

Highfield Level 2 End-Point Assessment for Healthcare Support Worker

EPA-Kit

Assessing the Evidence Portfolio and Interview

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Evidence portfolio and interview - guidance

This guidance is provided to support training providers and employers with preparing apprentices for assessment gateway and end point assessment.

The evidence portfolio and interview form a combined assessment method and will be assessed holistically, with a grade awarded as Pass, Merit or Distinction by the independent assessor. End-point assessors will review all evidence provided by the apprentice for this combined assessment method and make a final holistic judgement on the ability of the apprentice.

Purpose of the evidence portfolio

The evidence portfolio is used to demonstrate the development of selected skills, values and behaviours from the standard, identified in the table below. Apprentices should be confident that their portfolio contains all required sources of evidence and reflective accounts (guidance provided below) and is clearly mapped to the standard in order for it to be assessed by the end-point assessor prior to the interview. Assessment of the evidence portfolio will contribute to the overall final grade awarded for the portfolio and interview assessment method.

When should the portfolio be completed?

The apprentice documents their knowledge and skills development as well as their approach to the workplace (the values and behaviours). Evidence is gathered on-programme. The highest quality of evidence is most likely to be generated towards the end of the apprenticeship, following completion of their programme of training and development and during the 3 months leading up to the planned date of the end point assessment. The evidence portfolio must be made available at Gateway. Written submissions may be provided to Highfield in any format (such as Dropbox or e-portfolio). Access to Highfield must be given only to the learners who have been put forward for end-point assessment.

What is included in the portfolio?

The portfolio **must** include:

- direct observation in the workplace as the primary source of evidence. Observations should be undertaken by the on-programme assessor and/or employer and/or expert witnesses (observation record template provided in 'Evidence Portfolio and Interview' templates section)
- Reflective accounts completed by the apprentice which demonstrate their learning and application of selected skills development, as well as their approach to the

workplace i.e. values (being caring and compassionate, honest, conscientious and committed) and behaviours (resilience must be included) (reflection template included in 'Evidence Portfolio and Interview' templates section).

The reflections should:

- Demonstrate the ability to relate concepts and theories to current and future practice (required to pass)
 - Concepts and theories could be from: evidence-based practice, journal articles, Nursing and Midwifery Council research, Health and Care Professions Council, NICE research and recommendations, NHS Guidelines etc.
 - Reference to concepts and theories should be used to support reflections and assist with identifying the principles that underpin practice.
- Relate to the standards below
- Be cross-referenced to the relevant standards below (evidence reference grids provided within the 'evidence Portfolio and Interview' templates section)
- Each section could include a brief introduction, main body (relating concepts and theories to current and future practice) and brief conclusion.
- other sources of evidence including for example, structured performance reviews between employer and apprentice, feedback from line manager, direct reports and peer observations, personal development planning, project plans/other work plans, data analysis activities, case studies, team meeting minutes, evidence of study days and training courses attended, evidence of mentoring or buddy support, testimonies from individuals who use services and/or their carers etc.

The apprentice should write at **least 2 reflective accounts** that demonstrate the application of the below skills, values and behaviours in practice. It is important to state that the apprentice may attempt to cover all of the below skills in their reflections, however, as this component is assessed holistically, the interview will assess skills, values and behaviours that have not been fully achieved by the evidence portfolio. The end-point assessor will make a final assessment decision based on **all** evidence provided for the evidence portfolio and the interview. The reflective accounts do not have a word count attached.

The apprentice should use the grading guidance provided at the end of this section to support their preparation for end-point assessment.

Skills, values and behaviours to be covered in the portfolio and interview

The evidence portfolio and interview combined assessment, evidences what the apprentice has achieved during the apprenticeship, covering the following areas of the apprenticeship standard. All must be covered to pass this assessment method:

Standard no.	The apprentice will be able to:
Communication	S1A – Communicate effectively with individuals, their families, carers and healthcare practitioners using a range of techniques, keeping information confidential S1B – Handle information (record, report and store information) related to individuals in line with local and national policies
Health intervention	S2A - Support individuals with long-term conditions, frailty and end of life care S2B - Identify and respond to signs of pain or discomfort S2C - Promote physical health and wellbeing of individuals S2D - Assist with an individuals’ overall comfort and wellbeing S2E - Support individuals with activities of daily living S2F - Recognise deteriorations in health, long-term conditions, physiological measurements, skin integrity and report appropriately S2G - Report any changes in physical and mental health needs
Dementia, cognitive issues and mental health:	S4A - Promote mental and physical health and wellbeing S4B - Recognise limitations in mental capacity and respond appropriately S4C - Recognise and respond to signs of poor mental health for example dementia, depression, anxiety or other cognitive issues S4D - Recognise and report any deterioration in an individual’s mental health
Basic life support	S5A - Perform basic life support for individuals using appropriate resuscitation techniques and equipment in a simulated situation
Physiological measurements	S6A - Undertake a range of physiological measurements using the appropriate equipment including height, weight, temperature, pulse, breathing rate and blood pressure
Personal and people development	S7A - Take responsibility for, prioritise and reflect on their own actions and work S7B – Work as part of a team, seeking help and guidance when they are not sure S7C - Maintain and further develop their own skills and knowledge through development activities; S7D - Maintain evidence of their personal development and actively prepare for and participate in appraisal
Health, safety and security	S8A – Maintain a safe and healthy working environment S8B - Take appropriate action in response to incidents or emergencies following local guidelines
Infection prevention and control	S11A – Use a range of techniques for infection prevention and control including waste management, hand washing and the use of Personal Protective Equipment (PPE)

Moving and handling	S12A – Move and position individuals, equipment and other items safely
EPV1	Being caring and compassionate
EPV2	Being honest to individuals and others
EPV3	Being conscientious and committed
OB6	Show resilience

Mapping to skills, values and behaviours

Highfield provides the following examples of 2 different ways to produce reflections and map them to the standard. Please use these as a guide.

