

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting Healthcare

Assignment 2 - Practical activities part 1

Provider delivery guide with mark scheme

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Practical activities part 1

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SAMPLE

Document security

To be opened on (day of the week) (date) (month) (year) at 9.00am, 7 working days prior to the assessment period from (day of the week) (date) (month) (year) to (day of the week) (date) (month) (year).

This assessment material must **not** be shared with students. Any breach of this assessment material must be reported to NCFE **immediately** in accordance with the assessment regulations, which can be found on the NCFE website.

Time allowed

1 hour 25 minutes

Paper number

(paper number)

SAMPLE

Introduction

This document must be used to deliver and mark the practical activity assessment for the (insert series) series of Supporting Healthcare.

It is the responsibility of the internal moderator to follow the guidance contained within this document and ensure that a consistent approach is taken to the delivery and marking for all students through a satisfactory internal standardisation process.

SAMPLE

Summary of the practical activities assessment (PAA)

The PAA aspect of the occupational specialism component requires students to demonstrate practical activities taken from the list of practical activities published by NCFE CACHE in September (insert year). The list of practical activities is published in the tutor guidance document, which can be found on the NCFE website.

The PAA is externally set by NCFE.

The PAA is internally marked by provider assessors and moderated by NCFE. Providers are required to audio-visually record the performances of all students.

The PAA requires students to complete the 3 practical activity scenarios detailed in this document.

The PAA is assessed against 2 mark schemes:

- a scenario specific skills mark scheme – this mark scheme is applied to award a mark for every practical activity scenario
- an underpinning skills mark scheme – this mark scheme is applied to award a mark across the practical activity scenarios

Assessor instructions

- this assessment requires students to demonstrate the **3** practical activity scenarios detailed in this document, the practical activity scenarios are taken from the list of practical activities published by NCFE CACHE in September (insert year)
- it is the responsibility of the internal moderator to follow the guidance contained within this document and ensure that the practical activity scenarios are set up correctly at different stations within a suitable assessment environment
- the floor plans included are illustrative to suggest an appropriate layout for each scenario; it is not a requirement to exactly replicate the floor plan and there may be resources and equipment not represented on the floor plan
- students will move between the **3** stations during the assessment, once the first student has completed station 1 and moved to station 2, the next student will be admitted to station 1 and so on
- students must be given up to **5** minutes when they get to each station to prepare for the practical activity scenario, they should use this time to carefully read each practical activity scenario, including any supporting information and familiarise themselves with the station
- students will have a maximum amount of time to complete each practical activity scenario, the time available is written clearly at the beginning of each practical activity scenario, if a student goes over this time, you must tell them to move on to the next station
- assessors should read the instructions and information on the front of the assignment brief to the student and confirm understanding before the practical activity assessment begins, students should be made aware that some stations might take more time than others, meaning they may have a short wait before being allowed to progress to the next station and understand that this waiting time will still be under supervised conditions, as specified in the tutor guide and assessment regulation documents
- where providers are delivering the assessment with assessors remaining at each station, providers must have ensured that there is mechanism by which the student's assessment booklets can be kept securely between stations
- assessors will need to collect the students completed assignment brief booklets at the end of the assessment

Assessor information

Marks

- the marks available for each practical activity scenario are shown in brackets
- the marks for this assessment are broken down into scenario specific skills and underpinning skills:
 - 16 marks are available for scenario specific skills, students will be awarded a scenario specific skills mark for their performance in each practical activity scenario they demonstrate
 - 12 marks are available for underpinning skills, students will be awarded an underpinning skills mark for their holistic application of these skills in their performance across the practical activity scenarios they demonstrate
- the maximum mark for this assessment is 60

Materials

For this assessment students must have:

- a black or blue ball-point pen

Equipment and resources

The equipment and resources listed under each practical activity scenario are in line with those detailed in the qualification specification. All equipment and resources should be familiar to the student and used during teaching and learning delivery of the qualification.

Standardised patients and role play

Where the practical activity scenario requires a standardised patient or element of role play, these roles must be fulfilled by a member of the provider staff. It is not appropriate to use students or any other person in these roles for the assessment.

Standardised patients and role players must be fully briefed on the requirements of their role in each of the scenarios, prior to the assessments taking place. Role play scripts are provided in the resource where appropriate.

Number of provider staff required

The table below indicates the number of provider staff that are needed to deliver **each** practical activity scenario.

Practical activity scenario	Assessor	SP/RP*	Total
1	1	1	2
2	1	1	2
3	1	1	2

Note: The assessor will act as one of the role players if their role is minimal and **only** where it does not distract from the focus being on applying the mark scheme. Further detail is provided in the specific requirements for each practical activity scenario.

Assessing the practical activity stations

Providers can manage the marking of the practical activity assessment in 2 ways:

- individual students are assessed on all practical activity stations by one assessor or
- individual students are assessed by multiple assessors located at the different practical activity stations

It is the internal moderator's responsibility to ensure that the assessors marking, in either approach, is in line with the agreed standard.

SAMPLE

Practical activities assessment (PAA) delivery

For further guidance on the general delivery of the PAA, please refer to the tutor guidance document which can be found on the NCFE website.

Please be aware that the details provided in this section, whilst reflecting the assignment brief document given to students, do contain additional information. The additional information is supplied to help providers establish a consistent approach to the delivery and marking of the PAA.

Most of the items contained within this document will be repeated in the students' assignment brief. There will, however, be instances where providers need to make copies of items from this document. Clear instructions will be given where this is the case.

SAMPLE

Practical activity scenario 1

This practical activity scenario requires students to:

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

Purpose

The scenario aims to assess the knowledge and skills of the student in relation to safe moving and handling.

