



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Midwifery Team

Assignment 1 - Case study - Pass

Guide standard exemplification materials

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Assignment 1

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Introduction

The material within this document relates to the Supporting the Midwifery Team occupational specialism sample assessment. These exemplification materials are designed to give providers and students an indication of what would be expected for the lowest level of attainment required to achieve a pass or distinction grade.

The examiner commentary is provided to detail the judgements examiners will undertake when examining the student work. This is not intended to replace the information within the qualification specification and providers must refer to this for the content.

In assignment 1, the student must interrogate and select relevant information to respond to the tasks in ways typical to the workplace. By adopting a problem-based inquiry approach, the student is placed at the centre of decision making regarding an individual's care in a scenario designed to be as realistic as possible.

After each live assessment series, authentic student evidence will be published with examiner commentary across the range of achievement.

Task 1: assessment of the patient/situation

Scenario

You have an hour-long appointment booked with Lucy, the aim of which is to ascertain a thorough history, assess her needs and then advise, educate, plan, and refer as needed.

Task

For this task, you are involved in completing:

- the highlighted gaps in the booking notes (item B), including calculating the body mass index (BMI) and ticking the venous thromboembolism (VTE) assessment
- the highlighted gaps in the booking summary (item C)
- the observations that you have available in the first column of the MEOWS chart (item D) which will provide a baseline for the rest of the pregnancy

You must then identify 3 risk factors from the documentation and explain:

- how the risk factors are relevant to Lucy
- what advice you would give Lucy based on these risk factors

You can use online resources: Tommy's PregnancyHub, BMI calculator, NHS UK Stop smoking in pregnancy, NHS UK Start4Life – Pregnancy, Antenatal Results and Choices – Tests explained, NHS UK Start4Life – Breastfeeding (item A) to support your answer.

Student evidence

Item B:

- page 7: I tick 1 for smoker but miss out BMI; I score Lucy's VTE as 1
- page 8: I complete BMI 31 and name and unit number

Item C:

- page 9: I copy EDD as 11/1/24, P0, BMI 31
- page 10: I write 'none' in 'medication and allergies.' I do not include name and unit number at bottom of page

MEOWS chart:

- I do not include name/unit number
- I complete date and time
- I put dot in 11 to 15 box for respiratory rate but do not write actual value
- temperature of 36.8 – I mark a dot in roughly appropriate area but the dot is too large and overlaps into 37 degrees plus
- I mark pulse correctly but again the dot is fairly large
- I mark BP at 95/58
- I identify 1 yellow score and initial result

One risk factor for Lucy is that she smokes.

Her CO level at booking is 10 but should be below 4.

I explain to Lucy that smoking in pregnancy has risks as it can affect the baby's growth and cause them to be small, and can also cause stillbirth. I give her a leaflet about smoking and refer her to the smoking cessation service.

Another risk factor for Lucy is her weight, as she has a BMI of 31, which is classed as overweight.

This can cause medical problems in the pregnancy like gestational diabetes or high blood pressure. I advise Lucy to eat a normal balanced diet, and to stay active throughout the pregnancy with gentle exercise like walking or yoga.

A third risk factor for Lucy is that she is a teenage pregnancy. This might mean that she does not have much social support or know other people who have had babies and she might struggle financially.

I tell her that she can be referred to the teenage pregnancy midwife for extra support who can help with antenatal classes with other people her age who are pregnant, so she doesn't feel as embarrassed to go.

Task 2: goals/patient outcomes/planned outcomes

Scenario

You are assisting with an appointment for Lucy in her last trimester. Lucy is still undecided about her options regarding place of her birth and is considering a water birth.

Task

For this task, you have to produce notes to help Lucy make an informed decision around choosing a place of birth: home, midwifery-led unit or consultant unit.

In these notes, explain the advantages and drawbacks of each birthing environment. You should also include the practical information that parents need to consider when preparing for birth in each setting.

Student evidence

Lucy is undecided about her place of birth, so it is important to give information about all options available to her. She is considered a low-risk pregnancy, so I give her the following options: home birth, midwifery-led unit or consultant-led unit at hospital.

She is keen to have a water birth, so this will be one aspect of care that may be more important to her in making her decision.

Home birth:

Advantages:

- it is in your own environment so can make you feel more relaxed and your partner might feel more relaxed
- you can have gas and air for pain relief
- you can hire a pool if you want to; this can also help with pain relief

Disadvantages:

- if something goes wrong in the labour, you will have to be transferred to hospital in an ambulance; this can take time
- you cannot have an epidural

Midwifery-led unit:

Advantages:

- these provide a more homely environment than the hospital and look less clinical so can make you feel more relaxed
- it can feel safer than a home birth because you are closer to the doctors if you or the baby needs them
- as well as gas and air, you can have other pain relief like pethidine or diamorphine
- you can have a water birth

Disadvantages:

- if there are problems in labour, you would still need to be transferred to main hospital unit
- you cannot have an epidural there
- you might not get a pool if they are full

Consultant-led unit:

Advantages:

