T-LEVELS | Institute for Apprenticeships & Technical Education

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Midwifery Team

Assignment 3 - Professional discussion - Pass

Guide standard exemplification materials

v1.1: Specimen assessment materials
September 2021
603/7066/X

Internal reference: HLTH-GSEM-23

NCFE CACHE

T Level Technical Qualification in Health
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Supporting the Midwifery Team

Assignment 3

Contents

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 3, the student must reflect on their own practice as a form of learning and continuing development. The student must answer questions and discuss their learning experiences in a professional manner.

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

Theme 1: observations, screening and measurements of newborn babies

The questions that follow will be about reflecting on learning or an experience of the routine tests that make up the newborn screening programme.

Question 1

Part A

Referring to your learning or experience, discuss the routine tests that are offered in the newborn screening programme.

Part B

Referring to your learning or experience, explain the roles and responsibilities of the midwifery team involved in delivering the newborn screening programme.

Question 2

Part A

Referring to your learning or experience, explain the rationale for one newborn screening test that you observed or assisted with.

Part B

Justify the need for and importance of informed consent in both this test and in general practice (you should refer to your examples given in part A).

Student evidence

Question 1

A:

There are 3 different tests for babies when they are born. We have learned about these at college and I have watched them happen at the hospital and on my community placement.

After the baby is born, when it is still in hospital, they do the NIPE to check everything is ok with the baby. This checks the baby's eyes, the baby's hips, and the baby's heart. If the baby is a boy, it also checks the testicles have descended.

The hearing screener also comes around in the hospital to check that the baby's hearing is ok before the baby goes home.

When the baby is at home on day 5 the heel prick test is done. This gets blood from the baby's foot and tests for things the baby could have been born with like thyroid problems or cystic fibrosis.

B:

In the trusts where I worked the NIPE test was carried out by the midwife who was looking after the woman. She would talk to the family about the checks and get consent. Afterwards she records all the results on the computer and puts them in the baby's red book.

The hearing screeners were specialists who did the hearing checks. Again, they would put the results in the red book. If a baby didn't pass the checks sometimes the hearing screener would then send out a letter with another appointment for them to re-check it.

The heel prick test is done by the midwife.

A maternity support worker wouldn't do these tests, but it is important to know why they are done, and the midwives might ask us to help them.

Question 2

A:

One of the tests I saw completed in the community was the day 5 heel prick test, so I'll talk about that.

The test is always carried out on day 5. The rationale for the test is to test babies early for some rare medical conditions they could have been born with. The test looks for underactive thyroid, sickle cell anaemia, cystic fibrosis, and some metabolic problems.

If any problems are found, then the babies can be treated or helped quickly. So, for example they might need thyroxine if their thyroid is not working properly.

Examiner: Can you describe what happened when the test was carried out?

The midwife told the parents about the test and got consent from them to do the test.

She got some warm water and washed the baby's foot and got the mum to cuddle the baby.

She then put the heel pricker on the baby's heel and pressed the button. She held the baby's foot and collected the blood on the card in 4 circles. Some babies bleed easier than others and sometimes it can take quite a while to get enough blood on the card and you've got to be careful not to end up with lots of small spots in the circles.

She then put baby stickers on the card and filled it in and then put it in the special envelope to send to the labs.

B:

Informed consent is really important. You can't just carry out tests or do things to a woman or her baby without asking her first. It is up to a mum whether she wants the baby to be tested so you need to tell her about the tests and make sure she understands them before they are done. There is a leaflet called 'screening tests for you and your baby' that you can give the mother to tell her about the tests too.

It is important to document in the notes that you have asked for consent.

Examiner: Is there anything else you would like to reflect on before we move on to the next theme?

Before placement and listening to the midwives, I hadn't realised how much information you needed to give women and how important consent was. It has really opened my eyes to how important it is.

Theme 2: security and safeguarding procedures and protocols to protect the newborn baby

The questions that follow will be about reflecting on learning or an experience of security procedures and protocols to protect the newborn baby.

Question 3

Part A

Referring to your learning or experience, describe the local procedure for newborn baby identification in the maternity environment and what to do in the event of lost or detached identity bands.

Part B

Referring to your learning or experience, outline the importance of the process and purpose of other security measures in place to protect the newborn baby in the maternity environment.

Question 4

Part A

Referring to your learning or experience, discuss safeguarding procedures involving raising concerns in respect of any risks, threats or signs of abuse in the maternity environment.

Part B

Referring to your learning or experience, present a time you interpreted a risk assessment to provide personalised care.

