T-LEVELS | Institute for Apprenticeships & Technical Education

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 Midwifery Team

NCFE CACHE

Chief examiner and chief moderator report

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

Paper number: **P001993, P001989, P001994 and P001995**

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 may be required to support preparation for future opportunities.

Key points:

- grade boundaries
- standard of student work
- evidence creation
- responses to the 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

Grade boundaries for the series are:

	Overall
Max	380
Distinction	314
Merit	239
Pass	165

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

A range of ability was assessed for the OSA midwifery students for the assignment 2 practical activities element, and it was pleasing to see that student responses were generally informed clinically and woman-centred in approach. Students made efforts to integrate the clinical tasks whilst demonstrating professionalism and compassion towards the standardised patient. It was evident that some students struggled to manage this cohesively, which may in part be due to lack of experience in the maternity setting. Students who were exposed to industry experience attained higher marks as the simulated scenarios are based upon current and accepted clinical practices, including (but not exclusive to) interpretation of clinical task, health and safety and documentation. Students made good efforts to demonstrate their understanding of the clinical tasks, which on the whole was achieved effectively, indicating a robust application of the

underpinning knowledge embedded by providers. Moving forward, providers may find it beneficial to ensure that practical activities are widely facilitated and directed in academia to support the industry experience, in preparation for both assessment and providing context for future related career aspirations.

Moderated assignments

Assignment 2 is split into 2 sections. Supporting Healthcare Assignment 2 Practical activities – Part 1 followed by Supporting the Midwifery Team Assignment 2 – Practical activities Part 2.

These assessments are internally assessed at provider premises through simulated performance. The provider appoints their own assessors, then external moderation is carried out by NCFE appointed moderators. Most students were well prepared for the assessments and in the best evidence providers ensured that all appropriate equipment was available, and the standardised patients participating in the simulations were adequately briefed and prepared to play their role.

The 2023 cohort have performed well in assignment 2, and it is evident that many students have benefited from time in industry placement and from simulation opportunities organised by providers. Part 1 and 2 assessment scenarios are unseen by students, they need to come in prepared for anything. The students who scored higher were able to consider the task holistically and demonstrate not only the scenario-specific skills required within each task, but then also interweave the appropriate underpinning skills required to be able to complete the activity successfully to a high quality. Students who scored lower lacked consistency within their practice and did not always fully complete all parts of each scenario. Often communication skills with the patient or others involved, and poor or incomplete written documentation were factors impacting on the awarding of higher marks. In some evidence, standardised patients were not fully compliant with the provider brief. This occasionally restricted the opportunity for students to interact and demonstrate underpinning skills relevant to patient-centred care.

Evidence creation

Assignment 2 relies on the evidence uploaded by each provider. It is essential that complete evidence for both parts of assignment 2 for each student sampled is uploaded to the evidence portal. Providers must also ensure all evidence required for every student is retained as per the provider guide instructions. In some cases, it may become necessary to extend sampling, and if this is the case moderators must be able to see all the evidence requested. The evidence consists of the student assignment brief evidence booklet, complete video recordings for all activities, an assessor narrative on the observations of skills recording form, along with the marks for scenario specific skills and underpinning skills.

Across the range of evidence, varying quality was seen. In the most comprehensive examples, all evidence was uploaded as required, each piece labelled appropriately. Assignment brief evidence booklets were completed fully, scanned and submitted. Video best practice included introductions to the student at the beginning, instructions being given by the assessor, reading time, completion of the full scenario including greetings and introductions to the patient, all handwashing, donning and doffing of PPE demonstrated appropriately on the recording, the completion of any relevant documentation, and handover or reporting to other staff as appropriate was also captured. The better assessor narratives were comprehensive and matched closely what could be seen within the video recordings.

Templates for the assessor observation of skills recording forms were provided and, in most cases were used. Some providers have attempted to replicate the awarding criteria within their narrative, which is not what is asked for within the provider guide. This document should be a detailed description of what the assessor sees the student doing. The detail recreates the assessment, including specific examples of performance that will support the assessment decision or justify the outcome.

