

Report from the chief examiner and chief moderator

**T Level Technical Qualification in
Health (Level 3)
(603/7066/X)**

**Summer 2023 – Occupational
Specialism (Supporting the Adult
Nursing Teams)**

Chief examiner and chief moderator report

Summer 2023 – Occupational Specialism Supporting the Adult Nursing Teams

Assessment dates: 20th March 2023 – 16th June 2023

Paper number: P001990/P001989/P001991/P001992

This report contains information in relation to the externally assessed component provided by the chief examiner and chief moderator, with an emphasis on the standard of student work within this assessment.

The report is written for providers, with the aim of highlighting how students have performed generally, as well as any areas where further development or guidance which may be required to support preparation for future opportunities.

Key points:

- grade boundaries
- standard of student work
- evidence creation
- responses to the external assessment tasks
- administering the external assessment

It is important to note that students should not sit this external assessment until they have received the relevant teaching of the qualification in relation to this component.

[Grade boundaries 603-7066-X Supporting Adult Nursing Occupational Specialism – Report from the Chief Examiner and Chief Moderator Summer 2023](#)

Grade boundaries for the series are:

	Overall
Max	380
Distinction	300
Merit	207
Pass	115

Grade boundaries are the lowest mark with which a grade is achieved.

For further detail on how raw marks are scaled and the aggregation of the occupational specialist element, please refer to the qualification specification.

Standard of student work

Externally assessed assignments

Overall, in the occupational specialism (OS) student's achievement was in the significantly higher-grade boundaries with the majority of students capturing grades in mark bands 3 and 4 for both assignment 1 and 3. Overall students had a good understanding of risk factors and how to support the patient in the scenario. The knowledge of learners was impressive, and this course demonstrates that in the grades learners achieved.

For assignment 1 students responses to all questions were answered extremely well, in particular task 1 and 2. Students scaffolded from the scenario for task 1 throughout to task 4. Students gained momentum but clearly understood appropriate goal setting and planned outcomes for Martha from the case study. The mark scheme also supported this and for high order mark band 4 students had to cover criteria to support goals which were relevant, well considered and contextualised to the case study, supporting a person-centred care approach that students developed in an excellent manner.

Students detail throughout all 4 tasks was also of a high standard, well developed and good academic writing that clearly demonstrated students understanding from the case study. The areas that students struggled with were regarding evaluation and supporting the goal setting, with the impact this will have on the patient overall, and many learners did not fully evaluate it would have been improved by seeing more risk and benefits of each suggestion. Potential barriers to this and suggestions to overcome them and then overall impact on current practice. Students at times, repeated task 1 and 2 answers.

The majority of questions were all answered fully and my suggestions to centres would be to ensure students are aware of the language used in the questioning of tasks and that they fully understand what evaluation requirements need to be.

For OS, assignment 3 – student's responses were excellent to mostly all of the tasks with students falling short on marks when responding to codes of conduct/codes of practice and at times the terminology of the question that students struggled to understand.

The questions that students appeared to find more difficult were theme 2, in particular codes of conduct for both part A's. Codes of conduct and relating this to their own learning was difficult, and the scenarios could have been better linked and students made aware to complete this in a more detailed way. Students struggled to link codes of conduct to their professional healthcare and their background in clinical environment, and how this relates to professional boundaries. However, their own reflections enable learners to pick up further marks. Students performed particularly well in theme 3 and gave confident responses towards their understanding of physiological observations and their own challenges.

The reason for students performing so well overall on assignment 3 is that students were able to showcase their own understanding, their experiences during clinical practice and classroom environment, and have confidence with their answers. Reflections on their scenarios was performed well, detail given and it was clear students have relevant knowledge, skills and behaviours. Students were able to evaluate their own learning and their own personal learning journey in this.

Suggestions for centres would be to ensure terminology is discussed and questioning of different topics are given as examples, so students have a fully robust awareness of questioning skills they may be introduced too.

Moderated assignments

A different scenario was provided for each of the 4 moderated activities. For each activity there was preparation time for each student, prior to starting the assessment activity. Students made effective use of planning time, in the majority of cases making notes to support their practical work.

There was clear evidence of nerves with some students, they had to have a lot of encouragement from staff to continue with the assessment. Other students seemed very well prepared and confident about each assessment component. Each assessment had accompanying records and these were completed by students with varying degrees of success. Most students attempted completion. The planning time was used to good effect and students read through the guidance and made notes.

