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Unit: 4 Fundamentals of Evidence-based Practice First Teaching from September 2018 First Certification from September 2019

For use with the following qualifications:

Pearson BTEC Level 4 Higher National Certificate in Healthcare Practice/Healthcare Practice for England
Pearson BTEC Level 5 Higher National Diploma in Healthcare Practice/Healthcare Practice for England

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1 Introduction to theme

Theme

The Pearson-set theme for use with Unit 4: Fundamentals of Evidence-based Practice is:

Theme: Care standards as a framework for healthcare practice

In what ways do standards improve care? Why do standards improve care? *Do* standards improve care?

There is no shortage of regulator, professional body and employer standards. They are published on a regular basis and updated frequently. Wider care system organisations and bodies also produce standards. Practitioners have their own personal standards of care related to their own contexts, workplace, experience, knowledge and skills. These personal standards are often termed personal values.

The aim of this year's theme and topics is to enable learners to investigate, discuss and debate some of the themes contained within the Care Certificate standards. Learners will create an evidence-based practice or service improvement project proposal that would, if it were carried out, enable the benefits, or otherwise, of some common standard components to be investigated.

Background

The Care Certificate was launched in 2015 and was the result of a collaboration by Skills for Care, Skills for Health and Health Education England¹. The Certificate is "...an agreed set of standards that define the skills and behaviours expected of specific job roles in the health and social care sectors" (Skills for Care, n.d.).

Skills for Health uses similar terminology but applies the standards to those working in care rather than the job role, "...an identified set of standards that health and social care workers adhere to in their daily working life" (Skills for Health, n.d.).

The Care Certificate sets out 15 minimum standards that individuals should cover during workplace inductions if they are new to working in health or social care.

Although the Care Certificate is awarded in England only, the standards are universal.

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¹ Health Education England merged with NHS England in April 2023

- Understand your role
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person centred way
- Communication
- Privacy and dignity
- Fluids and nutrition

- Awareness of mental health, dementia and learning disability
- Safeguarding adults
- Safeguarding children
- Basic life support
- Health and safety
- Handling information
- Infection prevention and control

NHS Improving Quality (2014), now part of NHS England, defined a service improvement project as being "about testing ways to implement evidence-based care". A service improvement project is not the same as a research project, but it will be grounded in the evidence from research. A service improvement project proposal should include a section that discusses the published and peer reviewed evidence related to the project idea.

This theme, *Care standards as a framework for healthcare practice*, has been chosen because the standards contained within the Care Certificate are recognisable, applicable, relevant and essential to all those learning and working in healthcare services.

2 Topic selection

Tutors must choose one topic from the list provided below. All learners must complete the same topic. If delivering to different cohorts of learners, tutors may select a different topic for each cohort.

For centres that have multiple start dates throughout the academic year, for example learners beginning their studies on the Higher National Diploma between January and July, the same theme for both level 4 and level 5 Pearson-set units may apply (depending on delivery schedules and when students commence the Pearson-set units). If learners are in a position of completing the same theme for both level 4 and 5, centres must ensure that the theme for level 5 is addressed in a different context from the topic selected and applied at level 4.

Appendix A provides an additional concise summary for both tutors and learners on the assignment.

Theme: Care standards as a framework for healthcare practice

Topics:

- 1. Communication
- 2. Privacy and dignity
- 3. Mental health, dementia and learning disability
- 4. Work in a person centred way

The topics are drawn from the 15 Care Certificate standards. The wording of the standard related to mental health, dementia and learning disability has been adapted to fit the higher education level of *HNC Healthcare Practice/Healthcare Practice for England*. The actual wording of the standard is: Awareness of mental health, dementia and learning disability. "awareness" has been removed from the Pearson-set topic as at level 4 healthcare learners are expected to develop more than just an awareness related to their own placement or work practice.

The tenets of the four topics are very much interlinked. Each topic could enable learners to propose a very large service improvement project. Tutors should support learners to narrow down their ideas to projects that have specific intended outcomes, are locally biased, could be achievable if they were to be carried out, and are relevant

to their own health or social care context.