Less robust evidence included partial or missing recordings. It is not sufficient for students to announce they have previously washed their hands, their ability to follow the correct infection control procedures every time

should be demonstrated, and providers must ensure facilities are available for them to do so. Higher marked evidence also includes the demonstration of the correct order for donning and doffing their PPE and the appropriate disposal of used materials. In some submissions recordings were obscured by the positioning of the camera, either behind the students back or at an unhelpful angle, so it was not possible to see fully what the student was doing. The audio recording should also be checked before use, to ensure other assessments going on in nearby areas are not compromising the quality of the recording.

In a minority of submissions providers had not uploaded the students' assignment briefs and students had not always signed the statement at the beginning.

Written evidence required in the scenarios differs depending on the task. In general, this was an area where many students could have performed better, ensuring documentation was completed carefully, entirely and to a standard that would be expected at this level in industry. Depending on the scenario, it should be an accurate reflection on what care has been provided, what observations have been made, any deviations from the normal and appropriate actions taken. This written document should be helpful to support the team in providing ongoing care to that patient.

Responses to the assignments

Assignment 1, Task 1

Students generally responded well to this task, which carries a lot of weight due to requiring a multi-faceted approach for the standardised patients' care and treatment. Overall students correctly identified concerns within the patients' care and medical history, although there was a range in the accuracy of responses regarding signposting to the correct condition that recognise the severity of the condition needed to signpost to the most appropriate high risk care pathway and is continued throughout the remainder of the assignment tasks; and therefore higher marks could have been awarded to lower achieving students if the correct initial diagnosis was identified. Accuracy of students' documentation of MEOWS measurements fluctuated and served to either support or hinder the correct management process related to the maternal condition, however, there was a general clear knowledge of the measurement boundaries and the impact of these on maternal and fetal deterioration. Generally, students performed well in relation to the risk assessment process and referred to the management of health and safety processes consistently throughout the task to ensure maternal and fetal wellbeing.

Assignment 1 Task 2

Students were particularly strong when demonstrating a holistic and woman-centred approach, which were generally consistent throughout the assignments by considering maternal wellbeing and preferences. Higher marks were awarded for students who correctly concurred that the maternal condition would involve a discussion regarding a change in care pathway due to the maternal status now requiring 'high-risk' management, and efforts to accommodate the standardised patients' birth preferences within this and relating to the provided birth plan. Some students found the discussion of organisational policy, standards and guidelines for healthcare practitioners a challenge and the marks awarded reflected this. The subsequent discussion of potential consequences for the standardised patient and team involved followed individual students' recognition of the high-risk condition and care pathway.

Assignment 1 Task 3

Good efforts were made by students for task 3 and responses were based on the information provided in the brief and generally well referred to. Higher marks were awarded to students who provided clinical insight relating to the care and support that is concurrent with standard clinical practices; again this may reflect on individual students' maternity experience within the industry sector. Students largely recognised the health implications relating to continuing maternal mental wellbeing, however, a common theme was misinterpretation of the brief and some students' responses referred to the postnatal period being of

continuing care in the community as opposed to the identification of immediate areas of concern. Higher marks were reflected in responses that recognised the immediate monitoring required in the hospital environment (as per brief) and referral to appropriate teams.

Assignment 1 Task 4

The online resources provided in the brief for task 4 were consistently referred to in the student responses; higher marks being awarded where they were used effectively and judiciously to underpin and provide the required evaluation of clinical effectiveness. Students attempted this well and referred to the provided care plan consistently. Higher marks reflected recognition of elements of care that were subtly placed but relevant to the continuing care of the standardised patient, and each part of the brief referred to using the care plan resource. Students commonly gravitated towards descriptive language and summarising of information as opposed to evaluation, which may be atypical of the age demographic. Responses for this last task were commonly precipitous, implying a recognition of time restraints to complete the assignment in full.