Brief

A 74-year-old individual has been admitted to hospital due to pain in their knees and hips from their osteoarthritis. They are currently sat in a chair in their private hospital room and have requested to move to a chair in the day room so that they can watch television.

Task

Using information from the individual's care plan (Item A) you will support the individual to:

- move safely, using an appropriate moving and handling aid, from the chair in their private room to a chair in the day room
- document actions taken in the individuals 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

Mode of assessment

This practical activity scenario involves role play. The individual will be played by a member of staff who should have received safe moving and handling training. Information about the role play is provided below: moving and handling: role play information.

The individual should be sat in the chair when the student enters the room.

The simulated station should be set up as a private hospital room and a separate space or room should be set up as the day room.

Resources

Students are given an extract of the individual's care plan (item A) and a daily care log (item B).

Equipment

This practical activity scenario requires the following equipment:

- a simulated hospital room

- a simulated day room
- 2 chairs with armrests
- handwashing equipment
- standard walking frame

Time

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

Performance outcomes (POs)

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.

Moving and handling: role play information

The individual should act within the parameters of the information provided in the care plan.

The individual should respond to instructions and questions asked about comfort and wellbeing only.

The individual should use the walking aid independently and whilst walking with the aid should at some point look down at their feet instead of facing forward as it is stated in the care plan that they sometimes do this.

The individual will be wearing appropriate footwear (stable shoes with good traction).

Item A: extract of individual's care plan

Name	Individual
Date of birth (DOB)	08/05/1949
Home address	1 The Avenue Old Village New Town
Next of kin	Son
Name of GP	Dr Jones
Social history	Lives alone
Occupation	Retired
Smoking	Non-smoker
Alcohol	Does not drink alcohol
Exercise taken	Unable to exercise due to condition
Diet	Vegetarian

Additional information	<ul style="list-style-type: none"> • individual has osteoarthritis • admitted due to pain in knees and hips • has been using a standard walking frame to aid in mobility for 3 days • full risk assessment has been completed on walking aid
Care needs	<ul style="list-style-type: none"> • individual is able to consent to treatment/care support required • individual can support own weight to stand for a couple of minutes but requires a standard walking frame to walk and can walk a short distance with this aid independently, requires encouragement sometimes to look up and face forward when using as sometimes looks at feet • individual does not want to use a wheelchair to be mobile • individual can sit up/down from a chair with arm rests to a standing position independently

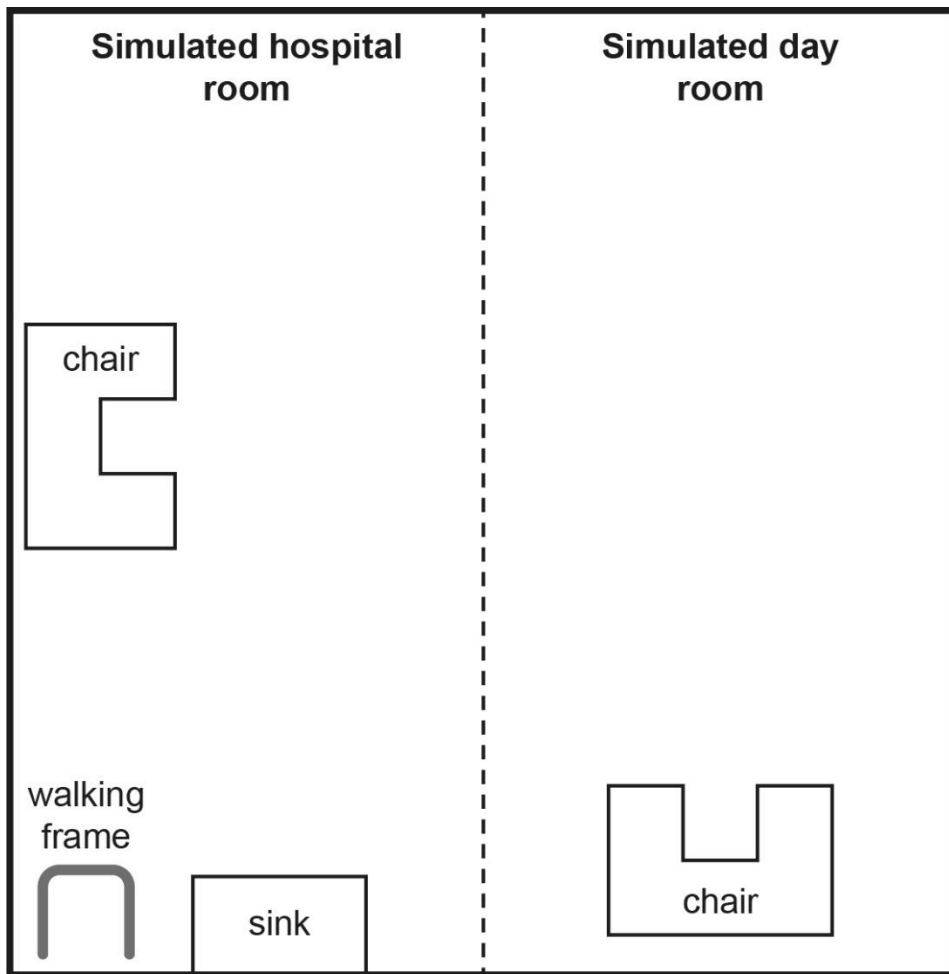
Item B: daily care log

Name	Home address	DOB
Individual	1 The Avenue Old Village New Town	08/05/1949

Date	Time	Actions taken	Signatures

SAMPLE

Floor plan scenario 1



Practical activity scenario 2

This practical activity scenario requires students to:

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

Purpose

The scenario aims to assess the student's ability to communicate effectively with the patient including the gathering of appropriate information and offering appropriate brief advice.

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. You are working as a supporting healthcare assistant within the surgery and have been asked to undertake a health and wellbeing assessment, prior to their appointment with the nurse.

