

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Midwifery Team

Assignment 3 – Professional discussion

Mark scheme

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About this document

This mark scheme has been written by the assessment writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a student
- information on how individual marks are to be awarded
- the allocated performance outcomes and total marks for each question

Past Paper

Marking guidelines

General guidelines

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

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

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

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

Be prepared to award 0 marks if the student's response has no creditworthy material.

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

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

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

Guidelines for using extended response marking grids

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

When determining a band, you should use a bottom-up approach. If the response meets all the descriptors in the lowest band, you should move to the next one, and so on, until the response matches the band descriptor.

Remember to look at the overall quality of the response and reward students positively, rather than focusing on small omissions. If the response covers aspects at different bands, you should use a best-fit approach at this stage and use the available marks within the band to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the assessment objectives, so as not to over/under credit a response. Standardisation materials, marked by the chief examiner, will help you with determining a mark. You will be able to use exemplar student responses to compare to live responses, to decide if it is the same, better, or worse.

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

Performance outcomes

This assessment requires students to demonstrate the following:

Supporting Healthcare (core)

PO1	Assist with an individual's overall care and needs to ensure comfort and wellbeing
PO2	Assist registered health professionals with clinical or therapeutic tasks and interventions
PO3	Undertake a range of physiological measurements

Supporting the Midwifery Team (option B)

PO1	Assist the midwifery team with clinical tasks
PO2	Assist the midwife to provide care for mothers and support to parents at all stages, from antenatal, perinatal, and postnatal
PO3	Assist with the care of newborn babies by undertaking observations and measurements

Theme 1: postnatal care

The questions that follow will be about reflecting on learning or an experience of postnatal care of the mother.

Question 1

Part A

Referring to your own learning and experience, discuss the importance of monitoring wounds and dressings in the post-operative care of a woman who has had a caesarean section.

Part B

Referring to your own learning and experience, explain the actions that need to be taken when preparing a woman for discharge from the hospital postnatally.

(12 marks)

Band	Mark	Descriptor
4	10–12	Description of how to monitor wounds and dressings related to post-operative care of a woman following a caesarean section is highly detailed and accurate. Demonstration of accurate and excellent understanding of use of skills and behaviours always consistent with application of knowledge to practice. Comprehensive explanation of actions required when preparing a woman for discharge, demonstrating skills and behaviours to ensure person-centred, highly effective, and wholly appropriate care.
3	7–9	Description of how to monitor wounds and dressings related to post-operative care of a woman following a caesarean section is detailed and accurate. Appropriate demonstration of accurate understanding of use of skills and behaviours consistent with application of knowledge to practice. Good explanation of actions required when preparing a woman for discharge, demonstrating relevant skills and behaviours to ensure effective and appropriate care.
2	4–6	Description of how to monitor wounds and dressings related to post-operative care of a woman following a caesarean section has satisfactory detail and accuracy. Mostly appropriate demonstration of understanding of use of skills that is sometimes inconsistent with application of knowledge to practice. Limited explanation of actions required when preparing a woman for discharge, demonstrating satisfactory skills and behaviours to ensure effective and appropriate care.

Band	Mark	Descriptor
1	1–3	<p>Description of how to monitor wounds and dressings related to post-operative care of a woman following a caesarean section is limited in detail and is inaccurate in places.</p> <p>Limited demonstration of understanding of use of skills and behaviours consistent with application of knowledge to practice.</p> <p>Limited explanation of actions required when preparing a woman for discharge, demonstrating irrelevant skills and behaviours to ensure effective and appropriate care.</p>
0	0	No creditworthy material.