Resources provided in this document are England-centric. They serve only to guide the creation of assessment briefs and should not be considered as seminal works or essential reading. Tutors are strongly encouraged to substitute resources and terminology that is appropriate to the learners and their own contexts and locations.

Where alternative resources exist, tutors may wish to post them on the HN Global discussion forum so learners and tutors can take advantage of them.

Communication

Improving the communication skills of health, social and community care workers can have positive impacts for both clients and care professionals. Swain and Gale (2014) describe how a communication skills training package for community healthcare workers reduced their perception of client aggression and increased the perception of their mental wellness.

Holcomb *et al.* (2022) describe the implementation and impact of active listening and teach-back communication training curriculum for community health workers. This article is interesting because it highlights the need for the training to be perceived as relevant to the participants' roles.

The report, *Improving communication between health care professionals and patients in the NHS in England* (SQW, 2021) proposed that improving communication stills could have cost saving benefits for the NHS. The report was based on the findings of a comprehensive systematic literature review.

Communication does not need to be just verbal communication. The *Health literacy* 'how to' guide (Health Education England, n.d.) describes some simple but effective verbal and non-verbal communication methods and tools that could have a positive impact on practitioner-client interactions. There are further health literacy resources in the Resources and useful links section.

All of these resources describe small scale interventions or recommendations that could easily be adapted to learner's own placement or workplace contexts. Tutors should encourage learners to think deeply about their placement or workplace and to propose a simple but effective solution that is relevant to themselves, their colleagues and most importantly, their clients or service users.

Privacy and dignity

Out of the two terms, privacy is perhaps the most easily defined. The Care Certificate workbook defines it as "giving someone space where and when they need it" (Skills for Care, Skills for Health and Health Education England, n.d., p. 2). The workbook includes as section on privacy of information. There is no headed section in the workbook for dignity. This is perhaps unsurprising as privacy can be considered a dichotomy – service user privacy is maintained or breached. However, addressing issues related service users' perceptions of dignity arguably has the greater potential to improve service delivery.

The workbook breaks the definition of dignity down into bullet points:

Dignity: focusing on the value of every individual, including:

- respecting their views, choices and decisions
- not making assumptions about how they want to be treated
- working with care and compassion
- communicating directly with the individual whenever possible.

These are all *positive* actions. There are no examples of the impact of undignified care. The service user voice is missing from the workbook. To hear service users' experiences related to dignity it is necessary to look to peer reviewed literature because qualitative research articles often include direct quotes from service users that have been involved in the research.

Schmidt, Niemeijer and Leget (2020) listened to service users and realised individuals almost always referred to negative experiences, not positive ones. The authors based their very simple dignity circle model around the negatives. The literature review section of the article can be skimmed as it is mostly related to human rights and dignity in law, but the setting, data collection, and especially the results sections should promote reflection on learners' own practice as well as the practice of those they work with on placement.

In addition to peer reviewed articles, there are multiple patient stories, told in their own words, relating to both privacy and dignity on the Patient Voices website, www.patientvoices.org.uk (Patient Voices, n.d.).

In contrast to the human approach in the above articles and website, Felber *et al.* (2022) discuss social dignity and the ethical use of robots in the care of older people.

The authors only briefly refer to the opinions of service users, and that opinion is as expected. However, the authors put forward balanced arguments that learners may find interesting. Learners could propose to undertake the further research that is suggested. The article will certainly make an interesting classroom debate.

Mental health, dementia and learning disability

All those working in healthcare will interact with or contribute to the care of people with a broad range of mental health problems, learning disabilities and diseases. Improving care, wherever that care is delivered, to the people included in this standard is an important aim.

Mental health problems and diseases such as dementia are not the same. Learning disability is different too. The broadness of this topic will give learners scope to propose a service improvement project that is related to their placement or workplace, and their own practice. Tutors should encourage learners to keep their proposed service improvement projects narrow, specific and manageable. Some ideas are provided below but learner may choose alterative areas to consider.

Tyler *et al.* (2021, p 2) quote some interesting statistics within their introductory literature review:

- "At any one time in the UK, 1 in 6 adults will be experiencing a diagnosable mental health condition".
- "A Care Quality Commission Report stated that 36 % of NHS mental health trusts were rated as 'requires improvement to be safe".
- "A particularly dangerous time in the care pathway is transition, i.e. movement in or out of a care setting and admission, hand-over, transfer or discharge".

