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 Mental Health Team

NCFE CACHE

Chief examiner and chief moderator report

Summer 2023– Occupational Specialism Supporting the Mental Health Team

Assessment dates: 20 March 2023 – 16 June 2023

Paper number: **P001996, P001989, P001997 and P001998**

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	272
Merit	182
Pass	93

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

External assessment

This is the first assessment in wave 3 of the T Level series and it was fantastic to see the range of skills and knowledge that the students have developed over their 2 years of study. Student achievement across the cohort was high and the integrated approach to the assessments enabled the examining team to assess the personal and professional development of the students in a holistic manner.

It was clear that many of the students were well equipped for their assessments; both academically and professionally and there were some notable examples of good practice evident throughout the assessments.

The classroom-based learning alongside the student's work placement commitments have adequately prepared many students for future studies and positive career destinations within the mental health sector.

Most students attempted all questions on all assessments. It is good practice, and I would highly recommend that students approach the tasks in a chronological order as the scenarios provided run concurrently to one another and follow the patient through their rehabilitation/recovery process. Students need to ensure that they consistently contextualise their contributions to the patient and the mental health team considering the patient's holistic needs and the importance of the relevant policies and procedures in practice.

Moderated assignments

The practical activity assignment (PAA) 2, is internally assessed within the industry placement by provider appointed assessors and externally moderated by NCFE appointed moderators.

It should be noted that this is the first awarding year for this T Level, and as such, there were some challenges faced due to the nature of the assessment. As the assessment takes place within the providers, the guidelines supplied were interpreted in different ways, for example, some providers did not video-evidence handwashing but instead gave a witness statement to say it had been carried out and whether it followed the correct protocols. We will be able to ensure a more standardised approach next year considering what we have learnt during this first awarding year. However, most students were well prepared for the assessment and subsequent moderation process.

The 2021 cohort have overall performed well in this assignment and all scenarios were attempted. The students' approach to the PAA ranged from confident to anxious. There were some providers where the students' performance was generally more confident and, in these cases, the PAA evidence supplied showed that all of the guidelines provided had been fully understood.

In the Supporting the Mental Health Team OS there were 4 scenarios to show the students' application of skills and knowledge. The scenarios enabled the student to plan sufficiently to ensure that the specified criteria could be assessed. Students made effective use of planning in most cases, to show how each of the criterion could be covered. In the best examples the students took full responsibility for the assessment planning and were able to link this to the relevant knowledge and hence optimise patient outcomes.

There was, however, a pattern of failing to name, date and sign paperwork for the PAA, so this needs to be highlighted to the providers, and the importance of legible handwriting that can be understood by other professionals when reviewing the patients notes.

The core skills of handwashing, sanitisation and personal protective equipment (PPE) donning and doffing were not always followed or even carried out within the PAA, again this can be rectified for the next cohort by reminding the providers to highlight to the students the importance of following through core skills into all practice.

Another area that needs to be addressed is the supplying of written information to support the students' therapeutic interventions within the scenarios. Such as, an appointment card detailing their next appointment, a copy of the plan made with the patient, supplying relevant leaflets to support the patient and encourage self-care.

Evidence creation

External assessment

Providers should ensure that all assessment materials and pro-formas released by NCFE are converted into a MS Word document prior to the assessment taking place. There was evidence of some students using valuable assessment time re-creating these documents to complete the assessment task. Providers should also ensure that students submit their evidence on one document only to ensure examiners can find the

content with ease, all additional documents must be clearly labelled with the student's name, student number and the task in which it relates to. An example of this was in assignment 1 whereby students were required to complete 4 separate tasks; some providers submitted 4 briefs for this however, there is a pro-forma for each of these in the brief provided. Any supporting pro-formas, such as in the professional discussion, should also be submitted.

For assessments requiring recorded evidence, providers should ensure that the scenario or discussion is video recorded to promote a fair and consistent approach to assessment. Video recordings should capture the student, any staff members present and the immediate surroundings. Providers should ensure that these recordings are uploaded as MP4 files to allow ease of access to the assessment team. Please be mindful of any background noise and that the microphone is of an excellent quality and not obstructed.

Providers should ensure that they adhere to NCFE guidelines. An example of this is within the professional discussion; providers must only ask the question prompts provided in the provider delivery guide.

Providers that utilised the questions provided performed better than those who did not.

Moderated assessment

For the PAA the evidence required included a student declaration form, the assessment document detailing the scenarios requiring the student to fill in relevant data for some of the scenarios, a student assessment document to be filled in by the provider assessors and then 4 digital recordings, one for each scenario.

This year, being the first awarding year, presented many challenges with the creation of this evidence.