Indicative content

The student could identify why wound care is important, such as:

- monitoring for normal healing, colour changes from red to pink, less tender to touch
- to help a woman understand how to care for her wound (for example, hygiene/cleaning, checking for signs of infection, getting early help and assessment from medical professionals if infection is suspected)
- knowing when the wound will be assessed

Students could demonstrate knowledge of monitoring wound dressings, checking whether any of the following noted:

- fresh red/blood stains on the dressing
- oozing
- clean and dry/secure
- maintain privacy and dignity of the woman
- explain what you are observing

The student could explain signs and symptoms of infection with wound care such as:

- pain
- raised temperature/shivering
- wound hot to touch
- redness/swelling/oedema around the wound
- discharge
- offensive odour
- increasing need for pain relief

The student could explain signs wound is healing well for example:

- wound clean/dry

- good apposition of the skin edges
- reducing pain/sensitivity to touch

The student could explain factors that can affect or delay healing such as:

- existing health conditions – diabetes
- poor nutritional state
- raised body mass index above 35

The student could explain consequences if symptoms are not treated, this could lead to further complications such as sepsis.

They could include when dressings would typically be removed and wound left exposed to air or left on for longer if increased body mass index (BMI), as per local policy and guidelines, knowing the importance of this for healing.

Also, if sutures are not soluble, when they might be taken out and by whom.

The student could explain actions required for discharge to include review of:

- medication – ensuring woman has her medication and midwife has discussed how to take them
- care plan – wound care, any follow-up required by GP or nurses (for example, if any referral appointments to be made/laising with community midwife for removal of suture if appropriate)
- check haemoglobin (Hb)
- follow-up appointments and care:
 - hearing screeners for baby (for example, 6- and 8-week checks at GP, birth registration and registering baby at GP)
 - handover – when to expect community midwife to visit (for example, person-centred/individual needs/tailored to woman's needs, discuss exercise and moving/handling after caesarean section/pelvic floor after spontaneous vagina delivery)

The student could give other advice and information such as:

- signs of illness in:
 - mother (for example, unwell, temperature, shivers, excessive pain, bleeding)
 - baby (for example, colour, tone, poor feeding, sleepy/drowsy)
- contact details for other services
- safe sleeping
- feeding – responsive breastfeeding or ensuring bottle feeders know how to make formula
- signposting to other resources such as:
 - NHS Baby Buddy app
 - Lullaby Trust
 - breastfeeding support
 - give some examples of leaflets

Student could demonstrate knowledge of the importance of record keeping such as:

- updated information in patient's records in line with legislative requirements (electronic or handheld)
- contact details for other services, such as GP, health visitor

Accept other appropriate responses.

Past Paper

Question 2

Part A

Referring to your own learning and experience, discuss why women need assistance to mobilise after surgical interventions.

Part B

Referring to your own learning or experience, evaluate the importance of informed consent prior to care being provided.

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>Highly detailed explanation of reasons for assisting with mobilisation and gaining consent with a range of outstanding relevant and coherent examples.</p> <p>Explanation demonstrates excellent congruence in application of knowledge and understanding to the specific context.</p> <p>Justification for informed consent process is comprehensive with excellent and extensive reflection on own ability and limitations.</p> <p>Analysis of the importance of consent is highly effective.</p>
3	11–15	<p>Detailed explanation of reasons for assisting with mobilisation and gaining consent with a range of relevant and coherent examples.</p> <p>Explanation demonstrates good congruence in application of knowledge and understanding to the specific context.</p> <p>Justification for informed consent process is coherent, with good reflection on own ability and limitations.</p> <p>Analysis of the importance of consent is effective.</p>
2	6–10	<p>Satisfactory explanation of reasons for assisting with mobilisation and gaining consent with a range of mostly appropriate examples.</p> <p>Explanation demonstrates satisfactory congruence in application of knowledge and understanding to the specific context.</p> <p>Justification for informed consent process is mostly appropriate, with satisfactory reflection on own ability and limitations.</p> <p>Analysis of the importance of consent is relevant.</p>
1	1–5	<p>Limited explanation of reasons for assisting with mobilisation and gaining consent and has few examples.</p>

Band	Mark	Descriptor
		<p>Explanation demonstrates limited congruence in application of knowledge and understanding to the specific context.</p> <p>Justification for informed consent process is basic, with limited reflection on own ability and limitations.</p> <p>Limited reflection on the importance of consent.</p>
	0	No creditworthy material.

