



T Level Technical Qualification in Health

Employer-set project (ESP)

Dental Nursing

Mark scheme

v1.1: Specimen assessment materials March 2022 603/7066/X

Internal reference: HLTH-0018-01



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Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all students, who must receive the same treatment. You must mark the first student in exactly the same way as you mark the last.

The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.

Reward students positively giving credit for what they have shown, rather than what they might have omitted.

Utilise the whole mark range and always award full marks when the response merits them.

Be prepared to award zero marks if the student's response has no creditworthy material.

Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.

The marks awarded for each response should be clearly and legibly recorded.

If you are in any doubt about the application of the mark scheme, you must consult with your team leader or the chief examiner.

The Indicative content is non-exhaustive and should be used as an illustrative guide and not used as an exemplar or checklist.

Marking instructions

Extended response marking grids have been designed to award a student's response holistically and should follow a best-fit approach. The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level before determining the mark.

When determining a level, you should use a bottom up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor. Remember to look at the overall quality of the response and reward students positively, rather than focusing on small omissions. If the response covers aspects at different levels, you should use a best-fit approach at this stage and use the available marks within the level to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. Standardisation materials, marked by the chief examiner, will help you with determining a mark. You will be able to use exemplar student responses to compare to live responses, to decide if it is the same, better, or worse.

Allocation to the highest mark within a 5 mark band should be evidence that meets the criteria wholly. For 4 marks out of a total of 5, evidence may meet the criteria mostly and convincingly; for 3, evidence is adequate to justify the band; 2 the evidence may qualify for the band with some inconsistencies; for the lowest mark, the evidence may just be meeting the criteria. This is guidance and any approach will be confirmed in standardisation.

You are reminded that the Indicative content provided under the marking grid is there as a guide, and therefore you must credit any other suitable responses a student may produce. It is not a requirement either, that students must cover all of the Indicative content to be awarded full marks.

Table 1 shows which of the tasks (pieces of evidence) that will be used as the basis of judgement for each of the assessment objectives (AOs). Markers should review each of these pieces of evidence, using the Indicative

content to support an understanding of what they are expecting to make their judgement on, before placing the student in one of the bands.

Assessment objective grid

Table 1: AO marks and core skills by task

| Task | AO1 | AO2 | AO3 | AO4 | AO5 | Marks per task | Core skills |
|-------------------------------|-----|-----|-----|-----|-----|----------------|---|
| Task 1 | 3 | 12 | 3 | 2 | | 20 | CS1.1; CS5.1; CS5.2 |
| Task 2(a) | 3 | 12 | 3 | 2 | | 20 | CS1.2; CS2.1; CS2.2; CS2.3 |
| Task 2(b) | 3 | 12 | 3 | 2 | | 20 | CS1.1; CS2.2; CS3.1 |
| Task 3(a) | | | | | | | CS2.1; CS2.2; CS2.3; CS3.1; CS3.2; CS4.1; CS6.1; CS6.2; CS6.3 *See note below. |
| Task 3(b) | 3 | 8 | 3 | 2 | 4 | 20 | CS2.1; CS2.2; CS2.3; CS3.2; CS4.2; CS6.1; CS6.2; CS6.3 |
| Task 4 | | 12 | | | 8 | 20 | CS4.1; CS4.2 |
| Total marks | 12 | 56 | 12 | 8 | 12 | 100 | |
| Total % of marks per AO | 12% | 56% | 12% | 8% | 12% | 100% | |

^{*}Core skills demonstrated in task 3(a) are credited in task 2(b), task 3(b) and task 4.