The majority of the written evidence was uploaded so that it could be moderated, it was noted that some provider's student assessment documents were not detailed enough and did not give a rationale as to why a student had or had not been awarded marks. There was a mixture of typed and handwritten student assessment documents, the typed evidence being easiest to moderate. Some of the assessment documents did not reflect the evidence that was presented in the digital format. For example, the written document would state that the student introduced themselves and gained consent but then this had not happened in the actual video of the scenario. It appeared that copy and pasting of text had perhaps led to such errors rather than any deliberate misinformation.

Digital files were not named and titled correctly leading to duplication and omission when being uploaded form the providers.

A lot of evidence was missing from nearly every provider and had to be chased numerous times. This led to a delay in the moderation process.

There was also missing evidence that could not be provided such as corrupted videos, or poorly presented evidence such as videos with no sound. As this was the first year of awarding missing evidence was marked in line with other evidence supplied for the student.

Responses to the assignments

Assignment 1

Most students attempted all questions during their assessment. In assignment 1, there was a strong start for many of the students who effectively completed the SBARD communication tool relating to 21-year-old Jake Roberts. Many students encountered difficulties in completing the tool with accuracy with content in the wrong sections in most cases, however, students were not penalised for this; additional coverage on pro-formas relating to the mental health sector would be advisable for providers for future assessments.

Students were able to critique the stimulus materials provided to provide a summary of Jake's mental health although care should be taken to ensure that student contributions are effectively contextualised to the case study provided. Many students utilised the supporting stimulus materials provided and were able to make

some realistic and achievable recommendations for interventions to improve Jake's health and wellbeing; students need to ensure that they justify these accordingly stipulating the benefits of these in meeting Jake's holistic needs.

Most students completed question 2 to a high standard, which required them to identify 3 goals for Jake and 2 actions for each goal identified. Students had to identify who was responsible for supporting Jake with his goals including health professionals and others who may be involved. The minority of students lost marks as they did not answer the question effectively in terms of the number of goals and actions stipulated in the assessment question. It is good practice to address 3 different goals to promote a person-centred approach and to promote a comprehensive approach to his recovery. Providers would benefit from additional coverage of the roles and responsibilities of the multi-disciplinary team members involved in mental health care and rehabilitation as some students' answers were limited in parts.

All students attempted question 3 and there were some excellent accounts in terms of creating a care plan for Jake. Most students were able to effectively identify Jake's strengths, achievements, goals and actions, however, some students encountered difficulties in identifying realistic timescales for interventions and in determining who was responsible for supporting Jake in achieving the goal. The minority of students did not effectively answer the assessment question and did not provide the required number of goals and actions stipulated.

On analysing the overall assessment data, question 4 in assignment 1 appears to have been the most difficult across all students, however, there was evidence of some students having insufficient time in which to complete this therefore, I feel that timely assessments set by the provider would assist students in their time management skills to prepare for future cohorts and assessments.

Some student utilised the stimulus materials well in evaluating Jake's progress to date, but others merely reiterated the information provided and did not contextualise this to the case study provided. Many students did not identify any gaps in the service provided to Jake and his rehabilitation nor did they address potential future goals. I would recommend that providers utilise the command verbs document provided by NCFE to assist students in effectively answering the higher order questions.

Assignment 1 – English, Maths and Digital Skills

Students should ensure that they are using the relevant terminology where appropriate, an example of this is when referring to specific treatments or techniques to effectively demonstrate their knowledge and understanding.

Providers need to ensure that they are converting all documentation where necessary prior to the assessment taking place. There was evidence of some students using valuable assessment time to recreate the pro-formas provided.

Assignment 2

Practical activity assignment (PAA) part 1

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 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 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.

Practical activity assignment (PAA) part 2

Scenario 1

This scenario required the student to observe measure and report on physiological measurements of an individual being cared for by the mental health team. The student had 5 minutes to prepare for the task and 20 minutes to complete it. The room was set up with the appropriate equipment.

In general, the students were able to complete this task effectively, but challenges were the correct handwashing and PPE, sanitisation of the equipment and correct application. Often the blood pressure sleeve was not placed correctly, and the equipment not calibrated and checked before use. The providers could focus on the core skills being carried through to the OSPAA tasks.

Some students were very task focussed rather than patient centred, which meant a lot of cues for optimal patient care were missed. The importance of building a good patient rapport with reassurance, eye contact and giving the opportunity to ask questions needs to be highlighted.

Scenario 2

In this scenario the student was required to enable an individual to manage their condition through demonstrating the use of coping strategies and skills. Again, the student had 5 minutes to read the brief, 10 minutes to prepare for the task and 15 minutes to engage with the service user.