- doctors and theatres there on site if any problems/emergencies
- can have all pain relief
- baby's heart rate can be listened to continuously on a CTG if necessary

Disadvantages:

- you might not be able to have a pool
- you might not feel as relaxed in the environment which can look and feel more medicalised
- that might lead to more intervention by the doctors
- your partner may not be able to stay over if you go to a postnatal ward afterwards

Practical information to consider:

- at a home birth, you will need to plan things like ordering a pool and thinking about how to fill it if you want a pool
- you will need to think about where in the house to deliver and get plastic sheets to cover carpets or the bed
- you need the house to be warm and provide warm towels for the baby
- at the midwifery-led unit, you might need to bring in snacks for you and your partner
- you might want to bring in your own music
- think about what you would wear in the pool
- in the consultant-led unit, think about who your birth partners will be as likely only allowed 2 birth partners
- good to stay active in labour so if you need to be on a CTG, ask the midwife about using a birthing ball close to the monitor, or putting the bed into upright seating position, rather than lying flat on your back

Task 3: care/treatment/support plan

Scenario

You accompany the community midwife to Lucy's first home visit on day 3. Lucy tells you that she is not sure if her baby is getting enough milk.

Task

Referring to the breastfeeding photograph (item E), the breastfeeding tool answers (item F) and the Start4Life breastfeeding website (item A), document your discussion with Lucy. You should analyse Lucy's breastfeeding, considering signs of effective feeding and potential problems.

Write a breastfeeding plan outlining the steps that could help Lucy, considering Lucy's wishes and needs as well as breastfeeding mechanics.

Student evidence

18/01/2024 – day 3

Breastfeeding assessment carried out with Lucy.

Signs of effective feeding are that the baby is calm and relaxed after feeding and content between feeds, suggesting he is getting enough milk.

Lucy is not using any formula, dummies or nipple shields yet, which can impact on her milk supply.

Signs of potential breastfeeding problems are that the baby is having fewer than 8 to 12 feeds in 24 hours, so is not feeding enough.

The baby is not taking deep rhythmic sucks and there is no audible swallowing, suggesting there is not enough milk.

The baby is not feeding for 5 to 40 minutes. If he is feeding for a very short time, he will not get enough milk, and if he is feeding for a very long time it can make the mother very sore, which is happening to Lucy. She has sore nipples, and they are not the same shape at the end of the feed. This suggests that the baby is not getting a good latch and is just on the end of the nipple. This is also shown in the photo of the feed observed. The baby does not have a wide mouth.

The baby is lethargic and jaundiced, which can be signs that he is not getting enough milk.

Another sign the baby is not getting enough milk is that he is having less than 5 to 6 wet nappies and less than 2 dirty nappies in 24 hours.

I discussed with Lucy what her plans are for feeding and whether she wants to keep breastfeeding, as it is important to consider her wishes when making a feeding plan. She is keen to continue to breastfeed.

To help with a breastfeeding plan, it is useful to watch a feed and give her advice based on the problems she is facing. Lucy is struggling to get a good latch with the baby so I would discuss good positioning and attachment with her. This includes not holding the baby's head so he can move it so he can get a good latch and so that he can breathe at the breast. Holding a baby's head can also make him start to fight against the breast and make him become very agitated, making it harder for him to latch.

The baby should be put nose to nipple at the breast so that he gets a wider latch and the nipple goes towards the back of his mouth and sits against his soft palate, so it is more comfortable.

If a baby is very sleepy, I would advise that he is fed at the breast at least 3 times hourly and the baby should be topped up with EBM or formula by bottle.

Lucy should start to express with a pump after every feed so that the baby can have as much breast milk as possible.

The midwife will visit again on day 5 to weigh the baby which will demonstrate if feeding is going well, and she will offer more breastfeeding support then.

Task 4: evaluation/monitoring effectiveness/clinical effectiveness

Scenario

You are one of the midwifery support workers (MSW) on the infant feeding team running the regular drop-in sessions. Lucy comes to have her baby weighed on day 8 and opens up to you about a number of issues that she is experiencing (item J).

Task

Referring to the day 3 breastfeeding tool (item F), extract from labour notes (item G), day 5 postnatal notes (items H and I) and day 8 conversation transcript (item J), write a confidential email to her community midwife to evaluate:

- how Lucy is recovering from the birth physically and adapting to parenthood emotionally
- how breastfeeding has been since day 3

Student evidence

Dear Emma,

I saw Lucy Potter today at the drop-in feeding session and I wanted to feedback on how she is.

Physically, she mostly seems to be recovering well, except for her stitches from the episiotomy. She reports that these are getting worse and that she can't sit very comfortably. I have suggested that she sees the GP to get them checked in case there is an infection, and she needs some antibiotics.

There are no concerns with her lochia or observations or with urination or passing stools.

Her breasts are feeling much better now, and the nipple soreness is nearly gone. She is really pleased with this, but she is feeling exhausted from the expressing and breastfeeding.