Task 1

Core skills: CS1.1, CS5.1, CS5.2

AO: AO1, AO2, AO3, AO4

| Band | Mark | Descriptor |
|------|-------|--|
| 4 | 16-20 | The report: |
| | | demonstrates a thorough, well planned response with a clear and logical structure (AO1, AO4, CS5.1) |
| | | is coherently written with accurate and relevant content and includes developed, meaningful and relevant references to the chosen brief (AO1, AO2, CS1.1, CS5.1, CS5.2) |
| | | uses relevant terminology consistently and throughout, with no more than minor errors (AO2, CS5.2) |
| | | includes a wide range of relevant and appropriate resources including multiple accurate and relevant references to evidence-based practice, theory and policy (AO3, CS5.1, CS5.2) |
| | | evidences excellent application of written English skills (AO4) |
| | | evidences excellent application of mathematical skills through effective use of numerical details (AO4) |
| 3 | 11–15 | The report: |
| | | demonstrates a response with clear evidence of planning in a mostly logical structure (AO1, AO4, CS5.1) |
| | | has content, which is consistently relevant, although it may contain errors, and includes detailed, relevant and accurate references to the chosen brief (AO1, AO2, CS1.1, CS5.1, CS5.2) |
| | | uses relevant terminology, but not consistently and there may be errors (AO2, CS5.2) |
| | | includes consistently relevant and appropriate resources including mostly correct and complete references to evidence-based practice, theory and policy (AO3, CS5.1, CS5.2) |
| | | evidences good application of written English skills (AO4) |
| | | evidences good application of mathematical skills through use of numerical details (AO4) |
| 2 | 6-10 | The report: |
| | | demonstrates a partial response with some evidence of planning and a structure that is mainly logical (AO1, AO4, CS5.1) |
| | | has some relevant content and contains some errors, includes moderate detail and identifies key points of the chosen brief (AO1, AO2, CS1.1, CS5.1, CS5.2) |
| | | uses relevant terminology, but not always appropriately and sometimes with clear errors (AO2, CS5.2) |
| | | includes some relevant resources including attempts to include references to evidence- based practice, theory or policy (AO3, CS5.1, CS5.2) |
| | | evidences reasonable application of written English skills (AO4) |
| | | evidences reasonable application of mathematical skills through use of numerical details (AO4) |

| Band | Mark | Descriptor | | | |
|------|------|---|--|--|--|
| 1 | 1–5 | The report: | | | |
| | | demonstrates a limited response with limited evidence of planning and an inconsistent structure (AO1, AO4, CS5.1) | | | |
| | | has limited accurate or relevant content and contains significant errors and is limited in detail with minimal references to the chosen brief (AO1, AO2, CS1.1, CS5.1, CS5.2) | | | |
| | | • attempts to use relevant terminology, but it is seldom applied appropriately (AO2, CS5.2) | | | |
| | | • includes references to limited resources including limited attempts to include references to evidence-based practice, theory or policy (AO3, CS5.1, CS5.2) | | | |
| | | evidences weak application of written English skills (AO4) | | | |
| | | evidences weak application of mathematical skills (AO4) | | | |
| 0 | 0 | No creditworthy material | | | |

The report includes details about how to best support the (chosen) individual:

- identifies the individual's key needs:
- adopts a holistic approach, considering the individual's physical, emotional, social, spiritual, intellectual and environment needs
- · identifies the individual's goal
- demonstrates relevant differentiation in communication techniques
- support is tailored to individual's needs (for example, health conditions, long term illness, pre-existing conditions)
- identifies the individual's support network (for example, carers, care team and significant others)
- records the needs and wishes of the individual's support network

The report uses evidence to support points/recommendations:

- Personalisation Agenda (2012) to justify placing the individuals at the centre of their care
- communication barriers (for example, language, hearing, sight)
- clinical expertise
- uses numerical and statistical skills to justify evidence (for example, percentages, graphs, tables and numerical statistics)

The report uses other appropriate and relevant sources for support and suggestions:

- references a range of reliable sources, (for example NHS website, Public Health England, Care Quality Commission (CQC), General Dental Council (GDC))
- makes links between independent sources
- interprets data to draw individualised conclusions

Task 2(a)