Indicative content

The student could give the following reasons for assisting with mobilisation:

- safety reasons such as:
 - to prevent falls – women may be unsteady on feet/under influence of medication/have things like catheters to inhibit mobility
 - to prevent pressure sores
 - to prevent DVT (deep vein thrombosis) – aware of the signs related to such as calf pain, redness, or swelling
- the woman may be in pain – site of wound, caesarean section, episiotomy, sutures, infection
- the woman may lack confidence in mobilising and feel comforted by support
- the woman may require help to mobilise in order to bathe/use the toilet
- to support healing for example, post caesarean section, early mobilisation improves outcomes/woman may get catheter out and get home quicker

The student could demonstrate knowledge of what is meant by informed consent such as:

- able to define - full permission given for a procedure understanding all the knowledge of the possible benefits and consequences of a procedure
- giving appropriate information to enable the woman to give meaningful consent

The student could give reasons for informed consent such as:

- woman-centred care and empowering the woman to be involved in all aspects of her own care decisions
- following professional codes of conduct, local policies, and guidelines
- legal aspects/importance of informed consent
- ethical
- help to prepare the woman for what you are about to do and allow her to ask questions/seek clarification first
- knowing own limitations– aware of who is responsible for consent

The student should identify that informed consent could be verbal or written consent.

The student should know what to do if consent is not given/declined such as refer to senior colleagues with reasons for decline.

Accept other appropriate responses.

Past Paper

Theme 2: assisting with delegated tasks and interventions to promote comfort and wellbeing of the mother

The questions that follow will be about reflecting on learning or an experience of assisting with tasks and interventions to promote comfort and wellbeing of the mother.

Question 3

Part A

Referring to your own learning and experience, explain how you should assist with the laying up of a trolley for instrumental delivery.

Part B

Referring to your own learning and experience, discuss the role of a midwifery support worker in preparing the birth environment for an instrumental delivery.

(12 marks)

Band	Mark	Descriptor
4	10–12	Description of assisting to lay up a trolley for instrumental delivery is highly detailed. Demonstration of accurate and excellent understanding of health and safety always consistent with application of knowledge to practice. Comprehensive explanation of the role of the midwifery support worker (MSW) in maintaining the birth environment for an instrumental delivery demonstrating skills and behaviours to ensure person-centred, highly effective and wholly appropriate care.
3	7–9	Description of assisting to lay up a trolley for instrumental delivery has good detail. Appropriate demonstration of accurate understanding of health and safety consistent with application of knowledge to practice. Good explanation of the role of the MSW in maintaining the birth environment for an instrumental delivery demonstrating relevant skills and behaviours to ensure effective and appropriate care.
2	4–6	Description of assisting to lay up a trolley for instrumental delivery has satisfactory detail. Mostly appropriate demonstration of understanding of health and safety that is sometimes inconsistent with application of knowledge to practice. Limited explanation of the role of the MSW in maintaining the birth environment for an instrumental delivery, demonstrating satisfactory skills and behaviours to ensure effective and appropriate care.

Band	Mark	Descriptor
1	1–3	<p>Description of assisting to lay up a trolley for instrumental delivery is limited in detail and is inaccurate in places.</p> <p>Limited demonstration of understanding of health and safety consistent with application of knowledge to practice.</p> <p>Limited explanation of the role of the MSW in maintaining the birth environment for an instrumental delivery, demonstrating irrelevant skills and behaviours to ensure effective and appropriate care.</p>
	0	No creditworthy material.

Indicative content

The student should demonstrate knowledge of the instruments needed to set up a trolley for instrumental delivery; list instruments that may be used and complete the appropriate checklists including expiry dates. Instruments could include:

- forceps
- ventouse cup
- Kiwi cup
- silicone/metal cup

The student should demonstrate how to open sterile packs and assist the scrub nurse with any other equipment needed for the procedure.