I think the breastfeeding plan has really helped Lucy and the feeding seems to have improved since day 3. Like I say, she is much more comfortable feeding now and the nipple trauma is almost healed. She feels happier with positioning and attachment and is able to identify when baby is feeding well and signs of good attachment and milk transfer.

The baby is back to birthweight now on day 8 and having a good number of wet and dirty nappies, which suggests feeding is going well. I have told Lucy that she does not need to express or top-up anymore, which should also help with her tiredness.

In terms of how she is adapting to parenthood, emotionally she is still very tearful. She still feels upset and that she has somehow failed by not having her home birth and by having an epidural. She is a bit scared to ask people for help too because she wants to show everyone that she can do it. She said that James is not around much either, so I am not sure she is getting much support from him.

She might be developing post-natal depression and I think she might appreciate a visit from you to discuss things further, as well as referral to other services such as birth reflections and the health visitor for support.

Examiner commentary

The student has demonstrated the baseline level of knowledge and skills required to successfully meet the demands of the task, and presentation has been largely logical, with appropriate terminology generally used.

The student has made some use of relevant knowledge and shown a sufficient understanding of evidence-based practice.

The student has shown an ability to make acceptable use of appropriate information from different sources and appraise its relevancy to a degree to make safe decisions and inform care plans. However, there is evidence of some inconsistencies and not always using a full range of evidence available, or fully contextualising responses, resulting in some more generic rather than fully person-centred solutions.

The student does demonstrate an awareness of professional issues and the need to follow relevant standards and codes of conduct, but this could be better developed.

Overall grade descriptors

The performance outcomes form the basis of the overall grading descriptors for pass and distinction grades.

These grading descriptors have been developed to reflect the appropriate level of demand for students of other level 3 qualifications and the threshold competence* requirements of the role, and have been validated with employers within the sector to describe achievement appropriate to the role.

Occupational specialism overall grade descriptors

Grade	Demonstration of attainment
Pass	<p>A pass grade student can:</p> <ul style="list-style-type: none"> • communicate the relationship between person-centred care and health and safety requirements in healthcare delivery, by: <ul style="list-style-type: none"> ○ demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals ○ recognising and responding to relevant healthcare principles when implementing duty of care and candour, including demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality ○ following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment ○ demonstrating use of an adequate range of techniques, equipment and resources safely to promote sufficient levels of cleanliness and decontamination required for satisfactory infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, and the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individuals' privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users' views to maintain effective provision of services ○ gathering sufficient evidence, contributing to, following and recording information in care plans/records relevant to tasks and interventions, structuring these sufficiently to allow understanding in line with local and national legislation and policies, preserving individuals' rights ○ maintaining a record of professional development with evidence of using feedback to develop knowledge, skills, values and behaviours consistent with sufficient ability to reflect on practice and thereby improve performance adequately • communicate sufficiently reliable levels of knowledge of the physiological states that are commonly measured by healthcare support workers, including why, when and what equipment/techniques are used, by: <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment effectively and safely and following

Grade	Demonstration of attainment
	<p>correct monitoring processes</p> <ul style="list-style-type: none"> ○ calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional ○ applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance
Distinction	<p>A distinction grade student can:</p> <ul style="list-style-type: none"> • communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery, by: <ul style="list-style-type: none"> ○ demonstrating flexible and constructive person-centred care, taking appropriate precautions reliably, making sound decisions to protect the safety and physical and mental wellbeing of individuals. ○ alertness and responsiveness to relevant healthcare principles when implementing duty of care and candour, including the demonstration of exceptional sensitivity and accurate knowledge of safeguarding individuals and maintaining confidentiality ○ commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment ○ demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, and the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ following current best practice and agreed ways of working highly relevant to assisting with scenario specific, care-related tasks consistently and reliably, whilst fully supporting individuals to meet their care and needs, including maintaining the individual's privacy and dignity to a high standard ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individuals' privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users' views to maintain effective provision of services ○ gathering extensive evidence consistently, interpreting, contributing to, following and recording information in care plans/records highly relevant to tasks and interventions, structured accurately and legibly and in line with local and national policies, while preserving and promoting individuals' rights ○ maintaining a record of professional development to develop knowledge, skills, values and behaviours consistent with ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency • communicate exceptional levels of knowledge of the physiological states that are commonly measured by healthcare support workers, including why, when and what equipment/techniques are used, by:

Grade	Demonstration of attainment
	<ul style="list-style-type: none">○ working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes○ calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional○ applying knowledge of policy and good practice techniques proficiently when undertaking all physiological measurements, checking when uncertain, solving problems, and following instructions and guidance with energy and enthusiasm

* 'threshold competence' refers to a level of competence that:

- signifies that a student is well placed to develop full occupational competence, with further support and development, once in employment
- is as close to full occupational competence as can be reasonably expected of a student studying the TQ in a classroom-based setting, for example, in the classroom, workshops, simulated working and (where appropriate) supervised working environments
- signifies that a student has achieved the level for a pass in relation to the relevant occupational specialism component

Document information

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Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Published final version.		June 2021
v1.1	NCFE rebrand		September 2021