Core skills: CS1.2, CS2.1, CS2.2, CS2.3

AO: AO1, AO2, AO3, AO4

| Band | Mark | Descriptor |
|------|-------|---|
| 4 | 16-20 | The student's performance: |
| | | demonstrates an excellent understanding and application of the holistic approach to ascertain the individual's care needs, support and goals (AO2, CS1.2, CS2.1) |
| | | shows an excellent understanding of communication approaches, including verbal and non-verbal communication, adapting them skilfully to meet the needs of the individual (AO3, AO4, CS2.1, CS2.3) |
| | | demonstrates an excellent understanding of their role in the team and its scope in relation to the healthcare planning process and shows excellent knowledge of the principles of collaborative working and the roles within a multi-disciplinary team (AO2, AO3, CS2.2, CS2.3) |
| | | demonstrates excellent preparation skills informed by evidence-based practice to conduct the role play discussion with the individual (AO1, CS1.2, CS2.1, CS2.2, CS2.3) |
| | | demonstrates an excellent ability to succinctly present information (AO4, CS2.2, CS2.3) |
| | | evidences excellent application of written English skills (AO4) |
| 3 | 11–15 | The student's performance: |
| | | demonstrates a good understanding and application of the holistic approach to ascertain the individual's care needs, support and goals (AO2, CS1.2, CS2.1) |
| | | shows a good understanding of communication approaches, including verbal and non- verbal communication, adapting them appropriately to meet both the needs of the individual (AO3, AO4, CS2.1, CS2.3) |
| | | demonstrates a good understanding of their role in the team and its scope in relation to the healthcare planning process and shows detailed knowledge of the principles of collaborative working and the roles within a multi-disciplinary team (AO2, AO3, CS2.2, CS2.3) |
| | | demonstrates good preparation skills informed by evidence-based practice to conduct the role play discussion with the individual (AO1, CS1.2, CS2.1, CS2.2, CS2.3) |
| | | demonstrates a good ability to present information covering the majority of relevant points (AO4, CS2.2, CS2.3) |
| | | evidences good application of written English skills (AO4) |

| Band | Mark | Descriptor | | | | | |
|------|------|---|--|--|--|--|--|
| 2 | 6–10 | The student's performance: | | | | | |
| | | demonstrates a moderate understanding and application of the holistic approach to ascertain the individual's care needs, support and goals (AO2, CS1.2, CS2.1) | | | | | |
| | | shows a moderate understanding of communication approaches, including some demonstration of verbal and non-verbal communication, that occasionally meet the need of the individual (AO3, AO4, CS2.1, CS2.3) | | | | | |
| | | demonstrates a moderately effective understanding of their role in the team and sometimes misapplies its scope in relation to the healthcare planning process, collaborative working, and the roles within a multi-disciplinary team (AO2, AO3, CS2.2, CS2.3) | | | | | |
| | | demonstrates satisfactory preparation skills occasionally informed by evidence-based practice to conduct the role play discussion with the individual (AO1, CS1.2, CS2.1, CS2.2, CS2.3) | | | | | |
| | | demonstrates an ability to present information covering some relevant points (AO4, CS2.2, CS2.3) | | | | | |
| | | evidences reasonable application of written English skills (AO4) | | | | | |
| 1 | 1–5 | The student's performance: | | | | | |
| | | demonstrates limited understanding and application of the holistic approach to ascertain the individual's care needs, support and goals (AO2, CS1.2, CS2.1) | | | | | |
| | | shows a limited understanding of communication approaches, including limited demonstration of verbal and non-verbal communication, that occasionally meet the needs of the individual (AO3, AO4, CS2.1, CS2.3) | | | | | |
| | | demonstrates a limited understanding of their role in the team, and frequently misunderstands or misapplies its scope in relation to the healthcare planning process, collaborative working, and the roles within a multi-disciplinary team (AO2, AO3, CS2.2, CS2.3) | | | | | |
| | | demonstrates limited preparation skills occasionally informed by evidence-based practice to conduct the role play discussion with the individual (AO1, CS1.2, CS2.1, CS2.2, CS2.3) | | | | | |
| | | demonstrates a limited ability to present information covering few relevant points (AO4, CS2.2, CS2.3) | | | | | |
| | | evidences weak application of written English skills (AO4) | | | | | |
| 0 | 0 | No creditworthy material | | | | | |