The authors highlight communication and information exchange as potential areas where the service to people could be improved. They also highlight some of the barriers that exist between health, social and community care professionals.

Transitions in care is also identified as a safety concern for older people by Tate *et al.* (2022). They state:

Poor quality of care transitions between residential long-term care (LTC) facilities or community care settings and acute care settings is linked to increased length of stay in hospital, increased dissatisfaction among providers and patients, increased risk of adverse patient events, and decreased quality of

health care.

Tomlinson (2018), in their published commentary, refer to six elements that form a framework for continuity of care for young people with learning disabilities when care transitions from children's services to adult ones. Learners may wish to investigate if one of these elements could be used to improve the service that they and colleagues deliver while on placement or in the workplace.

All three sets of authors identify and pilot ways in which care for those with mental health, dementia or learning disability problems can be improved during transition. Learners may wish to explore ways that the care provided during transition to or from their own placements or workplaces could be improved.

Working in a person-centred way

Delivering high-quality person-centred care and ideally personalised care, should be the primary goal of every healthcare learner and practitioner. Those working in the care sectors should feel empowered to empower those they care for.

NHS England and NHS Improvement use a powerful infographic that describes what happens when people are empowered by working together with health and social care providers (NHS England and NHS Improvement South West, n.d.). Empowerment happens when the professional and the healthcare system asks, "what's important to you?"

Each of the mini-images in this infographic (https://www.england.nhs.uk/south/our-work/integrated-personalised-care/) could be a service improvement project in their own right and tutors should ensure that learners keep their proposed projects realistically manageable.

Symonds *et al.* (2020) provide an excellent history and literature review of personcentred care and go on to discuss some of the challenges practitioners face when making assessments in a person-centred way. The article provides some useful observations by healthcare workers on paperwork and its use in making personcentred assessments.

Where it is not possible to collect data from service users, and for most this won't be possible, the Patient Voices website www.patientvoices.org.uk (Patient Voices, n.d.) may provide valuable insight into real people's experiences.

3 Choosing service improvement project

Tutors will need to devise an assignment brief for learners to follow. The brief should be designed to meet the specific needs of learners' contexts and must include reference to:

- Clients/service users/users of services/individuals/public/people/term relevant to the learners' areas of practice.
- Employers/placements/workplace

Learners should be encouraged to identify a specific area of service about which they would like to propose an improvement project. A problem-based approach will be useful for aiding the identification of the improvement to be proposed.

Learners should be encouraged to choose a small, discrete area to aim to improve rather than trying to solve large organisational, regional or national problems. The proposed project should be realistic to what they could carry out if they were permitted to do so.

Learners <u>will not</u> be carrying out a service improvement project or primary research. They will be creating an evidence-based proposal for a project. See Appendix A for a summary of what learners will be creating.

Although no primary data will be gathered, learners must ensure they consider the ethical implications of the project they are proposing. They should also include details of how they would provide participant information and gain consent should the project be carried out. Resources related to ethics and consent are included in the resources list in section 7.

When creating the assignment brief, tutors must be cognisant of the unit learning outcomes and assessment criteria. It must be possible for all learners to achieve pass, merit and distinction criteria. Tutors, by way of assessment design, must not limit learners' opportunity to achieve the highest grades.

Format of proposal document

There are many formats that a service improvement project could follow. Tutors are encouraged to work with placement providers to identify formats that best match the style and design they use for their service improvement projects. However, the proposal must contain the following sections:

- Problem that the proposed project will aim to address
- Literature review
- Ethics and participant consent
- Reflection/self-evaluation
- Reference list (Harvard format)

The titles of the sections can be edited, but the core concept of the heading must remain. The order of the sections is not mandated. Tutors are encouraged to discuss the proposal outline with the learners.

Logbook or research journal

Learners must also submit a logbook, sometimes referred to as a research journal. They should be encouraged to decide on the form and format of the journal for themselves but should be reminded that it is a professional document. The purpose of the journal is to enable learners to complete the short reflection/self-evaluation section within the proposal.