Student evidence

Question 3

A:

On delivery suite, I watched and sometimes helped to write the baby bands. There are always 2 baby bands that we put on the baby's ankles. That is so that we know the mother has the right baby.

When the baby is born the midwife writes the baby bands. She puts the mother's name and NHS number on and the baby's date of birth and what time the baby was born.

When the baby goes to the postnatal the ward, the midwife on the postnatal ward checks the baby's bands compared to the mother and baby's notes.

If one of the bands comes off, then you have to write another one out straight away and put it back on the baby.

The parents can take the tags off when they get home.

B:

Other security measures in the hospital include the doors to each ward being locked. Staff have swipe passes to get in, but any visitors have to ring the bell. There is a video so you can see who is there. This stops people just walking into the wards and maybe taking a baby.

When a mother and baby go home, a maternity support worker or another midwife also has to go out with them and sign them out in a book, so we know that baby has definitely gone home with its mother. I helped do that and we had to put the mother's name in the book and sign our name with the date and time they left.

Question 4

A:

When I was on the postnatal ward I helped look after a woman who had just delivered her baby. She had a safeguarding file in her notes because social services had been involved. That was because her partner had been very physically abusive to her. She had said that they were no longer together and that she had no contact with him anymore.

However, on the ward she had a man visiting and I heard him say he was the father of the baby. I asked him if he was the dad and when he said he was I told the midwife looking after the woman what I had heard.

That could be a safeguarding issue as there could be a risk to the baby if he is violent and if social services don't know he is having contact with the mother. It also looked like maybe the woman had been lying and she was still in a relationship with him.

The midwife told the co-ordinator, and she rang social services to talk to the social worker and let them know.

Examiner: Can you evaluate your experience in terms of your own contributions to the situation, positive or negative?

I think it was good that I had read the file so I knew she shouldn't be having contact with the father of the baby. And I knew to tell the midwife in charge as it was not my responsibility to sort it out as I am just a student.

B:

On the postnatal ward, one of the risk assessments we looked at was how much blood a lady had lost during delivery and what her iron levels were like. This is done because if a woman has lost a lot of blood her iron levels

can fall and this can make her very tired, exhausted, and sometimes feel a bit lightheaded when she stands up. This could then be dangerous for her when she is trying to look after her baby, for example she could faint or fall with the baby.

We can take a blood sample, either just from her finger with a haemacue test or a full blood count to check her iron levels.

If they are low, we can then give her iron tablets to take which will make her feel better.

Examiner: Is there anything else you would like to add to your discussions on this theme before we move on to the next theme?

No, I think I have said what I wanted to, thank you.

Theme 3: assessing the physical and mental wellbeing of the new mother

The questions that follow will be about reflecting on learning or an experience of assessing the wellbeing of the new mother.

Question 5

Part A

Based on your learning or experience, discuss assisting to prepare a woman for an ultrasound scan, focusing on the procedure and purpose.

Part B

Referring to your learning or experience, recall and explain the preparation, procedure and purpose of a venepuncture, and explain appropriate actions if the venepuncture fails.

Question 6

Part A

Referring to your learning or experience, reflect on a time when you offered a mother and her partner advice or support in an antenatal clinic.

Part B

Referring to your learning or experience, explain the procedures in escalating any concerns about mental wellbeing to the midwifery team during any stage of pregnancy.

Student evidence

Question 5

A:

It is part of a midwifery support worker (MSW) role to help prepare the woman for the scan.

The scans are important in pregnancy. The first scan the woman gets is the dating scan which tells her when the baby is due. This is normally between 12-14 weeks. The screening for Down's syndrome will also be done at that scan if the woman wants it. The sonographer takes measurements of the baby and that tells them how big the baby is and so when it is due. The scan also lets the woman know if there is just one baby or twins/triplets. They can't tell the sex of the baby until the 20-week scan.

When I have helped prepare a woman for her scan, she will be waiting in the waiting room. I get her notes and call for her and then check her name and that I have the right person and check that she is here for her scan. I also check she has got tokens for photos.

Then I take her to the scan room and tell her what will happen. That the sonographer will come in in a minute to do the scan. That involves having gel on the probe that she will pass over the mother's tummy and a picture of the baby will be shown on the TV screen facing the bed.

I ask her to lie on the bed and pull up her top and slightly pull down her trousers/bottoms and I put paper over her to help protect her dignity. I let her know that I will turn the lights off when the sonographer comes in so she can see on the screen better.

After the scan is finished, I help the woman wipe the gel off her tummy, put the lights on and help her get up. I then give her maternity notes back and ask her to book her next scan at reception.