The preparation/plan/research for discussion for the chosen individual:

- gathers information/research from the brief of the (chosen) individual (for example, to be able to ask further questions relating to physical requirements, likes and needs)
- · evidences English skills
- demonstrates understanding of their role in the team and its scope in relation to the healthcare planning process (for example, tasks or actions they are accountable for, and uses evidence to justify each point/recommendation/suggestion)
- shows knowledge of the principles of collaborative working and the roles within a multi-disciplinary team:
 - o provide respect for colleagues
 - o build rapport and positive relationships
 - o take ownership of own job role and responsibilities

- take on board feedback and provide constructive, effective feedback to others
- share best practice and contribute to discussions to support problem solving
- actively listen to colleagues' contributions
- o share relevant information with each other and collaborate to support the continuity of care
- caring roles working alongside those with management roles

The role play discussion with the chosen individual:

- adopts a communication technique or techniques with chosen individual to meet their needs. This may include
 adapting to potential barriers (for example, preferred communication, explanation of ongoing care needs, tone
 and body language)
- identifies individual needs through open questions (for example, what support is required, what health concerns, goals and needs)
- explores choices and options of chosen individual (for example, establishes what is important, what their goals are, looking at a short and long term plan)
- shows consideration for individual's current and future needs, goals and wants (for example, risk assessment and safeguarding issues)
- adapts techniques with chosen individual to show respect, compassion and sensitivity towards individual's
 equality and diversity, human rights and dignity (for example, knock before entering, ask questions and
 acknowledge their answers and emotions, confidentiality and ability for information to be shared with family)
- identifies clear and agreed expectations with individual (for example, professional boundaries, referral)

Task 2(b)

Core skills: CS1.1, CS2.2, CS3.1

AO: AO1, AO2, AO3, AO4

| Band | Mark | Descriptor |
|------|-------|--|
| 4 | 16-20 | The healthcare plan demonstrates: |
| | | well considered, coherent and relevant healthcare planning linked to person-centred care (AO1, AO2, AO3, CS1.1) |
| | | highly justified rationale for recommendations that considers information contained within the brief, links to evidence-based practice, and references individual's goals (AO1, AO2, AO3, AO4, CS1.1, CS2.2) |
| | | high level of relevant detail that considers own role in relation to the other roles within the multi-disciplinary team and identifies a key worker (AO2, AO3, CS3.1) |
| | | well considered time frames for plan and reviews with justification (AO1, CS1.1) |
| | | risk analysis with highly detailed references to key safeguarding concerns, risks and control measures (AO2, AO3, CS1.1) |
| | | evidence of excellent application of written English skills (AO4) |
| 3 | 11–15 | The healthcare plan demonstrates: |
| | | healthcare planning that evidences clear and relevant links to person-centred care (AO1, AO2, AO3, CS1.1) |
| | | a clear rationale for recommendations that references information contained within the brief and references individual's goals with some links to evidence-based practice (AO1, AO2, AO3, AO4 CS1.1, CS2.2) |
| | | mostly relevant detail that considers own role in relation to the other roles within the multi- disciplinary team and identifies a key worker (AO2, AO3, CS3.1) |
| | | well considered time frames for plan and reviews (AO1, CS1.1) |
| | | risk analysis with mostly relevant references to key safeguarding concerns, risks and control measures (AO2, AO3, CS1.1) |
| | | evidence of good application of written English skills (AO4) |
| 2 | 6-10 | The healthcare plan demonstrates: |
| | | healthcare planning that includes mostly relevant links to person-centred care (AO1, AO2 AO3, CS1.1) |
| | | recommendations that reference information contained within the brief and individual's goals identify adequate links to evidence-based practice (AO1, AO2, AO3, AO4 CS1.1, CS2.2) |
| | | sufficiently detailed consideration of own role in relation to other roles within the multi- disciplinary team (AO2, AO3, CS3.1) |
| | | outlined time frames for plan and reviews with moderate detail (AO1, CS1.1) |
| | | moderate detail in risk analysis with reference to key safeguarding concerns (AO2, AO3, CS1.1) |
| | | evidence of reasonable application of written English skills (AO4) |