The student should demonstrate knowledge of the correct procedure for maintaining sterile field, and understanding of asepsis in theatre, as well as gather correct equipment such as delivery packs, suturing packs, and additional items such as:

- swabs
- gloves
- syringes
- needles
- sutures

The student should demonstrate knowledge of the appropriate environment for the procedure, for example, adequate lighting and temperature, making sure the room is warm for delivery.

The student should discuss the importance of maintaining sterile fields, and sterile equipment/items for example:

- to reduce the risk of cross-contamination
- reduce transmission of disease
- reduce the risk of post-procedure infection

The student should discuss the importance of the initial count of equipment including surgical instruments and swabs against the checklist for example:

- to check they have the correct number of instruments at the beginning and end of the procedures
- to check they have the correct instrument type at the beginning and end of the procedures
- to reduce the risk of any equipment not being accounted for

The student should demonstrate knowledge of the appropriate disposal of clinical waste/equipment such as:

- swabs – specialised container/bag
- linen – appropriate decontamination bag
- syringes – appropriate disposal bin or bag
- needles – sharps bin

The student should demonstrate knowledge of safe storage of equipment in a relevant secure area or locked away in cupboard such as:

- disinfectants

The student should demonstrate knowledge of the appropriate cleaning and disinfectant of the birthing environment:

- correct detergents
- dilute and make up detergents
- follow local policy
- dispose of waste appropriately based on the birthing environment
- methods of disposal
- clinical waste
- blood
- personal protective equipment (PPE)
- general waste
- waste for incineration
- disposal of placental tissue and blood

Accept other appropriate responses.

Question 4

Part A

Referring to your own learning and experience, discuss the changes a woman experiences during a specific stage of her pregnancy. Consider the impact on her holistic health and wellbeing.

Part B

Reflect on your own learning or experience, where a woman has been at risk of miscarriage or stillbirth. Analyse all the factors that increased this risk.

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>Highly detailed and accurate emotional and physiological changes suggested for the mother and foetus.</p> <p>Highly effective synthesis of impact on her holistic health and wellbeing.</p> <p>Comprehensive analysis of different factors that increase the risk of miscarriage and stillbirth demonstrating outstanding knowledge, relevant to the specific stage of pregnancy</p>
3	11–15	<p>Detailed and accurate emotional and physiological changes suggested for the mother and foetus.</p> <p>Effective synthesis of impact on her holistic health and wellbeing.</p> <p>Good analysis of different factors that increase the risk of miscarriage and stillbirth demonstrating good knowledge, relevant to specific stage of pregnancy.</p>
2	6–10	<p>Satisfactory emotional and physiological changes suggested for the mother and foetus.</p> <p>Partial synthesis of impact on her holistic health and wellbeing.</p> <p>Somewhat detailed explanation of factors that increase the risk of miscarriage and stillbirth demonstrating appropriate knowledge, relevant to specific stage of pregnancy.</p>
1	1–5	<p>Limited emotional or physiological changes suggested for the mother and foetus.</p> <p>Inconsistent synthesis of impact on her holistic health and wellbeing.</p> <p>Explanation of factors that increase the risk of miscarriage and stillbirth is sometimes uncontextualised, demonstrating limited knowledge.</p>
	0	No creditworthy material.

Indicative content

The student should be able to discuss the changes the mother is experiencing and the impact of these changes on her health and wellbeing during a specific stage of the pregnancy. For example, changes and their impact during the third trimester could include:

- physiological changes to the mother such as:
 - digestive changes resulting in decreased room in abdomen due to the increasing pregnancy (for example, reflux due to food staying in stomach longer, heartburn, loss of appetite, nausea, and vomiting)
 - hormonal changes (for example, tired, exhausted, uncomfortable, swelling, fatigue, mood swings)
 - cardiac output changes resulting in increased blood volume supporting the baby's circulation
 - respiratory rate – diaphragm raised and less room for the expansion of the lungs, breathless
 - musculoskeletal – relaxation of soft muscles, lower back pain, aching joints
- emotional changes to the mother such as:
 - lifestyle – less active due to fatigue, disrupted sleep pattern
 - hormonal – changes, low mood, tearfulness, anxiety, depression

Accept other appropriate responses.