Templates have been provided for assessors to capture the structured observations. In most instances, these templates have been used. In the best examples, assessors have recorded in detail what the student

did, and how they did it. Assessors often included specific examples of performance that supported the assessment decision made. For example, rather than say 'the student demonstrated good interpersonal skills' the assessor gave examples of the approach used, why it was good and the context in which it was used.

There were occasions where it was felt the assessors were too involved and led students too much. They took over the activity and interacted with the 'patient'. There were also concerns raised about the level of planning and input there had been prior to students actually being formally assessed carrying out each practical activity.

Evidence creation

There were proformas provided for each assignment activity. Some activities, such as activities 2 and 3, also had accompanying resources.

Students used the resources provided to good effect, indeed they informed the activities so needed to be used. The proformas varied in how they were completed. The observation template for activity 1 was attempted, but some students completed this in great detail, others not so. The detailed templates could be used to inform practice in a real work situation. Often details were scant and would be of little use in practice.

For activity 2 students often got the Braden score incorrect. All of the resources provided were also seen being used by students, with varying levels of success. This in turn led to incomplete care plans being produced. The Braden score should influence the generation of the corresponding care plan.

Resources were used to good effect in activity 3, this was seen on the recordings. The Eatwell Guide was often seen being discussed with Istvan and used to inform the recommendations made for dietary improvement.

The checklist provided for activity 4 was attempted by the majority of students. There were some completed with very limited details, others recorded nearly every step they had carried out.

Responses to the assignments

Assignment 1 case study

The overall flow of the scenario throughout allowed students to gain momentum in their understanding of the tasks and the assessment, goal setting, care and treatment plan allowed students to evaluate the effectiveness for Martha.

Task 1: assessment of the patient/situation

Overall students responded well to this question and utilised the case study well, transcript and the fluid balance chart. Students answered considerably well to Martha's immediate needs, however, did get confused with psychological needs and physiological needs. With more learners opting to discuss physiological needs more fully. A lot of students discussed onset dementia as a possible cause for Martha. Assessment of risk factors was also discussed well and in detail in most cases, where students dropped marks was due to not giving enough detail of how these concerns will impact Martha's health and wellbeing. Students who achieved mark band 4, provided detail with regards to professionals that will be used to impact Martha's care plan in detail.

Task 2: goals/patient outcomes/planned outcomes

Students again responded well to this task and achieved high marks overall from mark bands 3 and 4. Students who achieved these grades did so due to detailed short term goals to support Martha's daily living, that were appropriate and covered adequate responses to daily living. Students continued to make excellent recommendations to how these will be supported to achieve the best outcome for Martha and any barriers that would be apparent from this. Where detail was lost and marks, was when students discussed the importance of person centred care or did not mention this at all. The format of this task differed significantly between students and students generally achieved higher marks when following a sub heading format to ensure all key findings are discussed.

Task 3: care/treatments/support plan

In this task students did respond well to the summary of the main concerns for Martha (however often just duplicated answers from previous tasks) instead of expanding and summarising the main concerns. In addition, students who achieved higher grade boundaries were able to further develop answers to support treatment and or support required. Again, the professionals involved were often minimal compared to the overall information for task 3 which would have supported higher grades achieved. However overall students did pick up the main points for Martha; pressure sores developing and supportive treatment for this and concerns with incontinence, and ways to again support Martha with this.

Task 4: evaluation/monitoring effectiveness/clinical effectiveness

Students struggled with evaluation on this task and often continued with the summary from task 3, where students explained the concerns but often didn't evaluate the effectiveness of the outcomes from the care plan. However, on the whole students again picked the relevant points for discussion; incontinence and pressure sores but were limited on the effectiveness of the improvements towards Martha and again the importance of key professionals throughout. Layout again was important to this task, where students who structured their task and kept to the overview with subheadings kept the language and evaluation more effective.

Overall assignment 1 was completed extremely well and students achieved high scores with a fantastic overview for all tasks collectively, allowing students to understand the importance of assessment, goal setting, care and treatment plan for overall effectiveness for Martha's health and wellbeing.

Assignment 2

Practical activities – Part 1 Supporting healthcare

Scenario 1

This scenario focused on responding to an incident or emergency, and infection prevention and control. The task was completed quite well by most students. There were however differences in approach depending on the materials made available by the provider. In some centres bespoke spillages kits were used with everything in them whereas in other centres all relevant equipment was provided as separate items. Where students did well, they assessed the situation, collected, and took all required equipment to the site of the spillage and used it effectively. The recordings showed students demonstrating effective handwashing procedures fully and the correct order of application and removal of required PPE was evident. Some students though found this aspect challenging, either not demonstrating effective techniques for handwashing, often rushing through this part of the task or stating to the camera that they had already washed their hands. Some returned repeatedly to the 'clean area' with contaminated hands and some centre assessors did not recognise basic errors in infection control techniques.