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

Task

Appropriately meet the individual and escort them from simulated waiting area to the room for the appointment.

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

Offer brief advice relating to physical and mental wellbeing according to the information gathered.

On completion of the appointment appropriately escort the individual to the simulated waiting area, and report verbally any issues and deteriorations in health and wellbeing, to the nurse in the appointment room.

[16 marks]

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

Supporting information

Mode of assessment

This practical activity scenario involves role play. The individual and nurse will be played by members of staff.

A role play script is provided below for the member of staff playing the individual: health and wellbeing form: role play script.

The member of staff playing the nurse will enter the appointment room when the student returns from escorting the individual back to the waiting room after the appointment. They will listen to what the student is reporting and will not provide any verbal prompts.

Resources

Students are given a health and wellbeing form (item C). Parts of the form have already been completed.

Equipment

This practical activity scenario requires the following equipment:

- a simulated waiting area
- a suitable simulated environment for the appointment such as a private, quiet and accessible area
- 2 chairs
- a table

Time

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

Performance outcomes (POs)

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.

Health and wellbeing form: role play script

Confidential patient record form - Health simulation centre.

- use this information to answer the questions asked by the student during the assessment
- only offer the information if the student asks
- parts of the form have already been completed, these are greyed out.

Date	
Name	Individual
Date of birth	25/06/1998
Home address	1 The Place Somewhere UK
Next of kin	June Hill (Mother)
Name of GP	Dr Goode
Social history	Lives with mother, had to recently move back into mother's house from own flat after redundancy from job. Not actively seeking work and doesn't leave the house much.

Occupation	Plumber, recently made redundant, presently unemployed.				
Smoking (per day)	10 cigarettes per day, wants to stop smoking as it is bad for health – also getting too expensive.				
Alcohol (units per week)	30 units per week, drinking every night, normally pints of lager.				
Exercise taken	Used to go to the gym with friends from work but since been made redundant doesn't do any exercise.				
Diet	Not eating very much as does not feel hungry. Mother does cook a home cooked meal everyday including lean meat and vegetables but doesn't always eat it. Noticed has lost a lot of weight recently.				
Children 0	Age	Age	Age	Age	Age
	N/A	N/A	N/A	N/A	N/A

Medical history	Self	Family
Long-term conditions	Asthma, controlled with inhalers. High blood pressure: last blood pressure check had a reading of 140/90mmHg (one week prior at previous doctors).	Mother has depression and diabetes 2 - controlled with diet.
Mental health status	Feels quite sad, used to have odd day of feeling like that when was in work but most days feels sad now, doesn't want to go out with friends or look for work because of how feeling and lack of money. Staying up a lot in the evening watching television and drinking alcohol and sleeping a lot through the day, which never used to do.	Mother has long term depression, controlled with medication, and has previously had therapy.
Medication	Use inhalers: Ventolin inhaler – 200mcg inhaled as required. Beclomethasone inhale – 120mcg inhaled twice daily.	Daily antidepressant medication
Allergies	Nut allergy	N/A

Item C: health and wellbeing form

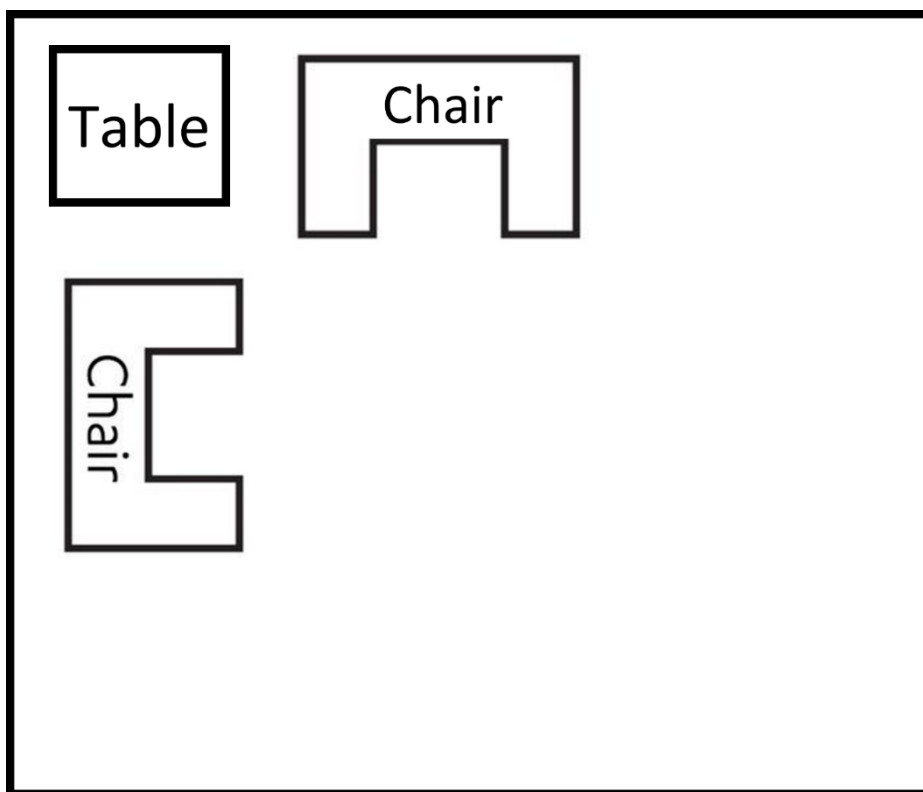
Confidential patient record form

Health simulation centre

Date					
Name	Individual				
Date of birth	25/06/1998				
Home address	1 The Place Somewhere UK				
Next of kin	June Hill (Mother)				
Name of GP	Dr Goode				
Social history					
Occupation					
Smoking (per day)					
Alcohol (units per week)					
Exercise taken					
Diet					
Children	Age	Age	Age	Age	Age

Medical history	Self	Family
Long-term conditions		
Mental health status		
Medication		
Allergies		
Signatures	Patient	Health professional

Floor plan scenario 2



Practical activity scenario 3

This practical activity scenario requires students to:

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

Purpose

To assess students' knowledge and skills relevant to undertaking and recording key vital signs and physiological measures, recording and responding to findings.