Students could suggest the following factors relevant to their specific example that increased the risk of miscarriage or stillbirth:

- physiological/medical factors such as:
 - problems with the cervix or womb for example, incompetent cervix, weak cervical tissues (the cervix begins to open too early in the pregnancy)
 - infections causing further complications; usually a bacterial infection, enters the womb (for example, group B strep, E. coli) and sexually transmitted diseases (for example, chlamydia), German measles (rubella)
 - chromosome abnormalities in the foetus (at conception the baby receives too many or not enough chromosomes) and conditions such as Down's syndrome
 - autoimmune disorders can cause the body to reject the pregnancy and cause the body to fight against the foetus like a foreign body within the system, such as antiphospholipid syndrome (other conditions noted as Lupus and multiple sclerosis)
 - pre-existing diseases such as high blood pressure, if not controlled, can lead to kidney damage/disease which could lead to placenta dysfunction/not working effectively to supply the nutrients to the foetus and increase the risk of growth restriction for the foetus
 - external toxins – can be cigarette smoke/ nicotine (carbon monoxide across the placenta can also be passed through via passive smoking), alcohol consumption, some foods that have chemicals such as some fish, trauma such as invasive antenatal test, screening such as chorionic villus sampling (CVS) (a test which involves taking a small sample of cells from the placenta)
- lifestyle factors such as:
 - smoking
 - alcohol consumption

- substance misuse
- high BMI
- maternal/foetal infection or disease unrelated to pregnancy that had a negative impact
- placental abnormalities such as placental abruption
- foetal abnormalities such as chromosomal disorders
- impact of social and cultural influences, individual circumstances, capabilities, behaviours, and lifestyle choices on public health outcomes
- cord prolapse
- foetal distress
- uterine rupture
- trauma
- reduced foetal movement (RFM) (refer to guidelines within 'Saving Babies Lives')

Theme 3: observations of newborn babies

The questions that follow will be about reflecting on learning or an experience of carrying out routine observations on newborn babies.

Question 5

Part A

Referring to your own learning and experience, explain routine observations that are performed on newborn babies.

Part B

Referring to your own learning and experience, consider one of the routine observations from **part A**. Discuss how you would recognise any deviation from the norm and what appropriate actions you would take.

(12 marks)

Band	Mark	Descriptor
4	10–12	<p>Highly detailed explanation of routine observations on newborn babies and the recognition of any deviation from the norm, with a range of outstanding relevant and coherent examples.</p> <p>Explanation demonstrates excellent congruence in application of knowledge and understanding to the specific context.</p> <p>Sophisticated and reflective evaluation of the student's own performance, reflecting on the scope of their role and the responsibilities of others within the team to comply with legislation, policy, and protocols.</p> <p>The student demonstrates excellent ability to seek advice and clear and coherent understanding of their own limitations and actions to resolve them.</p>
3	7–9	<p>Detailed explanation of routine observations on newborn babies and the recognition of any deviation from the norm, with a range of relevant and coherent examples.</p> <p>Explanation demonstrates good congruence in application of knowledge and understanding to the specific context.</p> <p>Appropriate and reflective evaluation of the student's own performance, reflecting on the scope of their role and the responsibilities of others within the team to comply with legislation, policy, and protocols.</p> <p>The student demonstrates ability to seek advice and clear understanding of their own limitations and actions to resolve them.</p>