Assignment 2

Overall, the evidence produced by the students for the 2 assessments, part 1 and part 2, was of a good quality with many students demonstrating the ability to identify the needs within each scenario, organise themselves and their equipment and carry out the task confidently and competently, whilst interweaving the underpinning skills required to work in healthcare.

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. Within some providers bespoke spillages kits were used with everything in them whereas within other providers 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 provider 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 provider assessors. There was a wide range of marks awarded across the cohort. Those students typically

who 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 was 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.

Assignment 2 – Practical activities Part 2 Supporting the Midwifery Team

Scenario 1

This scenario required students to undertake and record physiological measurements, plot them on a MEOWS chart and make an entry in the antenatal notes reflecting their findings. Most students performed well within this scenario. Those managing to access higher marks ensured they correctly followed all infection control procedures such as handwashing, correct donning and doffing of appropriate PPE, cleaning and checking of equipment before and after use, excellent communication was demonstrated with the patient and fully documented entries made in the records. In examples where students did not perform so well it was often due to failures relating to infection control or incomplete written records. A number of students plotted the measurements correctly but failed to fill in the remainder of the information including neuro-response, totals of light or dark grey scores and initials at the bottom for accountability. Best practice would also be to ensure patient identifiers and date and time are also completed. If not indicated within the scenario these could simply be current date and time. The MEOWS chart has a key on the left side to indicate whether dots, symbols or otherwise should be used to plot measurements. It did state in the provider delivery guide and mark scheme to add a numeric value, so students have not been disadvantaged during moderation if they did add numerals instead of using the key.

Those students with lower grades often made minimal entries in the antenatal records that did not summarise what had been done and therefore would not really be useful to the rest of the midwifery team for ongoing care.

Scenario 2

This scenario focused on students providing support to a patient who had delivered her baby by caesarian section 12 hours previously and required support to go to the bathroom. The evidence submitted for this task had a wide range of grades awarded. The higher grades were justified by excellent communication and encouragement for the mother. The standardised patients in these scenarios acted in the way a real patient would – requiring support and at the minimum verbal encouragement and instruction in the best way to mobilise and support their wound. The students had also made the link to the information provided within the scenario that the mother had just had her urinary catheter removed and recognised the importance of checking with her afterwards whether she had managed to pass urine or not. Those students with lower grades often did not recognise that the chair could be used as an aid to stand by using the armrests to push up. The student themself could also be a resource offering an arm for support but only if handwashing and PPE have been applied. The written evidence for this task in general was weak. The majority of students did not recognise the importance of entering information required for ongoing care, such as whether the mother was confident and able to mobilise independently or whether she still felt weak and required assistance, also whether she had managed to pass urine or not.

Scenario 3

To complete this scenario students had to carry out a practical demonstration to show them supporting a new mother with feeding her baby by her chosen method. Again, in this scenario there was wide ranging evidence from high to low marks being awarded. The students who scored lower only identified that they had equipment to demonstrate how to make up a bottle feed and did this in a very task orientated way rather than with the demonstration of person-centred care skills. Their communication skills and ability to describe what they were doing to the mother were weak. Their support of the mother subsequently feeding her baby or the advice around feeding patterns was also lacking depth, as was direction towards other sources of evidence that could be useful to the mother. The more confident students who had a secure underpinning knowledge found it much easier to have that good quality, supportive conversation with the mother, they used appropriate infection control measures whilst giving a comprehensive demonstration. They also followed this up with guidance about positioning, feeding patterns, and accurately documented their actions in the postnatal notes page provided.

Scenario 4

Here the students had to undertake, record and report physiological measurements on a new baby after the mother had expressed concern. Most students did well with this task. The students who scored lower marks again lacked the confidence in their communications with the mother to allay her concerns. They also had less detailed entries in the written records and failed to communicate their finding effectively to the mother and the senior midwife. The best evidence was seen where students took their time with the task and gave the mother appropriate reassurance throughout, explaining each step and their findings. They also were consistent with infection prevention and control measures, cleaning equipment before and after use and demonstrated competent use of the equipment following best practice guidance, for example, counting breaths for a full minute using a second-hand timer.