In the higher marked evidence, there was excellent communication throughout and the task was completed with a patient centred approach. The communication within the written documentation was also

comprehensive, with a dated and signed entry clearly stating what had happened and what actions had been taken. There should have been reference to the patient vomiting, that it was provoked by coughing, that it had been cleaned up following infection control procedures, and that it would be reported to the senior staff in charge. The patient's comfort and wellbeing at the end of the scenario should have been addressed and commented on in the written records. This ensures the written record is useful for staff providing care later. Best practice would also be for the student to print their name after their signature and add their designation for accountability purposes.

Scenario 2

This scenario required students to assist with comfort and wellbeing, assist with clinical tasks and undertake a range of physiological measurements. The same challenges were seen as above with a minority of students not washing their hands properly or using PPE effectively. Again, this was not always picked up by centre assessors. There was a wide range of marks awarded across the cohort. Those students who typically performed better used the equipment confidently and correctly, followed appropriate procedures, and maintained excellent communications with the patient throughout. They considered the patient's comfort and wellbeing, adjusted the bed, used the right arm instead of the left, provided blankets and offered a drink.

Students who achieved lower marks often did some of these things but not consistently throughout the task. They also struggled to recognise the subtle signs of deterioration in physiological measurements and the implications this could have for the patient. A minority of students failed to handover to the senior member of staff as required in the scenario brief or did so in a way that did not demonstrate their underpinning knowledge and understanding of the measurements they had just taken. Many missed out the advice regarding nutrition, hydration, and fluid input/output. Where students scored lower the written documentation often had multiple errors or omissions in the entries made. The section at the bottom of the form for recommendations of frequency of monitoring, whether escalation was required and initials for accountability were often left blank.

Scenario 3

This scenario involved the collection, measurement and recording of a urine sample. This task proved challenging for a lot of students. Where students scored lower, we saw the same issues as above regarding failures to demonstrate handwashing and infection prevention and control procedures. The fluid balance chart was often incomplete, patient identifiers were not filled in, no dates and incorrect measurements logged, or measurements logged against the incorrect time. Many students calculated the fluid balance totals at the bottom of the form, which was not a requirement of the task, the chart runs for 24 hours and was only started at 01.00 according to the scenario brief.

The students who scored higher however identified that the patient was currently in a negative fluid balance, either with a mental calculation or making a calculation at the side of the chart. They then also communicated this effectively to the patient and explained how the patient should try to increase their fluid intake, and offered a drink, recording this appropriately on the chart if accepted.

Each practical activity for part 2 was different and laid out the actions to be carried out and criteria to be covered in detail. If students adhered to this guidance, they completed each activity to good effect, obviously with varying degrees of application.

Scenario 1 was generally approached with confidence and was a nice ease into the assessment process. The person playing the role of Jeff played this in different ways; some gave substance to the role by acting out the role fully, to good effect. In other instances, a dummy was used which, in itself presented challenges for students as they were, for example, trying to apply person centred ways of working to inanimate objects. It is of course acknowledged that not all providers will work in the same way so there was not a consistent approach to the setting up of scenarios.

A template was provided for students to complete to record the findings of their observation and discussion with Jeff. As stated, this varied in the level of detail recorded but students did often attempt to complete each heading in the table. There were examples of detailed completion and was supported by the role the learner played and the interaction they had with Jeff during the activity.

Areas which were weaker include the discussion carried out with Jeff, how students interacted and applied person-centred approaches, and communication skills. Some students were extremely cautious when approaching Jeff and did not gain much information from him at all as the interaction was limited in content.

Scenario 2 was more challenging in terms of applying knowledge. Students were required to work with Maddy to discuss her wellbeing and assess her foot. Again, students approached this with varying degrees of confidence. The activity was well laid out, but some students were not fully aware of what needed to be carried out. Students asked for consent, checked Maddy's identity and offered immediate pressure relief through the use of a pillow. This was carried out with varying levels of success; some students carried this out well and correctly, some put the pillow under both feet, and some did not do this until the end of the assessment or forgot altogether.