A concise summary of the proposal document and logbook/journal is provided in Appendix A and Appendix B.

4 Key proposal headings

Problem that the proposed project will aim to address

A problem is something that needs to be addressed or solved in order to improve the service for patients, service users, clients etc. Problems have two elements (Ellis and Levy, 2008):

- 1. The current state differs from the ideal.
- 2. There is currently no acceptable alternative that patients, service users and clients can take advantage of.

A good way to identify a problem is to ask small, simple questions (Creswell, 2019):

- What is the issue I need to address?
- Why is this problem important?
- How will the intervention I propose help to solve the problem?
- Who will benefit from my proposed project?

Literature review

"A literature review is a written summary of journal articles, books and other documents that describes the past and current state of information on the topic of your research study" (Creswell, 2019, p79). The "research study" in this instance is a service improvement project proposal.

The aim of the literature review section is to do at least one of several things. For example:

- Ground the proposal in published, peer reviewed research evidence.
- Confirm that the problem identified is a real problem.
- Confirm that service users care about the problem and want it solved.
- Confirm that the intervention proposed will help to solve the problem
- Confirm that there is little or no evidence in the literature of a similar intervention, or where there is evidence it could be proposed for use in learners' own placements/workplace.
- Confirm that similar interventions to the one proposed have been carried out

and have worked.

This is not an exhaustive list.

Creswell (2019)² suggests a simple process for locating and reviewing literature:

- 1. Identify key terms to use in the search for literature
- 2. Locate literature relevant to the problem by searching for journal articles, textbooks, policies and guidance, standards etc. Journal/textbook databases and the internet will be valuable tools to use. However, don't forget the hierarchy of evidence: systematic reviews at the top, background information (Wikipedia, dictionaries, websites, opinions) at the bottom.
- 3. Evaluate and select the literature for the review. Not all the texts found will be useful. Review the article abstracts and summaries and discount irrelevant articles – there isn't time to read everything.
- 4. Organise the literature found. Save or print the literature. Read it, highlight important passages of text, take notes, summarise the key points, identify the authors' conclusions.
 - Tip don't re-write what the authors have written, use your own words.
- 5. Synthesise the literature what are the key themes in the literature found? Try using a methodological matrix (table) or a literature map (like a mind map) to help identify themes.
- 6. Write the literature review. If steps 1 to 5 have been completed, step 6 is much easier than just jumping right in. Discuss the themes in relation to the problem you have identified. At the end, summarise briefly what it is proposed.

Ethics and participant consent

If the intervention or project was going to be carried out, ethics approval and participant consent would need to be sought. However, it is a *proposal* for an intervention/project that is being created. Learners need to consider how they would ensure that the service improvement project was ethical and would not harm or disadvantage clients and service users if it was carried out. They should evidence

² Creswell writes clearly and succinctly about research using very accessible language. Although the textbook cited is about educational research, the concepts, frameworks and templates can be used equally well in healthcare research.

knowledge of relevant ethics processes, panels or committees relevant to their placement context and education institution.

Learners also need to consider how they would gain participant consent and maintain participant and data confidentiality when appropriate.

Reflection/self-evaluation

Reflection is an essential part of the research or service improvement process, no matter what methodology is used. A short section must be included where learners reflect or evaluate their knowledge understanding. This could include:

- What they have learnt about involving service users and clients in service evaluation projects.
- The process of creating the proposal.
- Locating and analysing relevant literature.
- Identification of further problems.
- Reasons why their chosen intervention would not be successful.

This is a *short* section, and it is unlikely that learners will be able to include all these points within the suggested section word count (300 words). They should be encouraged to write concisely and be selective about what they include. Depth of reflection is preferable to breadth.

What if the proposed project won't work?

Learners may spend a large amount of time reviewing literature, planning the proposal and gathering background data only to find out that their planned intervention has not worked for other researchers. This is part of the research, project proposal development, and learning, process. Not all interventions work.

Rather than encouraging learners to start again and to choose a more potentially successful project proposal, they should be encouraged to critique what they have presented and to reflect on their learning.