Information was provided for the student to look over initially and the student was expected to fill in the form. Generally speaking, the forms had information missing such as the date and the information written on them could have been a little more detailed, as this was done prior to meeting the service user.

The discussions were generally patient focussed but in some cases the students were again task orientated failing to focus on the patients' needs and responses and this then meant that the optimal outcomes would not be achieved. For example, at one point the patient explains they have recently self-harmed and not all the students picked up on this and probed further as to whether the patient has sought medical attention or discussed wound care.

Scenario 3

In this scenario the student was required to assist with the collaborative risk assessment and risk management with individuals with mental health needs and summarise their findings. The student had up to 5 minutes to read through the brief and familiarise themselves with the station and then they had a further 25 minutes to work with the individual. The student was expected to fill in a risk and recovery plan for the individual.

This task appeared to be more challenging for the students as they had to be able to use the correct communication techniques to draw out from the individual all of the information required to inform a robust risk and recovery plan.

A common theme that needs to be addressed is the omission of the date on the document. Sometimes the patient was not fully included in the planning and goals, and the opportunity was not given for them to ask questions so that they could fully engage in the process.

As the brief for this task was quite lengthy sometimes important aspects were missed such as citing MIND in order to meet best practice guidelines. The majority of the students did not offer any paperwork for the patient to take away such as a copy of the plan they had made and any self-help leaflets or details of the MIND website.

Scenario 4

In this scenario the student was required to support individuals and their carers/families to manage their condition. The student had 5 minutes to read through the brief and then a further 25 minutes to engage with the patient.

The service user was presenting with first episode psychosis, and the student had met them several times previously. The brief was clear in that the student was required to help the individual recognise 2 indicators that appeared in each area of the thinking/perception and feelings and behaviours when they began to feel unwell, and also they needed to support the individual to identify 2 coping strategies for each indicator, paperwork was provided for them to fill in.

After an in-depth discussion with the individual, a relapse drill was required to be filled out. Again, a common theme was the relapse drill not being dated. Generally, the students were more confident by this stage and were able to use their knowledge and understanding and translate this into meaningful support for patient.

Assignment 3

Most students attempted all questions during their assessment. In assignment 3, there was a strong start for many of the students who effectively discussed why it is good practice to monitor the physical health of individuals with a diagnosed mental health condition. Most students were able to correlate physical health with mental health and explain a range of observations that would suggest someone's physical health had declined.

Question 2 proved to be more challenging, some students were able to explain how communication skills can be used to support effective interventions with service users, but many did not consider a diverse range of service users and the alternative approaches to communication and the benefits of this with regards to the quality of care, levels of compliance and promoting recovery. Reflection skills were limited, and providers should encourage students to draw on classroom-based learning, previous assessments, enrichment activities and subjective experiences within their reflection.

Question 3 was answered effectively by most students although more focus needs to be made on specific mental health conditions and the treatments for each of these. Some students were able to articulate this well however others encountered difficulties in terms of the drawbacks of the treatment they had discussed.

Question 4 was challenging for most; students need to ensure that their responses are explicit and reflect the question being asked. Most students could describe the process taken when planning to discharge a service user from hospital but there was a lack of analysis from many. Additional coverage of the service frameworks, national guidelines, policies and procedures will support students in providing depth to their responses.

Most students were able to provide an accurate account of the Mental Health Act (2007), explaining the importance of this in protecting the rights of people with mental health conditions, their assessment, treatment and rights, and the legal powers it provides in applying to detain people under the Act. Many students were confident in reflecting on situations and scenarios where a specific section of the Mental Health Act (2007) had been applied and understood the importance of human rights, dignity and respect. The minority of students were unable to name specific sections of the Act but described elements of several sections in their response.

Some students found question 6 quite difficult with many describing situations or scenarios relating to safeguarding but did not discuss the importance of safeguarding in a mental health care setting. Some students provided some excellent examples of strategies that were used to effectively minimise risk to a service user with a specific mental health condition, but most responses were generalised and did not effectively answer the question posed during the discussion. Providers need to prompt students to recall on all learning experiences from both year 1 and year 2 when undertaking assessments and to utilise the knowledge gained throughout their qualification. An example of this would be element A11 Safeguarding;

embedding the principles of safeguarding, relevant legislation, policies and procedures would have assisted the student in attaining the higher marks when responding to this question.

Assignment 3 – English, Maths and Digital Skills

Students should ensure that they are using the relevant terminology where appropriate, an example of this is when referring to specific equipment or techniques to effectively demonstrate their knowledge and understanding.

Providers need to ensure that they are converting all documentation where necessary prior to the assessment taking place. There was evidence of some students using valuable assessment time to recreate the pro-formas provided.

It is good practice to allow the student to have a copy of the assignment brief and their notes during the professional discussion.

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).