anything further.

Item C: health and wellbeing assessment form

Confidential patient record form

Health simulation centre

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

Medical history	**Self**	**Family**
Long-term conditions	Asthma which is well controlled. Uses beclomethasone inhaler morning and night as prescribed. Rarely uses ventolin inhaler these days.	Mother has diabetes, thinks it is type 2 – only treats with diet control.
Mental health status	Had postnatal depression but feels normal self now, had a lot of support from mother after the child's father left when baby was only 6 weeks old.	Not that I know of, have not really discussed it.
Previous surgical interventions	Had appendix removed when about 8 years old, does not think there was anything else.	N/A
Medication	Use inhalers: Ventolin inhaler – 200mcg inhaled as required. Beclomethasone inhaler – 120mcg inhaled twice daily.	N/A
Allergies	No known allergies.	N/A
Signatures	**Patient**	**Health professional**
	Request that the individual review the information collected is correct, ask if there is anything further, confirm consent for this information to be held and shared with the GP.	Signed and full name written. Role identified.

Practical activity scenario 3

This practical activity scenario requires you to:

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

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

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

Brief

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

According to the care plan extract (item D), he is currently having his observations taken at 2 hourly intervals to review the effectiveness of the antibiotics prescribed by the doctor. He is currently alert and able to consent to observations being taken.

Task

It is 6:00pm and the individual's observations are due to be checked.

Take the individuals current observations of:

- respiratory rate
- oxygen saturation (SpO2)
- blood pressure
- heart rate
- disability (consciousness)
- body temperature

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

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

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

(16 marks)

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

Supporting information

The individual in this practical activity scenario is played by a responsive manikin. The nurse in charge is played by a member of staff. The assessor will act as the responsive manikin's voice.

You have been given a care plan extract (item D), a physiological measurements form (item E) and NEWS2 observation chart (item F), the NEWS2 scoring system (item G), and NEWS2 thresholds and triggers and clinical response to the NEWS2 trigger thresholds (item H). Items G and H will be provided separately to this booklet.

You have access to the following equipment:

- a stethoscope
- a manual sphygmomanometer
- a tympanic thermometer and disposable covers
- a pulse oximeter
- a watch with second hand

Performance outcomes

This practical activity scenario assesses:

PO1: Assist with an individual's overall care and needs to ensure comfort and wellbeing

PO2: Assist registered health professionals with clinical or therapeutic tasks and interventions

PO3: Undertake a range of physiological measurements

Student evidence

The student ensures that they have requested consent from the responsive manikin, fully informing them of the reason for the completion of the physiological observations. They review the care plan (item D) and establish the previous physiological observations to enable them to establish any positive/normal range themes or recorded abnormalities, this would include a review of the areas recorded on the NEWS2 chart (blood pressure, pulse, temperature, alert level/consciousness, oxygen saturations, respiration rates). They ensure that they are aware of any NEWS2 variations that are related to caring for individuals who have COPD, for example influences on SpO2 rates, and whether they are using air or medicalised oxygen.

They use the physiological measurement form (item E) to record observed measurements. They ensure that they I make themselves familiar with all my equipment, establishing its working order (for example, blood pressure cuff inflates and deflates, SpO2 monitor turns on and has a 'non-error' visual display, tympanic thermometer turns on with a 'non-error' visual display and has the required covers, watch has a minute hand).

Once assured that they are in working order, they make sure that they are suitable to be used with the individual, for example ensuring appropriate cuff size for the recording of blood pressure, not too tight or too large as this will impact on the recording of blood pressure, they establish the correct positioning of equipment (for example, tympanic thermometer placed just within the ear canal, SpO2 monitor placed on the persons index finger, following the finding of the brachial pulse I they accurately position the stethoscope (anterior fossa/above the brachial artery).

They transfer the information on the physiological measurement form (item E) to the NEWS2 form (item F). They ensure the full completion of the NEWS2 form (time, date, physiological recordings, NEWS2 score given), ensuring that the form has the individual's identifiable information and completed measurement recordings.