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, and concerns about lack of hydration, urine elimination and nutrition, following a GP appointment.

At 4pm, they had their physiological measurements taken at the GP surgery, these are provided on the physiological measurements form (Item D).

The individual is lying in a bed in a hospital room.

Task

It is 6pm and you have been instructed by the nurse in charge to take the first set of physiological measurements on their admission to hospital. Currently they are not receiving any oxygen treatment and are currently alert and able to consent to physiological measurements being taken. Take the individual's current physiological measurements of:

- respiratory rate
- oxygen saturation (SpO₂ Scale 1)
- blood pressure
- heart rate (pulse)
- body temperature
- level of consciousness

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

Using the results, calculate the individual's NEWS2 score.

Report verbally the findings to the nurse in charge in accordance with criteria provided in item E and information provided on the GP readings in Item D.

Make verbal recommendations to the nurse about how the individual's urine elimination, nutrition and hydration should be monitored based on the information provided in the brief.

[16 marks]

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

Supporting information

Mode of assessment

The individual in this practical activity scenario is played by a manikin. The nurse in charge is played by a member of staff. Another member of staff will act as the manikin's voice, if required to respond to the student's communication in a minimal way, for example, consenting to procedure, responding to questions about comfort/position.

Once the student has correctly demonstrated the skill, they should be given the readings below to continue the task:

- respiratory rate – 24 bpm
- oxygen saturation (SpO₂ Scale 1) – 92%
- blood pressure – 140/80 mmHg
- heart rate (pulse) – 98 bpm
- body temperature – 38°C
- level of consciousness – alert

Resources

Students are given a physiological measurements form (item D) and NEWS2 observation chart (item E).

Equipment

This practical activity scenario requires the following equipment:

- a hospital bed
- a simulated hospital room
- table/cabinet for holding required equipment
- a manikin
- an automatic blood pressure (BP) machine
- a tympanic thermometer and disposable covers
- a pulse oximeter
- a watch with second hand/stopwatch
- handwashing equipment
- general cleaning equipment and products
- PPE (gloves, apron)

Time

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

Performance outcomes (POs)

This practical activity scenario assesses:

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

PO3: Undertake a range of physiological measurements.

Item D: physiological measurements form

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

Physiological measurement	GP physiological measurements results	Hospital admittance physiological measurement results
Blood pressure (mmHg)	130/80 mmHg	
Heart rate (pulse)	90 bpm	
Respirations	22 bpm	
Oxygen saturation (SpO2 Scale 1)	94%	
Body temperature (°C)	38.0°C	

Level of consciousness	Alert	
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SAMPLE

Item E: NEWS2 observation chart

NEWS key		FULL NAME																			
0 1 2 3		DATE OF BIRTH						DATE OF ADMISSION													
		DATE						DATE													
		TIME						TIME													
A+B Respirations Breaths/min	≥25													≥25							
	21-24													21-24							
	18-20													18-20							
	15-17													15-17							
	12-14													12-14							
	9-11													9-11							
≤8													≤8								
A+B SpO ₂ Scale 1 Oxygen saturation (%)	≥96													≥96							
	94-95													94-95							
	92-93													92-93							
	≤91													≤91							
SpO₂ Scale 2! Oxygen saturation (%) Use Scale 2 if target range is 88-92%, eg in hypercapnic respiratory failure <small>!ONLY use Scale 2 under the direction of a qualified clinician</small>	≥97 on O ₂													≥97 on O ₂							
	95-96 on O ₂													95-96 on O ₂							
	93-94 on O ₂													93-94 on O ₂							
	≥93 on air													≥93 on air							
	88-92													88-92							
	86-87													86-87							
	84-85													84-85							
≤83%													≤83%								
Air or oxygen?	A=Air													A=Air							
	O ₂ L/min													O ₂ L/min							
	Device													Device							
C Blood pressure mmHg Score uses systolic BP only	≥220													≥220							
	201-219													201-219							
	181-200													181-200							
	161-180													161-180							
	141-160													141-160							
	121-140													121-140							
	111-120													111-120							
	101-110													101-110							
	91-100													91-100							
	81-90													81-90							
	71-80													71-80							
	61-70													61-70							
	51-60													51-60							
≤50													≤50								
C Pulse Beats/min	≥131													≥131							
	121-130													121-130							
	111-120													111-120							
	101-110													101-110							
	91-100													91-100							
	81-90													81-90							
	71-80													71-80							
	61-70													61-70							
	51-60													51-60							
	41-50													41-50							
31-40													31-40								
≤30													≤30								
D Consciousness Score for NEWS onset of confusion (no score if chronic)	Alert													Alert							
	Confusion													Confusion							
	V													V							
	P													P							
	U													U							
E Temperature °C	≥39.1°													≥39.1°							
	38.1-39.0°													38.1-39.0°							
	37.1-38.0°													37.1-38.0°							
	36.1-37.0°													36.1-37.0°							
	35.1-36.0°													35.1-36.0°							
	≤35.0°													≤35.0°							
NEWS TOTAL														TOTAL							
Monitoring frequency														Monitoring frequency							
Escalation of care Y/N														Escalation of care Y/N							
Initials														Initials							

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

The NEWS2 scoring system

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

National Early Warning Score (NEWS) 2

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NEWS2 thresholds and triggers and clinical response to the NEWS2 trigger thresholds

NEWS score	Clinical risk	Response
Aggregate score 0–4	Low	Ward-based response
Red score Score of 3 in any individual parameter	Low–medium	Urgent ward-based response*
Aggregate score 5–6	Medium	Key threshold for urgent response*
Aggregate score 7 or more	High	Urgent or emergency response**

* Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care to a critical care team is appropriate.