B:

Venepuncture is done for different reasons during pregnancy, but one reason is at the booking appointment. The purpose is to get blood from the woman to check for things like her iron levels and look for illnesses like HIV or syphilis or to find out her blood group.

To take blood you must ask consent to take the blood from the woman first. Then you must wash your hands.

You put a tourniquet on the woman's arm to help the vein stand up first, then you wipe it with a steret. You put the vacutainer on the needle then put it slowly into the vein and wait for the bottle to fill. You fill all the bottles you need then take the needle out and put and get the woman to put some pressure on it with some cotton wool. Then put a plaster on it.

You must fill out the blood forms with the woman still in the room and sign the bottles and check the woman's name with her.

If you can't get the blood from her arm, some women need to have it taken from their hands with a butterfly needle.

Question 6

A:

In an antenatal clinic with the midwife, we saw a young woman who was only 18 and her boyfriend. It was her 28-week appointment, and it was her first baby. She had stopped smoking when she found out she was pregnant. We hadn't met her boyfriend yet. The midwife did the woman's carbon monoxide (CO) reading, on the carbon monoxide monitor which showed a low score that meant she wasn't smoking anymore. She was really pleased, and we told her how well she had done.

When the midwife was listening into the baby I was talking to the boyfriend, and I asked if he smoked. He said he did and that he had tried but couldn't give up, but he said he always smoked outside. So, I told him how bad smoking was for the baby, and that smoking can lead to cot death and even if he is smoking outside, he will still be breathing out the poisonous chemicals that are in the cigarettes in the house around the baby.

We offered to do his carbon monoxide level and that came back high so I think it quite shocked him to see how much he was still breathing out. He agreed to a referral to our stop smoking service.

Examiner: Is there anything you learnt from that situation or anything you'd do differently next time?

I learnt that it is always important to try to involve the partner. If he was still smoking it might make it harder for the woman to stay off the cigarettes. So, if he quits, it will help her too.

In terms of what I would do differently, I think maybe next time I would also give him a leaflet to take away and read about the effects of smoking.

B:

Mental health is something very important to look out for in pregnancy and postnatally too because we know women can get mental health problems like anxiety and depression.

It is important that you ask women how they are feeling at all their appointments and check that their mood is ok too.

We have also learnt to think about how to recognise anxiety and depression so for example woman might be tearful or they might say they're having trouble sleeping or they're not eating well.

In one antenatal clinic I went to, we saw a woman who was very down during her appointment. She wasn't smiling and she was just answering questions with short answers and she just seemed very flat. I didn't know her, but the midwife knew her and thought she seemed down and when she asked the woman, she admitted she was feeling really depressed and was worried she wasn't bonding with the baby. The midwife talked to her about it and referred her for help.

If I saw someone and was worried about their mood like that, I would tell my mentor or another midwife as soon as possible.

There are services that women can be referred to like talking therapies.

Examiner: Is there anything else you would like to add before we finish the assessment?

No, I don't think so, thank you.

Examiner commentary

The student has met the baseline knowledge/skills and behaviour requirements in response to the demands of the professional discussions.

The student has shown an acceptable depth and breadth of knowledge in relation to midwifery concepts and demonstrated some consideration of how this knowledge fits with woman-centred care, although not always explicitly. Responses often lack detail, and they sometimes miss important aspects of professional responsibilities, such as documentation.

Attempts have generally been made to link responses to practice experiences but some lack context and are often descriptive with little reflection on the student's own impact on the situation or thinking about how to take things forward.

There is a tendency to focus narrowly on discussion material without consideration of application to other situations/learning.

The student has shown a mostly appropriate understanding of the scope and limitations of their own role and satisfactory awareness of the roles of others in the team.

Acceptable but somewhat limited problem-solving abilities are apparent through the discussions.

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, 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:

Occupational specialism grade descriptors*

Grade	Demonstration of attainment
Pass	A pass grade student can: • communicate the relationship between person-centred care and health and safety requirements in healthcare delivery, by o demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals o recognising and responding to relevant healthcare principles when implementing duty of care and candour, including the demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality o following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment o 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, the scope and limitations of their healthcare role within it, by o adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions o 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 individual's 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 o 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 o 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

Grade	Demonstration of attainment
	• 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 o working as part of a team to use relevant equipment effectively and safely and following correct monitoring processes o calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional o applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance
Distinction	A distinction grade student can: • communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery, by o 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 o 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 o commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment o 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, the scope and limitations of their healthcare role within it, by o 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 o 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 individual's 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 o 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 o 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

Grade	Demonstration of attainment
	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 o working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes o calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional o 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 technical qualification (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

Owner: Head of Assessment Design

Change History Record

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