They complete a calculation of NEWS2 scoring using the NEWS2 scoring system (item G), documenting this on the NEWS2 form and reviewing this alongside the previous readings to offer insight into the planned clinical intervention, antibiotic efficiency = reduced temperature. They review the scoring range area of the NEWS2 form, which includes a review of the information related to frequency/monitoring, as well as identifying if there is a need for escalation of care as per clinical escalation response document (item H).

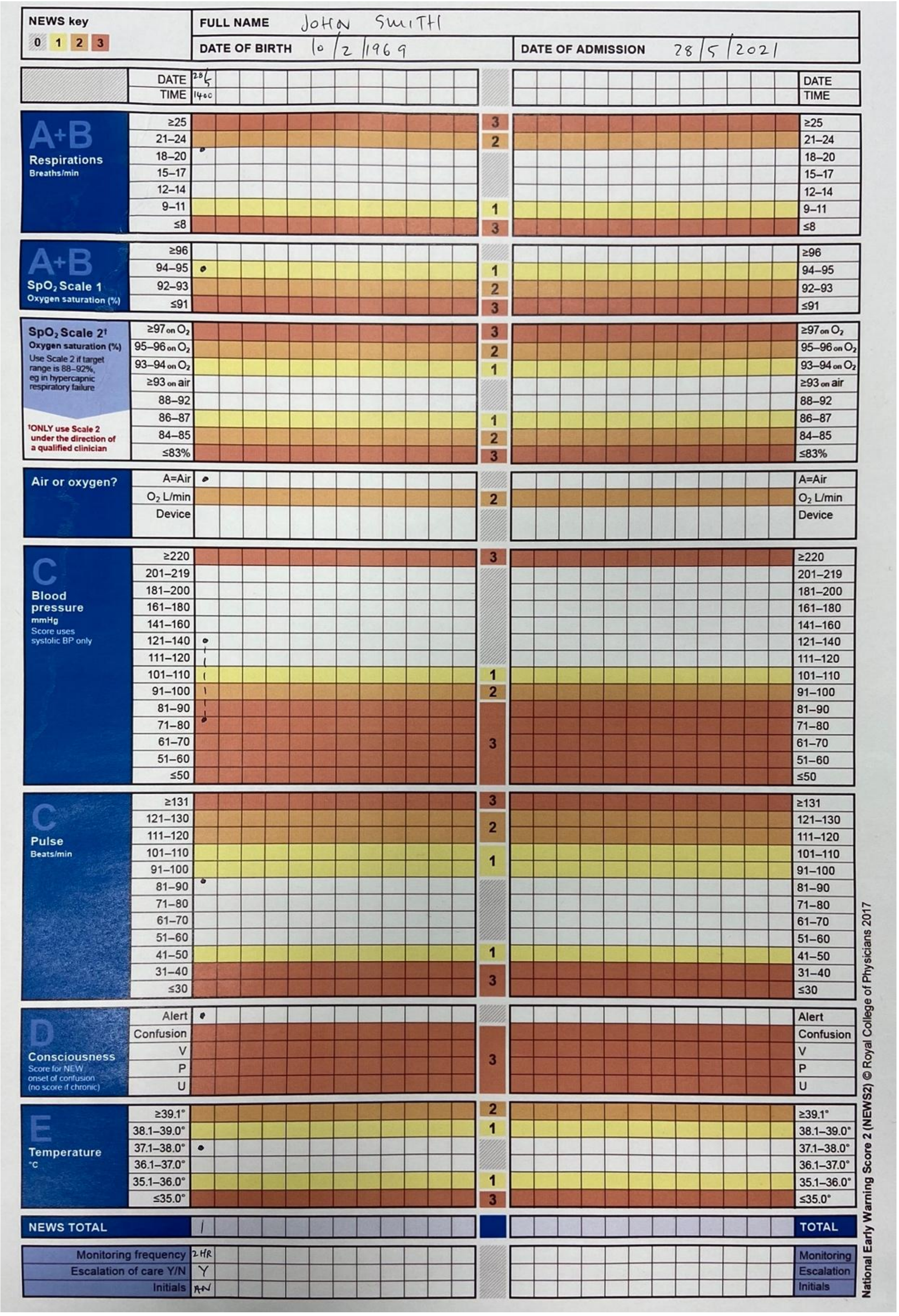
They offer a full report of the NEWS2 scoring to the registered nurse, including key clinical factors such as SpO2 saturation rates, their use of air rather than oxygen for a patient with COPD, level of alertness, and propose a response based on review of scoring and further information. They ensure that their liaison with the registered nurse is clear and professional, and actions are recorded fully within any required documentation such as extended care records, revised care plan.