There is no requirement for the proposed project to be potentially successful. Making mistakes and is a valuable learning experience and learners should not receive lower grades because they have identified and reflected on their project's weaknesses.

Reference list/bibliography

The difference between a reference list and a bibliography is often debated. This section of the proposal should include the Centre's preferred term. Tutors should ensure that learners understand the difference between the terms used.

All sources of information, including images, must be referenced both within the text and in the reference list/bibliography at the end of the work. The Harvard format of citation should be used. Consistency of referencing format is more important than the version of Harvard that learners use.

Learners could be encouraged to use referencing tools or managers such as Mendeley, EndNote, Word's inbuilt Citations & Bibliography feature or RefWorks. There are many others both free and paid for.

5 Employer engagement

Centres are strongly advised to work with employers during delivery and assessment of the unit and Pearson-set assignment.

Real world examples of service improvement projects carried out by workplace peers, practice supervisors or placement managers are valuable learning opportunities. Within healthcare, many clinical practitioners carry out improvement projects as part of their daily role. Learners may be able to signpost the programme team to individuals whose role is to improve services by engaging with those who use the services.

Learners should also be encouraged to seek out service improvement projects that are taking place in the clinical environment and to actively engage with the project lead.

6 Sharing of good practice

An appointed External Examiner for the centre will ask to sample the Pearson-set assignment briefs for review as part of the remote sampling request. Although this is not a mandatory requirement for centres, we strongly advise that centres seek guidance and support from their External Examiner on the Pearson-set assignment. The External Examiner may also include the Pearson-set units in the centre visit sample of student work.

The External Examiner will review and identify exemplars in all aspects of good practice.

7 Resources and useful links

Suggested resources and links that centres may find useful are shown below. Centres should choose resources that are relevant and supplement them with local resources, policies and guidance to support the Pearson-set topic chosen.

Resources cited in the text of this document are included within the References section.

Research and service improvement project methodologies and methods

Type of Resource	Resource Titles	Reference
Checklists for appraising different types of research article.	Critical Appraisals Skills Programme (CASP) checklists	CASP (n.d.) <i>CASP checklists</i> [online]. Available at: https://casp-uk.net/casp-tools-checklists/ (Accessed: 27 th February 2023).
Website detailing Good Clinical Practice (GCP). GCP is the international ethical, scientific and practical standard to which all clinical research is conducted.	Good Clinical Practice (GCP)	National Institute for Health and Care Research (n.d.) <i>Good Clinical Practice (GCP)</i> [online]. Available at: https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm (Accessed: 27 th February 2023).
Decision making tools to help researchers decide if their study is research.	Is my study research?	NHS Health Research Authority and Medical Research Council (n.d.) Is my study research? Available at: http://www.hra-decisiontools.org.uk/research/ (Accessed: 27 th February 2023).
Website with <i>many</i> service and quality improvement tools. Be discerning in your selection of tool(s).	Quality, service improvement and redesign (QSIR) tools by stage of project	NHS England (n.d.) <i>Quality, service improvement and redesign</i> (QSIR) tools by stage of project [online]. Available at: https://www.england.nhs.uk/sustainableimprovement/qsir-programme/qsir-tools/tools-by-stage-of-project/ (Accessed: 27 th February 2023).

Website with personalised care resources (registration required for some resources).	Resources for learners	Personalised Care Institute (n.d.) <i>Resources for learners</i> [online]. Available at: https://www.personalisedcareinstitute.org.uk/resources-2/ (Accessed: 27 th February 2023).
Guidance that explains how to identify, plan and implement improvements across a service to ensure it delivers high quality care and support. The Skills for Care page also contains other useful resources.	Guide to improvement: How to improve your service to meet, maintain and exceed CQC standards	Skills for Care (2019) <i>Guide to improvement: How to improve your service to meet, maintain and exceed CQC standards</i> [guidance], Leeds: Skills for Care. Available at: https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Good-and-outstanding-care/Improve-your-CQC-rating.aspx .