The assessment of skin integrity was completed, Braden and SSKIN Bundle were supplied and applied with varying degrees of success. Some students completed the assessment accurately and recorded their findings correctly. Other students did not accurately assess so arrived at an incorrect score. Both aspects informed the completion of a care plan for Maddy. Again, the completion of the care plan varied in detail and in the application of the knowledge gained through the assessment. Some care plans were detailed and could inform practice, others were scant in detail and would need revisiting if they were to be used in practice.

The use of personal protective equipment (PPE) was varied. Most students used it to good effect, ensuring they always followed policy and practice. Other students donned or doffed or disposed of it incorrectly. Others kept it on when it should have been removed or used it too late into the activity.

Scenario 3 again had a different focus and this an assessment of nutritional needs for Istvan. This activity also required demonstration of the use of effective communication and interpersonal skills. Students approached this activity with confidence, some of course were less confident and unsure about how to initiate this discussion.

Istvan was to be weighed and his height measured. Some students carried this out confidently and used the outcomes, and BMI, to inform their ongoing assessment of Istvan's nutritional needs. The resources provided were included in the discussions with Istvan and proved to be a useful resource as the Eatwell Guide clearly illustrates what is needed for a balanced diet. Some of the responses to this, recorded on the recommendations sheet, were not accurate and did not reflect the information gathered or the Eatwell Guide recommendations. Others were very creative and identified a range of food and meals Istvan could consider to ensure he ate more healthily. Istvan's cultural preferences were not often considered by students or used to make recommendations about his diet.

Scenario 4 had a very different focus, first line calibration of clinical equipment. Students were more confident in doing this, but some lacked the technical skills for some pieces of equipment, for example, the pulse oximeter. Most students cleaned the equipment prior to calibration, and on completion of the calibration. Some students did not clean the equipment at any time.

The use of the cup when calibrating the weighing scales did cause confusion for some students, others followed the guidance given.

The results of the calibrations were recorded with varying levels of detail. Some students just wrote 'ok', while other students did add more detail, recording the actual checks completed and reporting this to their senior.

Assignment 3:

Student's grades were overall very high, due to students learning experiences in the classroom and on placement reflected in their discussions, which gave an excellent reflection towards their own learning and experience.

Theme 1: supporting effective working and communication

This theme overall was answered extremely well, with majority of students achieving high mark band grades. Students were able to respond and give a confident response to their understanding of working as part of a team whilst on placement or within a stimulated scenario. Question 1; part A and part B were answered similarly and marks were strong across both of these tasks, which identified majority of students understanding of safeguarding to a good level. Most students spoke with confidence and were able to discuss the part they played and how this effected their practice.

Those students who were not immediately a part of the concern did not lose marks as they were able to understand the overall safeguarding concern and the roles different team members play. Question 2; part A and part B – were also answered well by students and their development from question 1 examples were often used to explain further professional boundaries and ethics. Again, students own reflection allowed marks to be gained and students who were able to relate to their own personal development achieved marks in the higher mark bands.

Theme 2: working within codes of conduct

Question 3: part A and part B: Codes of conduct and relating this to their own learning was difficult to a lot of students and they struggled to link codes of conduct to their professional healthcare and their background in clinical environment, and how this relates to professional boundaries. However, their own reflections enable learners to pick up further marks and once students started to discuss their practice and how they have supported a patient with daily living achieved higher grades. Students who struggled to link their practice to codes of conduct, however, often gave very good examples of how they did this in practice. Question 4; part A and part B – students again struggled with evaluation, but once they discussed their reflections on placement they were able to relate this to their future practice effectively and students picked up marks for this.

Theme 3: understanding physiological observations

Students performed particularly well in theme 3 for both questions and gave confident responses towards their understanding of physiological observations and their own challenges, and how this impacts their current and future development. It was evident that student experiences were effective and gave confidence to the level they are working at, and students articulated this very well throughout.

Students performed very well overall for assignment 3; students were able to showcase their own understanding, their experiences during clinical practice and classroom environment and had confidence with their answers throughout. Reflections on their scenarios/experiences were performed well, detail given was extremely clear and it was evident that students have relevant knowledge, skills and behaviours from their placement opportunities to answer the themes effectively. Students were able to evaluate their own learning and their personal learning journey in this assignment.

Administering the external assessment

The external assessment is invigilated and must be conducted in line with our [Regulations for the Conduct of External Assessment](#).

Students must be given the resources to complete the assessment, and these are highlighted within the [Qualification Specific Instructions for Delivery](#) (QSID).