**The response team must also include staff with critical care skills, including airway management.

National Early Warning Score (NEWS) 2

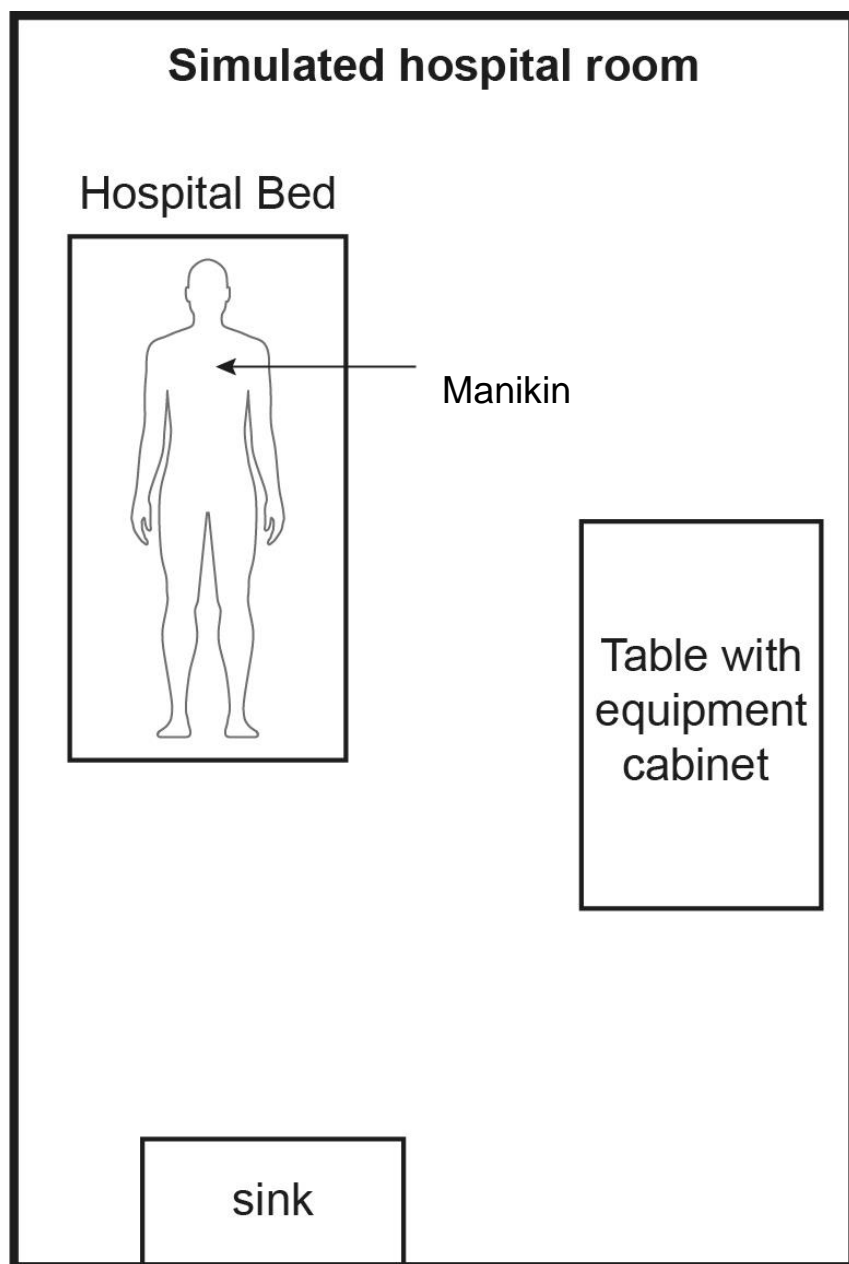
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NEW score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	<ul style="list-style-type: none"> Continue routine NEWS monitoring
Total 1–4	Minimum 4–6 hourly	<ul style="list-style-type: none"> Inform registered nurse, who must assess the patient Registered nurse decides whether increased frequency of monitoring and/or escalation of care is required
3 in single parameter	Minimum 1 hourly	<ul style="list-style-type: none"> Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary
Total 5 or more Urgent response threshold	Minimum 1 hourly	<ul style="list-style-type: none"> Registered nurse to immediately inform the medical team caring for the patient Registered nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely ill patients Provide clinical care in an environment with monitoring facilities
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	<ul style="list-style-type: none"> Registered nurse to immediately inform the medical team caring for the patient – this should be at least at specialist registrar level Emergency assessment by a team with critical care competencies, including practitioner(s) with advanced airway management skills Consider transfer of care to a level 2 or 3 clinical care facility, ie higher-dependency unit or ICU Clinical care in an environment with monitoring facilities

National Early Warning Score (NEWS) 2

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Floorplan scenario 3



PAA mark scheme

The mark scheme for the PAA comprises of marking grids and indicative content.

The following marking grids should be used to assess students and award marks for the scenario specific skills and underpinning skills. The indicative content for the scenario specific skills is for the practical activity scenarios set for the (insert series) series only.

To understand what is required to be awarded marks, students should have already been provided with a copy of the marking grids. The marking grids are published in the tutor guidance document which can be found on the NCFE website.

Assessors are reminded that they should complete a student assessment record form to record descriptive information and evidence of the student's skills and knowledge demonstrated during the PAA. The student assessment record form can be found on the NCFE website.