Service improvement related to the Pearson-set topics

Type of Resource	Resource Titles	Reference
Webpage of company that sells "the world's first social humanoid robot able to recognize faces and basic human emptions".	Pepper	Aldebaran (n.d.) <i>Pepper</i> [online]. Available at: https://www.aldebaran.com/en/pepper (Accessed: 1 st March 2023).
Online resources for professionals working with people who have dementia	For professionals	Dementia UK (n.d.) For professionals [online]. Available at: https://www.dementiauk.org/for-professionals/ (Accessed: 24 th March 2023).
Webpage describing best practice when creating resources for the public.	Health literacy	Health Education England (n.d.) <i>Health literacy 'how to' guide</i> London: Health Education England. Available at: https://library.nhs.uk/wp-content/uploads/sites/4/2020/08/Health-literacy-how-to-guide.pdf .
Webpage with useful links to health literacy resources	Improving health literacy	Health Education England (n.d.) <i>Improving health literacy</i> [online]. Available at: https://www.hee.nhs.uk/our-work/knowledge-library-services/improving-health-literacy (Accessed: 28th February 2023).
Webpage of the charity Mencap	What is a learning disability?	Mencap (n.d.) What is a learning disability? [online]. Available at: https://www.mencap.org.uk/learning-disability-explained/what-learning-disability (Accessed: 24 th March 2023).
Webpage describing the NHS content style guide for written communications.	Health literacy	NHS Digital (2021) <i>Health literacy</i> [online]. Available at: https://service-manual.nhs.uk/content/health-literacy (Accessed: 28th February 2023).
Webpage of company that sells Paro, the "lifelike seal [that] has been enhancing patient	About PARO was created by Japanese engineer, Dr Takanori Shibata, in	Paro (n.d.) <i>About</i> [online]. Available at : https://www.paroseal.co.uk/ (Accessed: 1 st March 2023).

engagement in care facilities around the world".	2004, initially to bring psychological enrichment and joy to senior citizens with dementia.	
Video stories told by individuals who have experienced a wide variety of care services and professionals.	The catalogue of stories	Patient Voices (n.d.) <i>The catalogue of stories</i> [online]. Available at: http://www.patientvoices.org.uk/find.htm (Accessed: 1st March 2023).
Website of the Social Care Institute for Excellence - resources related to privacy and dignity in care	Privacy and dignity in care	Social Care Institute for Excellence (n.d.) <i>Privacy and dignity in care</i> [online]. Available at: https://www.scie.org.uk/dignity/care/privacy (Accessed: 24 th March 2023).
Guide to person-centred and community based working	Person centred and community- based working - strength based approaches	Skills for Care (n.d.) <i>Person centred and community-based working</i> – <i>strength based approaches</i> [online]. Available at: https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Workforce-commissioning-planning/Quality-of-care/Person-centred-and-community-based-working-strength-based-approaches.aspx (Accessed: 24 th March 2023).
Information and factsheets related to mental health and people in different situations	Mental health	World Health Organisation (n.d.) <i>Mental health</i> . [online]. Available at: https://www.who.int/health-topics/mental-health#tab=tab_1 (Accessed: 24 th March 2023).

Other useful resources

Type of Resource	Resource Titles	Reference
Webpage of the independent regulator of health and social care in England.	We're CQC, the independent regulator of health and social care in England	Care Quality Commission (n.d.) We're CQC, the independent regulator of health and social care in England [online]. Available at: https://www.cqc.org.uk/ (Accessed: 27 th February 2023).
Webpage containing reports on good practice and complaints about adult social care and local government	Reports, including annual reviews and complaints, written by the Local Government & Social Care Ombudsman	Local Government & Social Care Ombudsman (n.d.) <i>Reports:</i> Lessons from casework, annual reviews and complaints [online]. Available at: https://www.lgo.org.uk/information-centre/reports (Accessed: 28th February 2023).
Webpage about the care and health improvement programme which provides support for social care, integration and health, and the building the right support (transforming care) programme.	Care and health improvement	Local Government Association (n.d.) Care and health improvement [online]. Available at: https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement (Accessed: 27th February 2023).
Webpage of the professional membership organisation for care workers.	The professional membership organisation for care workers	National Association of Care & Support Workers (n.d.) <i>The professional membership organisation for care workers</i> [online]. Available at: https://nacas.co.uk/ (Accessed: 27 th February 2023)).
Video about Pearson-set assignments. Date of theme and topics release stated in the video are given as guidance only as it was created several years ago.	Training Video for the RQF BTEC Higher Nationals Pearson-set Assignments	Pearson UK (2019) <i>Training Video for the RQF BTEC Higher Nationals Pearson-set Assignments</i> [video]. Available at: https://www.youtube.com/watch?v=FkQi 178 tw (Accessed: 27 th February 2023).