Example 1

During a night shift, I was supporting an individual who has an end of their life care plan in place. The patient's pain was being managed by intravenous medication. When undertaking routine checks during my shift, I could see that his facial expression seemed distressed, his body language was tense and uncomfortable, I thought that he was perhaps showing signs of increased pain. I immediately reported my concerns to the manager on duty and the nurse-in-charge was asked to review the patient's pain medication. I was asked to support the nurse with this task. I made sure that I knew which communication method to use to support the patient by firstly checking their care plan. The individual wasn't able to communicate verbally but was able to understand my verbal communication and could nod or shake his head in response to my questions. I washed my hand's in preparation to support the patient and asked for the patient's consent to undertake his temperature, pulse, breathing rate and blood pressure. He nodded and therefore I used a thermometer to take the patient's temperature.

(S2b - HI)

(S2g - HI)

(S6a - PM)

Example 2

*During a night shift, I was supporting an individual who has an end of their life care plan in place. The patient's pain was being managed by intravenous medication. When undertaking routine checks during my shift, I could see that his facial expression seemed distressed, his body language was tense and uncomfortable, I thought that he was perhaps showing signs of increased pain **(S2b - HI)**. I immediately reported my concerns to the manager on duty and the nurse-in-charge was asked to review the patient's pain medication **(S2g - HI)**. I was asked to support the nurse with this task. I made sure that I knew which communication method to use to support the patient by firstly checking their care plan. The individual wasn't able to communicate verbally but was able to understand my verbal communication and could nod or shake his head in response to my questions. I washed my hand's in preparation to support the patient and asked for the patient's consent to undertake his temperature, pulse, breathing rate and blood pressure. He nodded and therefore I used a thermometer to take the patient's temperature **(S6a - PM)**.*

The interview

The interview takes the form of a question and answer session to enable the apprentice to further showcase their ability to apply the skills, values and behaviours of the standard in practice.

The end-point assessor will assess the portfolio and judge the skills, values and/or behaviours that require questioning during the interview. The assessor will pose holistic and synoptic lead and/or secondary questions to the apprentice that enable them to provide answers that cover the remaining elements of the standard, to ensure all skills, values and behaviours have been attempted.

The final interview takes place between the independent assessor and the apprentice and lasts for a minimum of 30 minutes and a maximum of 60 minutes.

Grading guidance for the evidence portfolio and interview component

The evidence portfolio and interview is graded holistically as Pass, Merit or Distinction by the independent assessor. End-point assessors will review all evidence provided by the apprentice for this combined assessment method and make a final holistic judgement on the ability of the apprentice.

Pass = meets the standard

The portfolio comprises of a range of valid sources of evidence, short reflective accounts show satisfactory evidence and ability to relate concepts and theories to practice, evidence broadly relates to the Standard and is partially mapped to the knowledge, skills and behaviour requirements, is able to answer questions clearly and correctly and more fully with secondary questioning. Combining evidence demonstrates the knowledge, skills and behaviours set out in the standard have been met.

To **pass** this combined assessment method, apprentices are expected to provide evidence for **all** skills, values and behaviours stated within the table above, providing evidence of **relating concepts and theories to practice** within both reflective accounts and when answering questions during the interview. The evidence portfolio must include direct observations, reflective accounts and other sources of evidence (see guidance above).

Merit = exceeds the standard

The portfolio comprises of a range of valid sources of evidence, short reflective accounts show evidence of relating concepts and theories to practice, evidence directly relates to the standard and is mostly mapped to the knowledge, skills and behaviour requirements, is able to respond to questions clearly, correctly and fully without secondary questioning and there is some evidence of enhanced understanding through wider reading.

In addition to the pass, the apprentice can achieve a merit by evidencing **further understanding through wider reading** across the portfolio and interview assessment method, for example, referring to on-line journal articles, NICE guidelines and professional journals etc.

Distinction = far exceeds the standard

The portfolio comprises of a creative range of valid sources of evidence, reflective accounts show evidence of relating concepts and theories to practice and ability to make connections between learning and future practice, all evidence directly and succinctly relates to the Standard and is accurately and fully mapped to the knowledge, skills and behaviour requirements, is able to respond to questions correctly and engage in wider discussion demonstrating understanding of concepts and theories achieved through extensive reading.

In addition to the pass and merit, the apprentice can achieve a distinction by **engaging in wider discussion that demonstrates their understanding of concepts and theories achieved through extensive reading and demonstrates the ability to make connections between learning and future practice**. For example, extensive reading could be evidenced by systematic reference to relevant publications over time. Making connections between learning and future practice could include demonstrating how own practice has adapted or may adapt in future to improve outcomes.