Marking guidance

Marking grid

The marking grids for the scenario specific skills and the underpinning skills identify the 4 assessment criteria that students are assessed against. Each assessment criterion is out of a total of 4 marks.

The assessment criteria are broken down into 4 bands with a corresponding descriptor. The descriptor for the band indicates the quality of a student's performance in that band. The band is the mark that should be awarded for that assessment criterion (for example, band 1 = 1 mark and band 4 = 4 marks). There is a total of 16 marks available for the scenario specific skills, and 12 marks available for underpinning skills mark schemes which should be used in accordance with the assessment requirements (see page 8 for details).

When determining marks for scenario specific skills, assessors should only consider the quality of the student's performance in that scenario. When determining a band/mark, assessors' decisions should be based on the overall quality of the student's performance in relation to the descriptors. If the student's performance covers different aspects of different bands, assessors should use a best-fit approach to award the band/mark.

When determining marks for underpinning skills, the assessor should consider performance across **all** scenarios. Where certain scenarios do not provide opportunities for students to demonstrate an underpinning skill, students should not be penalised; the mark awarded should be based on the quality of the student's performance in scenarios where the underpinning skills have emerged. When determining a band/mark, assessors' decisions should be based on the overall quality of the student's performance in relation to the descriptors. If the student's performance of a particular underpinning skill is inconsistent across scenarios, and covers different aspects of different bands, assessors should use a best-fit approach to award the most appropriate band/mark.

Standardisation materials can be used to help assessors with determining a band/mark if they are unsure.

Assessors should start at the lowest band of the marking grid and move up until there is a match between the band descriptor and the student's performance.

Indicative content

Indicative content has been provided as a guide to help assessors understand what should be expected in a student's performance to allow for a marking judgement to be made. Assessors are reminded that indicative content is not an exhaustive list.

Scenario specific skills marking grid

Band	Demonstration of knowledge and understanding of the clinical tasks		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks		Use of equipment and/or materials and/or resources in relation to clinical tasks		Following, recording, reporting, and/or storing data and/or handling information in relation to clinical tasks	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
4	4	The student demonstrates excellent knowledge and understanding of the clinical tasks, that is sustained throughout the student's practice.	4	The student demonstrates a highly effective application of the clinical tasks that is consistently in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is excellent and demonstration of the clinical tasks is always within the scope of their role and responsibilities.	4	The student demonstrates a highly proficient use of the equipment and/or materials and/or resources, which are always applied with accuracy and precision. The student maintains a consistently safe environment, providing an excellent experience for the individual and their wider family/carers, as appropriate.	4	The student follows, records and reports on information in a highly effective and clear way, with accurate spelling, grammar, and punctuation, to suit a particular purpose. The student consistently follows, records, reports, stores, and handles information in line with local and national policies, keeping all relevant information confidential and supports others to do so.

Band	Demonstration of knowledge and understanding of the clinical tasks		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks		Use of equipment and/or materials and/or resources in relation to clinical tasks		Following, recording, reporting, and/or storing data and/or handling information in relation to clinical tasks	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
3	3	The student demonstrates good knowledge and understanding of the clinical tasks, that is largely sustained throughout the student's practice.	3	The student demonstrates an effective application of the clinical tasks that is mostly in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is good and demonstration of the clinical tasks is usually within the scope of their role and responsibilities.	3	The student demonstrates a proficient use of the equipment and/or materials and/or resources, which are usually applied with accuracy and precision. The student maintains a generally safe environment, providing a good experience for the individual and their wider family/carers, as appropriate.	3	The student follows, records and reports on information in an effective and mostly clear way, with largely accurate spelling, grammar, and punctuation, to suit a particular purpose. The student generally follows, records, reports, stores, and handles information in line with local and national policies, keeping the most relevant information confidential and largely supports others to do so.

Band	Demonstration of knowledge and understanding of the clinical tasks		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks		Use of equipment and/or materials and/or resources in relation to clinical tasks		Following, recording, reporting, and/or storing data and/or handling information in relation to clinical tasks	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
2	2	The student demonstrates satisfactory knowledge and understanding of the clinical tasks, that is partially sustained throughout the student's practice.	2	The student demonstrates a reasonably effective application of the clinical tasks that is sometimes in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is satisfactory and demonstration of the clinical tasks is sufficiently within the scope of their role and responsibilities.	2	The student demonstrates sufficient use of the equipment and/or materials and/or resources, which are sometimes applied with accuracy and precision. The student maintains sufficiently safe environmental practices, but errors may not always, provide a comfortable experience for the individual and their wider family/carers, as appropriate.	2	The student follows, records and reports on information in a reasonably effective and partially clear way, with some accurate spelling, grammar, and punctuation, to suit a particular purpose. The student sometimes follows, records, reports, stores, and handles information in line with local and national policies, keeping some relevant information confidential and sometimes supports others to do so.

Band	Demonstration of knowledge and understanding of the clinical tasks		Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks		Use of equipment and/or materials and/or resources in relation to clinical tasks		Following, recording, reporting, and/or storing data and/or handling information in relation to clinical tasks	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
1	1	The student demonstrates basic knowledge and understanding of the clinical tasks, that is fragmented throughout the student's practice.	1	The student demonstrates a minimally effective application of the clinical tasks that is rarely in line with best practice techniques and agreed ways of working. The student's adherence to the appropriate regulations/legislation is poor and demonstration of the clinical tasks is minimally within scope of their role and responsibilities.	1	The student demonstrates a poor use of the equipment and/or materials and/or resources, which are rarely applied with accuracy and precision. The student is uncertain about how to maintain a minimally safe environment, providing an uncomfortable experience for the individual and their wider family/carers, as appropriate.	1	The student follows, records and reports on information in a minimally effective and clear way, with occasionally accurate spelling, grammar, and punctuation, to suit a particular purpose. The student rarely follows, records, reports, stores, and handles information in line with local and national policies, keeping little relevant information confidential and rarely supports others to do so.
0	No evidence demonstrated or nothing worthy of credit.							