Item E: physiological measurements form

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

Physiological measurements			
Blood pressure (mmHg)	128/80		
Heart rate	90bmp		
Respirations	20		
Oxygen saturation (SpO2)	95%		
Body temperature (ºC)	37.5c		

Item F: NEWS2 observation chart



NEWS key: 0 1 2 3

FULL NAME: John Smith

DATE OF BIRTH: 10/2/1969

DATE OF ADMISSION: 28/5/2021

DATE: 28/5
TIME: 1400

A+B Respirations (Breaths/min): ≥25 (3), 21–24 (2), 18–20, 15–17, 12–14, 9–11 (1), ≤8 (3) — recorded: 18–20

A+B SpO$_2$ Scale 1 (Oxygen saturation (%)): ≥96, 94–95 (1), 92–93 (2), ≤91 (3) — recorded: 94–95

SpO$_2$ Scale 2† (Oxygen saturation (%)). Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure. †ONLY use Scale 2 under the direction of a qualified clinician: ≥97 on O_2 (3), 95–96 on O_2 (2), 93–94 on O_2 (1), ≥93 on air, 88–92, 86–87 (1), 84–85 (2), ≤83% (3)

Air or oxygen?: A=Air, O_2 L/min (2), Device — recorded: A=Air

C Blood pressure (mmHg; Score uses systolic BP only): ≥220 (3), 201–219, 181–200, 161–180, 141–160, 121–140, 111–120, 101–110 (1), 91–100 (2), 81–90, 71–80, 61–70, 51–60, ≤50 (3) — recorded: 121–140 / 71–80

C Pulse (Beats/min): ≥131 (3), 121–130, 111–120 (2), 101–110, 91–100 (1), 81–90, 71–80, 61–70, 51–60, 41–50 (1), 31–40, ≤30 (3) — recorded: 81–90

D Consciousness (Score for NEW onset of confusion (no score if chronic)): Alert, Confusion, V, P, U (3) — recorded: Alert

E Temperature (°C): ≥39.1° (2), 38.1–39.0° (1), 37.1–38.0°, 36.1–37.0°, 35.1–36.0° (1), ≤35.0° (3) — recorded: 37.1–38.0°

NEWS TOTAL: 1

Monitoring frequency: 2 HR
Escalation of care Y/N: Y
Initials: AN

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

Examiner commentary

Student was able to confidently demonstrate the relationships between person-centred care and the requirements of health and safety of individuals within healthcare. Examples of this were seen in task 1 and task 3 where the student demonstrated clear introductions of their role, the exploration and explanation of the task, as well as offering opportunities for discussion which supports the opportunity for the individual to raise concerns which may impact on their physical or mental wellbeing.

Student demonstrated sensitivity and accurate knowledge related to promoting the safeguarding of a person's rights and confidentiality. This was shown in task 1, and 2 where confirmation was requested of personal preferences to the completion of the task (assisted transfer), but also by seeking feedback on the completion of the task and requesting that the individual confirm any information collected as an accurate representation of what occurred (task 3). Completing this request supports the notion of a duty of care and candour where the student identified any options for clarification, learning and supports the only the gaining of information which is suitable for the task therefore also supporting confidentiality and the rights of the individual.