Webpage of Skills for Care "Skills for Care is the strategic workforce development and planning body for adult social care in England".	Supporting the adult care sector	Skills for Care (n.d.) Supporting the adult social care sector [online]. Available at: https://www.skillsforcare.org.uk/home.aspx (Accessed: 27 th February 2023).
Webpage of Skills for Health "Skills for Health is a not-for-profit organisation committed to the development of an improved and sustainable healthcare workforce across the UK".		Skills for Health (n.d.) <i>Better skills, better jobs, and better health</i> [online]. Available at: https://www.skillsforhealth.org.uk/ (Accessed:27 th February 2023).

For any further additional support or guidance regarding this document, please email btecdelivery@pearson.com.

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Driscoll, J. (1994) 'Reflective practice for practise', *Senior Nurse*, 13(1), pp. 47-50.

Driscoll, J. (2006) *Practising Clinical Supervision : A Reflective Approach for Healthcare Professionals.* 2nd ed. edn. London: Baillière Tindall Elsevier.

Ellis, T. J. and Levy, Y. (2008) 'Framework of problem-based research: A guide for novice researchers on the development of a research-worthy problem', *Informing Science: the International Journal of an Emerging Transdiscipline,* 11, pp. p17-33.

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Appendix A Assessment summary

Assessment requirements for Unit 4 Fundamentals of Evidence-based Practice are:

- Creation of a service improvement project proposal. This should include problem, literature review, ethics, participant consent and reflection/evaluation sections.
 - Learners should submit a proposal related to the Pearson-set theme, and the topic that the centre tutor chooses.
 - The proposal should be for a service improvement project that could be done but isn't for the purposes of assessment.
 - Placement/workplace/education provider research and ethics committees are beyond the scope of a 15 credit, level 4 unit even if it is delivered longitudinally throughout the year. If the research were done, it would involve primary research with the aim of improving the service that the learner and their employer are delivering.
 - o No primary research should be done for the purposes of this assessment.
 - The literature review section should explain how the learner has systematically found sources relevant to their research question(s) using appropriate search terms and inclusion/exclusion criteria.
 - The proposal should include a reflective section where the learner can evaluate their performance, learning, project management etc. They may wish to use their logbook or reflective journal entries to help them with this section. This section should be in the region of 300 words.
- Submission of a logbook.
 - A different term for "logbook" would be "research journal".
 - The journal entries should be more than lists of activities carried out. They should include the learner's formal or informal reflections on the research process and their learning throughout the unit.
 - o A template that learners *could* use is provided in Appendix B.
 - o Learners should decide the journal format for themselves.
 - The unit learning outcomes must be met for a proposal to achieve a Pass grade.
 - Unit assessment criteria define Pass, Merit and Distinction grades.

Project proposal for a service improvement project

- No primary resarch should be carried out
- Project proposal related to Pearson-set theme and topic
- Detailed literature review section
- Reflection/evaluation of learning section ~300 words

Logbook/research journal

• Series of formal and/or informal reflections on learning

Appendix B Optional template for logbook/reflective journal

There is no requirement for learners to use this template. Learners should decide the format of the journal for themselves.

This template is based on Driscoll's (1994) model of reflection which is demonstrated diagrammatically in *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals* (Driscoll, 2006).

What?

For example: What happened? What did I learn? What did I miss out? What did I do?

So what?

For example: So what am I going to do about this? So what do I still need to learn? So what should I have included? So what should I have done? So what is the reason this is important to me? So what are the implications for individuals and service users?

Now what?

For example: Now what is my next action? Now what do I need to find out? Now what information do I need? Now what resources do I need? Now what am I going to do?

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