| Band | Mark | Descriptor | | | |
|------|------|--|--|--|--|
| 1 | 1–5 | The healthcare plan demonstrates: | | | |
| | | healthcare planning that shows awareness of considering person-centred care that may be misapplied (AO1, AO2, AO3, CS1.1) | | | |
| | | recommendations that reference information contained within the brief and individual's goals is considered but limited (AO1, AO2, AO3, AO4 CS1.1, CS2.2) | | | |
| | | consideration has been made to scope of own role (AO2, AO3, CS3.1) | | | |
| | | outlined time frames for plan (AO1, CS1.1) | | | |
| | | limited detail in risk analysis with limited reference to safeguarding concerns (AO2, AO3, CS1.1) | | | |
| | | evidence of weak application of written English skills (AO4) | | | |
| 0 | 0 | No creditworthy material | | | |

The healthcare plan:

- references person-centred care concepts within the healthcare plan
- completes a healthcare plan for chosen individual (for example, identifies their care and support needs)
- assesses individual needs and documents them (for example, physical, emotional, social, cultural/spiritual)
- adapts/responds to individual's situation/concern, for example:
 - strategies to help with daily tasks
 - counselling
 - o speech therapy
 - o physical requirements
 - meet individual's goals
- completes risk assessment or safeguarding needs for individual (for example, risk of falls, relapse prevention needs to match chosen individual)
- identifies external support who will be involved, for example:
 - o Reginal speech therapist and social services
 - Pratima dental services
 - o Anna -counselling and safeguarding team
- documents information on healthcare plan using agreed conventions (for example, clear language and terminology, personal information)
- communicates the ongoing information from the healthcare plan (for example, review dates, future assessments, key workers, primary contacts)
- demonstrates own responsibilities within healthcare plan and role (for example, task or actions they are
 accountable for, and uses evidence to justify each point/recommendation/suggestion)
- · records compliance to any relevant health and safety procedures
- records their role/work as part of a team (for example, delegating tasks, asking and responding to questions, recording and reporting)

• identifies roles and responsibilities of other key workers in individual's care requirement (for example, caring roles working alongside those with management roles)

Task 3(b)