Student demonstrated their commitment to ensuring that they meet all required codes of conduct related to health and safety by ensuring that equipment was suitable for purpose such as ensuring the agreed manufacturers use of transfer belt (task 1), as well as the correct cuff size for the manual sphygmomanometer (task 3).

Student consistently demonstrated an understanding of the need to maintain levels of cleanliness and infection control. They established visual checks of all equipment for initial cleanliness (task 1 and task 3), but also ensured that post task that they would ensure further cleaning and safe storage which can further support appropriate infection control management. Student completed hand washing techniques which were in line with national standards (Ayliffe Technique) and these were completed before and after any person care/contact task was completed.

Student demonstration of knowledge related to clinical interventions was seen within the completion of task 2 and task 3. Student was able to identify with the individual a range of health related questions which enabled them to consider and discuss with the individual the opportunity to deliver simple health related interventions, an example of this relates to task 2 where they demonstrated not only the giving of information related to national health interventions for alcohol intake but also identified how this could be linked with individual choices, for example whether they drank at home, how often or when in the company of others. More localised and individualised considerations were also given in relation to choices related to low-alcohol choices or non-alcohol days. Offering open questions establishes the opportunity for the individual to discuss options and considerations which can support privacy and dignity; however, this was also explained in relation to the confidentiality of the new patient record and that information would only be shared as part of any plan of care available from the GP practice.

Student was able to demonstrate their skills in relation to ensuring that they were able to work as part of a team, completing tasks as required to support the needs of individuals which can be used to offer advice, review care, and respond effectively in a way that is sensitive to the individual. An example of this can be seen in tasks 1, 2, and 3, where the student explored with the individual and those around the individual the purpose of the task being required; recognising the opportunities for establishing consent, independence which can support privacy and dignity (task 1, assisted transfer), as well as gaining feedback which can then be shared with colleagues to ensure that effective support is offered. An example of this can be seen in the completion of the new patient record where information gathering is used to support the opening of questions which are then used to identify clinical interventions/advice both at a local level (smoking cessation classes), but also at a national level with public health education resources are identified such as '5 a day'. Another example of this can be seen in the completion of the NEWS2 documentation where the student demonstrated their ability to consider the themes of previous recordings and link their own recordings to the national escalation requirements of the NEWS2 document; this was also

supported by their acknowledgment that they would discuss this with the registered nurse, which can support a local response as well as support the seeking of feedback for personal development.

The student was able to demonstrate that they were able to recognise a high level of knowledge and practice in relation to the measurement of physiological health care needs. This was showcased by their accurate understanding of the equipment required to complete the task, blood pressure = stethoscope and manual sphygmomanometer and the need to ensure that they were in working order. Student demonstrated the appropriate positioning of the equipment such as the cuff, just above the anterior fossa, the tympanic thermometer just within the ear canal and with an appropriate cover.

Post task 3 there was a demonstration of an extended level of good practice where they identified changes which may need to be recorded based on themes and individual care needs such as those related to individuals with COPD. As well as looking at how this can be accurately discussed with the registered nurse and documented within care records which support overall care and support.

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	A pass grade student can: • communicate the relationship between person-centred care and health and safety requirements in healthcare delivery, by o demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals o recognising and responding to relevant healthcare principles when implementing duty of care and candour, including demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality o following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment o 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 o adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions o 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 o 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 o 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 o working as part of a team to use relevant equipment effectively and safely and following

Grade	Demonstration of attainment
	correct monitoring processes ○ 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	A distinction grade student can: • communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery, by ○ 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 ○ 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 ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency

Grade	Demonstration of attainment
	• communicate exceptional 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 ○ working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes ○ calculating scores, reporting any differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional ○ 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.

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