Underpinning skills marking grid

Band	Duty of care, candour, and person-centred care		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
4	4	<p>The student demonstrates excellent duty of care, candour, and person-centred care, taking all necessary precautions to protect physical and mental wellbeing of the individuals.</p> <p>The student is always respectful of and responsive to the individual's perspectives, consistently keeping carers and relevant others informed where appropriate.</p> <p>The student is highly effective at working with others.</p>	4	<p>The student demonstrates highly effective communication skills, always speaking clearly and confidently.</p> <p>The student's tone, register and level of detail is excellent and always reflects the audience and purpose.</p> <p>The student uses technical language with accuracy and they always demonstrate active listening.</p>	4	<p>The student maintains a highly effective and safe clinical working environment, demonstrating excellent knowledge, understanding and application of health and safety legislation.</p> <p>The student demonstrates correct use of personal protective equipment (PPE) throughout and follows safe practices highly effectively.</p> <p>The student is fully aware of their own limitations and always works within them to safeguard the individual's wellbeing.</p>

Band	Duty of care, candour, and person-centred care		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
3	3	<p>The student demonstrates good duty of care, candour, and person-centred care, taking most necessary precautions to protect physical and mental wellbeing of the individuals.</p> <p>The student is mostly respectful of and responsive to the individual's perspectives, generally keeping carers and relevant others informed where appropriate.</p> <p>The student is effective at working with others.</p>	3	<p>The student demonstrates effective communication skills, generally speaking clearly and confidently.</p> <p>The student's tone, register and level of detail is good and generally reflects the audience and purpose.</p> <p>The student's use of technical language is generally accurate, and they usually demonstrate active listening.</p>	3	<p>The student maintains an effective and safe clinical working environment, demonstrating good knowledge, understanding and application of health and safety legislation.</p> <p>The student demonstrates correct use of personal protective equipment (PPE) most of the time and follows safe practices effectively.</p> <p>The student is generally aware of their own limitations and mostly works within them to safeguard the individual's wellbeing.</p>

Band	Duty of care, candour, and person-centred care		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
2	2	<p>The student demonstrates satisfactory duty of care, candour, and person-centred care, taking sufficient necessary precautions to protect physical and mental wellbeing of the individuals.</p> <p>The student is sometimes respectful of and responsive to the individuals, sometimes keeping carers and relevant others informed where appropriate but often orientated towards own or service perspectives.</p> <p>The student is reasonably effective at working with others.</p>	2	<p>The student demonstrates reasonably effective communication skills, sometimes speaking clearly and confidently.</p> <p>The student's tone, register and level of detail is satisfactory and sometimes reflects the audience and purpose.</p> <p>The student's use of technical language is partially accurate, and they demonstrate active listening sometimes.</p>	2	<p>The student maintains a sufficiently effective and safe clinical working environment, demonstrating satisfactory knowledge, understanding and application of health and safety legislation.</p> <p>The student sometimes demonstrates the correct use of personal protective equipment (PPE) and follows satisfactory safe practices.</p> <p>The student shows some awareness of their own limitations and they work sufficiently within them, but this may risk failure to safeguard the individual's wellbeing.</p>

Band	Duty of care, candour, and person-centred care		Communication		Health and safety	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
1	1	<p>The student demonstrates basic duty of care, candour, and person-centred care, occasionally taking the necessary precautions to protect physical and mental wellbeing of the individuals.</p> <p>The student is rarely respectful of and responsive to the individuals, occasionally keeping carers and relevant others informed where appropriate but invariably orientated to own perspectives.</p> <p>The student is minimally effective at working with others.</p>	1	<p>The student demonstrates minimally effective communication skills, occasionally speaking clearly and confidently.</p> <p>The student's tone, register and level of detail is basic and rarely reflects the audience and purpose.</p> <p>The student's use of technical language is limited in accuracy and they rarely demonstrate active listening.</p>	1	<p>The student maintains a minimally effective and safe clinical working environment, demonstrating basic knowledge, understanding and application of health and safety legislation.</p> <p>The student rarely demonstrates the correct use of personal protective equipment (PPE) and follows limited safe practices.</p> <p>The student shows limited awareness of their own limitations, rarely working within them, which risks failure to safeguard the individual's wellbeing.</p>
0	No evidence demonstrated or nothing worthy of credit.					

Indicative content

Practical activity scenario 1

The student will:

- demonstrate person-centred care, ensuring that a good standard of safe and high-quality care is provided to the individual
- communicate appropriately with the individual before, during and after mobilisation
- explain procedures to the individual and gain consent prior to mobilising
- adhere to, and be compliant with, health and safety regulations including washing hands, and safe practises when moving

The student will check the level of support required for the patient:

- check care plan and confirm verbally with patient to maximise independence and promote safety

The student will support the individual to move safely using the walking frame undertaking the following actions or other appropriate safe actions

- check the walking frame prior to use for signs of wear and tear, check correct height for individual, check the individual is wearing appropriate footwear
- place the walker as near to chair with armrest as possible and encourage them to stand up using armrest (as stated can do independently within the care plan)
- stand beside or behind the individual when they are upright and walking using the walking frame
- encourage the individual to keep their head up and look forward
- ensure individual is pushing walking frame ahead of themselves slightly, then moving into the walker and repeating to move

The student will document all actions taken on the individuals daily care log

Note: any neglect to follow procedures to promote health and safety should be considered for the potential neglect of safeguarding principles and assessed in accordance with the underpinning skills mark scheme.

Accept other appropriate actions.