Assignment 2 – English, Mathematics and Digital Skills

The scenarios associated with assignment 2 required good use of appropriate spoken English, which in the majority of evidence was apparent when speaking to the standardised patients, and the others involved within the scenario. There were a couple of slippages to slang terminology but these were infrequent.

Written English skills were required for the completion of the appropriate documentation. Again the majority of students used appropriate language and technical terminology with a minority not yet demonstrating their ability to write in the way expected at this level. The free written care plan/log/notes records across the

scenarios were least well completed with poor presentation and in some cases difficult to read notes being made. These would not be acceptable within industry and students need to take care with their input to these documents.

As mentioned previously students must remember these records are what the team will use to plan and deliver ongoing care, they are the records that would be used for reference if a complaint was made. If adequate records are not made following provision of care then there is no evidence that care has been provided or what happened.

Mathematics skills were required when inputting data to relevant charts and calculating scores where necessary. Again some errors were made with incomplete entries by those students scoring lower marks.

Assignment 2

Overall the cohort this year has produced some fantastic evidence to justify the higher marks awarded to many students. Where students have used the full time allowance for the scenarios, it has generally enabled them to deliver care meeting the scenario specific requirements, whilst also giving a better opportunity to engage with the standardised patient and establish a rapport. The demonstration of best practice not only requires clinical competence but also a genuine empathy and ability to recognise how the care provided can move from adequate to excellent and be truly person centred.

Assignment 3

Theme 1: Postnatal care

This theme asked the students to discuss how to manage a clinical scenario within the maternity setting. Students who had experience in this area were able to widely discuss and use examples from their clinical practice, and referral to knowledge gained in this field was sometimes applied but not consistent. Students who did not have maternity placements referred to similar experiences where the scenario could be applied; such as clinical experience on a medical ward. Those who were unable to relate their discussion to placement tended to utilise their simulated experiences with providers and often immediately recognised and referred to this upon commencement of the discussion. One topic was more hypothetical and questioned the students' knowledge base as opposed to clinical skill but was generic to healthcare although significant in maternity; students generally performed well here and were able to relate the importance even if examples were not provided. Higher marks were awarded for individual knowledge base and reflection undertaken in response to the activity.

Theme 2: Assisting with delegated tasks and interventions to promote comfort and wellbeing of the mother

Students consistently found the topics here challenging due to non-exposure while in clinical practice or lack of simulation in the college setting. The topics covered are not always concurrent or synonymous with the roles of maternity support workers or student midwives and therefore it would have been difficult to gain experience. Students widely referred to resources that they had accessed at college or online to support their responses, demonstrating a proactive approach and marks were awarded to recognise this, and also upon reflection when isolating areas for development for future practice.

Theme 3: Observations of newborn babies

Differentiation in clinical practice experience was again noted here with students providing relevant examples from placement to showcase developing knowledge and skills. However, excellent efforts were made to remedy this by referring to knowledge gained by providers, and reference to the practical activity undertaken in assignment 2. Students found the second part of this theme more challenging due to the non-exposure to the topic in placement, and the relatable knowledge possibly being more relevant to student midwives as

opposed to level 3 students. Higher marks were awarded for identification for self-development and not solely on knowledge base.

Overall summation

There was a difference in the learning experiences of students who were exposed to clinical practice when providing context and relating this to the provided responses.

Students performed well when discussing the holistic approach and woman-centred care, with responses being more descriptive.

It was noted that some students found tasks relating to evaluation more challenging; for example, when discussing the importance of a task, were able to describe the task but not why it is needed.

It was also noted that students' responses often struggled to differentiate between command verbs and if there was more than one part to a question (assignment 3).

This could be attributed to being atypical of the age demographic, however, moving forward this would be valuable to training providers to focus on with future cohorts. It is noted that there was a degree of misinterpretation between training providers in relation to asking questions for assignment 3. The specified questions were asked as they were written, however, there is a variation on questions regarding reflection and evaluation. This is possibly due to being the first paper for the OSA's and standardisation can be sufficiently achieved with clarification and feedback.

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).