Core skills: CS2.1, CS2.2, CS2.3, CS3.2, CS4.2, CS6.1, CS6.2, CS6.3

AO: AO1, AO2, AO3, AO4, AO5

| Band | Mark | Descriptor |
|------|-------|--|
| 4 | 16-20 | The presentation demonstrates: |
| | | high level of preparation of key points, and other content evident in relation to the task (AO1, CS6.1) |
| | | excellent use of digital resources (AO3, AO4, CS6.1) |
| | | high level of presenting skills and meaningful contribution to the discussion (AO2, AO3, CS6.2, CS6.3) |
| | | high level of communication skills including consistently strong evidence of appropriate body language, tone, pace, eye contact and rapport with audience (AO3, CS2.1, CS2.2, CS2.3) |
| | | highly detailed and relevant reflection on the key points within the report, role play and healthcare plan (AO2, AO3, AO5, CS3.2, CS4.2) |
| | | highly detailed and relevant justification of selected strategies and techniques to help and support individual within the healthcare plan (AO3, AO5, CS3.2) |
| | | consistently accurate and relevant references to brief and evidence-based practice (AO2, AO3) |
| | | highly developed ability to reflect on and apply feedback, including a well considered and well reasoned response to feedback (AO2, AO5, CS3.2, CS4.2) |
| | | well considered, informed and well reasoned responses to tutor's questions (AO2, CS4.2) |
| | | evidence of excellent application of written English skills (AO4) |
| 3 | 11–15 | The presentation demonstrates: |
| | | good level of preparation and good coverage of key points and other content evident in relation to the task (AO1, CS6.1) |
| | | good use of digital resources (AO3, AO4, CS6.1) |
| | | confident presenting skills and good contribution to the discussion (AO2, AO3, CS6.2, CS6.3) |
| | | good level of communication skills including attention to body language, tone, pace, eye contact and rapport with audience (AO3, CS2.1, CS2.2, CS2.3) |
| | | good level of detail and relevant reflection on the key points within the report, role play and healthcare plan (AO2, AO3, AO5, CS3.2, CS4.2) |
| | | good level of detail and relevant justification of selected strategies and techniques to help and support individual within the healthcare plan (AO3, AO5, CS3.2) |
| | | mostly accurate and relevant references to brief and evidence-based practice (AO2, AO3) |
| | | developed ability to reflect on and apply feedback, including a considered and reasonable response to feedback (AO2, AO5, CS3.2, CS4.2) |
| | | considered, informed and reasonable responses to tutor's questions (AO2, CS4.2) |
| | | evidence of good application of written English skills (AO4) |

| Band | Mark | Descriptor | | | |
|------|------|--|--|--|--|
| 2 | 6-10 | The presentation demonstrates: | | | |
| | | effective and consistently relevant key points (AO1, CS6.1) | | | |
| | | use of digital resources (AO3, AO4, CS6.1) | | | |
| | | clear presenting skills and generally good contributions to the discussion (AO2, AO3, CS6.2, CS6.3) | | | |
| | | evidence of application of appropriate body language, tone, pace, eye contact and rapport with audience (AO3, CS2.1, CS2.2, CS2.3) | | | |
| | | relevant reflection on the key points within the report, role play and healthcare plan which is mostly accurate (AO2, AO3, AO5, CS3.2, CS4.2) | | | |
| | | reasonable and mostly relevant justification of selected strategies and techniques to help and support individual within the healthcare plan (AO3, AO5, CS3.2) | | | |
| | | some accurate and relevant references to brief and evidence-based practice (AO2, AO3) | | | |
| | | simple reflection on and application of feedback, including a reasonable response to feedback (AO2, AO5, CS3.2, CS4.2) | | | |
| | | simple and reasonable responses to tutor's questions, evidencing some knowledge and understanding are attempted (AO2, CS4.2) | | | |
| | | evidence of reasonable application of written English skills (AO4) | | | |
| 1 | 1–5 | The presentation demonstrates: | | | |
| | | limited coverage of relevant points (AO1, CS6.1) | | | |
| | | limited use of digital resources (AO3, AO4, CS6.1) | | | |
| | | generally coherent presenting skills that offers limited relevant contributions to the discussion (AO2, AO3, CS6.2, CS6.3) | | | |
| | | evidence of application of appropriate body language, tone, pace, eye contact and rapport with audience is limited (AO3, CS2.1, CS2.2, CS2.3) | | | |
| | | an attempt of relevant reflections on the key points of the report, role play and healthcare plan but lacks focus (AO2, AO3, AO5, CS3.2, CS4.2) | | | |
| | | limited justification of strategies and techniques to help and support individual within the healthcare plan are attempted (AO3, AO5, CS3.2) | | | |
| | | limited accurate and relevant references to brief or evidence-based practice (AO2, AO3) | | | |
| | | partially reasoned reflections on and applications of feedback, including acknowledgement of feedback (AO2, AO5, CS3.2, CS4.2) | | | |
| | | simple and reasonable responses to tutor's questions, evidencing limited knowledge and understanding are attempted but limited (AO2, CS4.2) | | | |
| | | evidence of weak application of written English skills (AO4) | | | |
| 0 | 0 | No creditworthy material | | | |