Practical activity scenario 2

The student will appropriately meet individual and escort from simulated waiting area to the simulated environment for the appointment. The student will introduce themselves in a professional and friendly manner to build rapport with the patient.

The student will maintain good verbal and non-verbal communication throughout the patient assessment:

- good eye contact
- active listening
- appropriate language, avoiding jargon

- good posture
- appropriate pitch, rate, and volume
- hand gestures

The student will check identity of the patient and gather basic information in accordance with duty of care, candour and person-centred care principles, using the health and wellbeing form provided for guidance.

The student will gather appropriate evidence to assist in obtaining the individuals/family history and record information accurately and concisely on the health and wellbeing assessment form (Item C)

- illnesses/conditions – self; asthma, high blood pressure (140/90 mmHg one week prior) Family (Mother): Depression, diabetes
- allergies – nut allergy; medication – inhalers: Ventolin inhaler – 200mcg inhaled as required; beclomethasone inhale – 120mcg inhaled twice daily
- mental health – self (feelings of sadness, social isolation, sleep patten disturbance)

The student will promote physical and mental wellbeing, providing brief advise on health and wellbeing from the information/data gathered from the health and wellbeing assessment:

- smoking – smoking cessation to improve physical health
- diet – importance of maintaining a healthy, balanced diet with recommended calories so not losing any further weight; avoidance of any nut products in diet due to allergy
- exercise – regular physical activity to improve physical and mental health
- alcohol – reducing amount and frequency of alcohol consumption (recommended no more than 14 units per week) to improve physical and mental health
- asthma – smoking cessation, using inhalers when required
- high blood pressure – healthy diet, exercise regularly, reducing alcohol consumption
- mental health – encouraging participation in social activities, gaining sufficient sleep, eating well, reducing alcohol consumption)

The student will appropriately escort the individual to the simulated waiting room on completion of the appointment for their appointment with the nurse.

The student will recognise issues and deteriorations in mental and physical health from the information/data gathered from the health and wellbeing assessment and report verbally to the nurse:

- mental health – signs of depression-change in mood, change in appetite, social withdrawal; family history of long-term depression (mother)
- physical health – weight loss, high blood pressure (140/90 mmHg one week prior), asthmatic

Other issues affecting physical/mental health:

- alcohol consumption
- poor diet
- smoking

Note: any failure to apply underpinning skills of communication, duty of care, candour and person-centred approaches should be assessed in accordance with the underpinning skills mark scheme.

Accept other appropriate actions.

Practical activity scenario 3

The student asks for consent in accordance with duty of care.

The student applies standard precautions in accordance with health and safety legislation and policy:

- infection control
- PPE
- each piece of equipment is cleaned prior to and following use in accordance with health and safety legislation and policy in order to safeguard the wellbeing of other service users and staff
- the student communicates each stage of the procedure to the patient

The student will use physiological measurement equipment correctly and safely to undertake physiological measurements.

- respiration and oxygen saturation monitoring using watch seconds hand/stopwatch and pulse oximeter:
 - probe placed on index finger for a minimum of 1 minute
 - whilst probe is in place, counts breaths for 1 minute (this allows the measurement to be more accurate as the patient is unaware that breaths are being counted at that time)
 - blood pressure (BP) monitoring using an automatic blood pressure machine
 - applies correct sized cuff around upper arm (wraps around arm completely, not too tight or too loose)
 - lines up the arrow on the cuff marker with the centre of the arm
 - presses the start button on the monitor to start filling the cuff with air
 - waits for all the air to come out of the cuff
 - records blood pressure reading from monitor accurately
- heart rate monitoring:
 - turns hand over, palm side up
 - places two fingers in groove of wrist, approx. one inch from bottom of thumb
 - when feels pulse, counts number of beats within one minute, using stopwatch or watch with a second hand
- level of consciousness:
 - alert, verbal, pain, unresponsive (AVPU) scale identified and recorded
- body temperature monitoring:
 - applies protective cover to tympanic thermometer probe
 - places probe in individual's ear
 - leaves in place for correct amount of time (according to manufacturer's instructions) before removing (tympanic will beep when ready)
 - disposes of probe cover correctly
 - correct numeric and degree noted

The student will accurately complete NEWS 2 observation chart.

The student verbally reports the finding to the nurse in charge, including issues and deteriorations in health.

- NEWS 2 scores:

- respiratory rate – 24 breaths per minute: 2
- oxygen saturation (SpO₂ Scale 1) – 92%: 2
- blood pressure – 140/80 mmHg: 0
- heart rate (pulse) – 98 bpm: 1
- body temperature – 38 °C: 0
- level of consciousness – alert: 0
- total News 2 score student to report is 5 – medium risk, urgent response threshold, frequency of monitoring every 1 hour, medical team caring for individual to be informed and urgent assessment from a clinician
- deterioration in physiological measurements from GP results (2hrs prior) – systolic blood pressure increased, oxygen saturation decreased, respirations increased, heart rate increased
- body temperature has remained high at 38°C

The student verbally recommends to the nurse about how the individuals urine elimination, nutrition and hydration should be monitored based on the information provided in the brief.

- nutrition – food diary
- urine elimination – urine chart
- hydration – fluid balance chart

The student cleans the equipment, removes PPE and disposes safely and washes hands in accordance with health and safety legislation and policies.

Note: any neglect of application of standard precautions, procedural competency and communication protocols should be considered in accordance with safeguarding principles.

Accept other appropriate actions.

Performance outcome (PO) grid

Practical activity scenario	C-PO1	C-PO2	C-PO3	Total
1	13	3		16
2	7	9		16
3	1	3	12	16
Underpinning skills	12			12
Total	33	15	12	60
% weighting	55%	25%	20%	100%

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Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of issue
v1.0	Additional sample material		01 September 2023
v1.1	Sample added as a watermark	November 2023	20 November 2023