The presentation:

- presents information and findings in a range of formats (for example, PowerPoint slides, summary sheets, handouts, images, data, multi-media, tables, graphs or annotation)
- demonstrates digital competence through the use of presentation software
- summarises key points from research (for example, secondary data)

- presents key points from role play discussion for chosen individual and their support, such as examples of:
 - o questions used
 - o approach to individual and support person
 - support needs
 - o goals
 - key personnel
 - strategies
- the information presented is based upon national guidance and best practice guidance, for example:
 - Care Quality Commission (CQC)
 - General Dental Council (GDC)
 - National Institute for health and Care Excellence (NICE)
- adapts presentation style to meet the needs of the audience (for example, language and terminology)
- openly answers questions about the healthcare plan
- demonstrates appropriate communication skills when presenting (for example, pace, tone, body language, and good use of eye contact)
- clarifies information throughout the presentation at appropriate points
- actively listens to feedback
- demonstrates understanding of the principles of team working, collaborative working, common goals:
 - o provides respect for colleagues
 - builds rapport and positive relationships
 - o takes ownership of own job role and responsibilities
 - takes on board feedback and provide constructive, effective feedback to others
 - shares best practice and contribute to discussions to support problem solving
 - o actively listens to colleagues' contributions
 - shares relevant information with each other and collaborate to support the continuity of care
 - o caring roles working alongside those with management roles

Task 4

Core skills: CS4.1, CS4.2

AO: AO2, AO5

| Band | Mark | Descriptor | | | | |
|------|-------|---|--|--|--|--|
| 4 | 16-20 | Reflective account demonstrates: a clear, well reasoned account of performance (AO2, AO5, CS4.1, CS4.2) strong evidence-based reflection with comprehensive evaluation (AO2, AO5, CS4.1, CS4.2) reflection that comprehensively justifies own practices (AO5, CS4.2) | | | | |
| 3 | 11-15 | Reflective account demonstrates: a reasoned account of performance (AO2, AO5, CS4.1, CS4.2) reflections that refer to evidence with appropriate evaluation (AO2, AO5, CS4.1, CS4.2) reflection that consistently justifies own practices (AO5, CS4.2) | | | | |
| 2 | 6-10 | Reflective account demonstrates: an inconsistently clear or reasonable account of performance (AO2, AO5, CS4.1, CS4.2) reflections that include adequate references to evidence, demonstrating moderate evaluation (AO2, AO5, CS4.1, CS4.2) reflection that partially justifies own practices (AO5, CS4.2) | | | | |
| 1 | 1-5 | Reflective account demonstrates: a limited account of performance (AO2, AO5, CS4.1, CS4.2) attempts to link relevant reflection with evidence are tenuous and evaluation is limited (AO2, AO5, CS4.1, CS4.2) reflection that inconsistently justifies own practices (AO5, CS4.2) | | | | |
| 0 | 0 | No creditable evidence | | | | |

Indicative content

The reflective account:

- reflects against own practices and records from experience (for example, what went well, what could be improved, and further developments)
- outlines reflections and experiences that includes the approach take (for example, approach to the role plays, case study and how to improve own knowledge)
- consideration of own performance against tasks and objective (for example, strengths and limitations)
- · identifies conclusions taken from the tasks
- identifies areas for improvement (for example, communication skills, working as part of a team, understanding the healthcare plan process, and understanding person-centred care)
- · demonstrates understanding of the key principles of research skills
- · demonstrates ability to carry out a detailed investigation into a specific problem
- selects appropriate sources of secondary and primary data and extracts information

- demonstrates ability to draw conclusions and make recommendations, such as future improvements
- uses evaluation skills and draws conclusion

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Owner: Head of assessment design

Change History Record

| Version Description of change | | Approval | Date of issue |
|-------------------------------|---|----------|---------------|
| v1.0 | Post approval, updated for publication. | | March 2022 |
| v1.1 | Rebrand | | March 2022 |