Band	Mark	Descriptor
2	4–6	<p>Satisfactory explanation of routine observations on newborn babies and the recognition of any deviation from the norm, with a range of mostly appropriate examples.</p> <p>Explanation demonstrates satisfactory congruence in application of knowledge and understanding to the specific context.</p> <p>Mostly appropriate reflective evaluation of the student's own performance, reflecting on the scope of their role and the responsibilities of others within the team to comply with legislation, policy, and protocols.</p> <p>The student demonstrates some ability to seek advice but occasionally demonstrates inaccurate understanding of their own limitations and actions to resolve them.</p>
1	1–3	<p>Limited explanation of routine observations on newborn babies and the recognition of any deviation from the norm and has few examples.</p> <p>Explanation demonstrates limited congruence in application of knowledge and understanding to the specific context.</p> <p>Inconsistent evaluation of the student's own role, reflecting on the scope of their role and the responsibilities of others within the team to comply with legislation, policy, and protocols.</p> <p>The student demonstrates some ability to seek advice but frequently demonstrates inaccurate understanding of their own limitations and actions to resolve them.</p>
	0	No creditworthy material.

Indicative content

The student should be able to explain one routine observation such as:

- cord care – monitoring, ensuring cord clamp is secure, hygiene, skincare, exposure to the air
- eye care
- stools
- body temperature
- respiration rate
- heart rate

The student should be able to identify signs of deviation from the norm such as:

- with cord care:
 - offensive smell
 - infection
 - oozing puss
 - redness
 - prolonged bleeding
- with eye care:

- discharge
- redness
- swollen eyelids
- bump or swelling
- tenderness
- when checking stools:
 - blood in stools
 - or discharge
- respiratory rate:
 - student should report any deviations outside the upper and lower boundaries range of 30 to 60 breaths per minute
- heart rate:
 - report any deviations outside the upper and lower boundaries of 100 to 160 beats per minute

The student demonstrates knowledge of the scope of the role by indicating that if they feel there is a cause for concern this will be escalated to the appropriate multi-disciplinary team (MDT)—midwife/paediatrician.

Accept any other appropriate responses.

Question 6

Part A

Referring to your learning and experience, discuss how you might recognise potential signs of jaundice and which babies might be more vulnerable.

Part B

Referring to your own learning and experience, analyse the types of treatment available for jaundice and the importance of prompt referral and treatment.

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>Highly detailed explanation of signs of jaundice, demonstrating exceptional knowledge, skills, and behaviours.</p> <p>Clearly articulated interpretation of types of treatment available, allowing for a highly effective analysis of its relevance to the example and excellent identification areas for personalised provision.</p> <p>Sophisticated and reflective evaluation of the student's own performance, reflecting on the scope of their role and the responsibilities of others within the team to comply with legislation, policy, and protocols.</p> <p>The student demonstrates excellent ability to seek advice and clear and coherent understanding of their own limitations and actions to resolve them</p>
3	11–15	<p>Detailed explanation of signs of jaundice, demonstrating good knowledge, skills, and behaviours.</p> <p>Good interpretation of types of treatment available, allowing for an effective analysis of its relevance to the example and good identification areas for personalised provision.</p> <p>Appropriate and reflective evaluation of the student's own performance, reflecting on the scope of their role and the responsibilities of others within the team to comply with legislation, policy, and protocols.</p> <p>The student demonstrates ability to seek advice and clear understanding of their own limitations and actions to resolve them.</p>
2	6–10	<p>Satisfactory explanation of signs of jaundice demonstrating limited knowledge, skills, and behaviours.</p> <p>Satisfactory interpretation of types of treatment available, allowing for some analysis of its relevance to the example and mostly appropriate identification of areas for personalised provision.</p>

Band	Mark	Descriptor
		<p>Mostly appropriate and recognises the signs of jaundice with some evaluation of the student's own performance, reflecting on the scope of their role and the responsibilities of others within the team to comply with legislation, policy, and protocols.</p> <p>The student demonstrates some ability to seek advice but occasionally demonstrates inaccurate understanding of their own limitations and actions to resolve them.</p>
1	1–5	<p>Limited explanation of signs of jaundice, demonstrating limited knowledge, skills, and behaviours.</p> <p>Limited interpretation of types of treatment available, allowing for a basic analysis of its relevance to the example and some appropriate identified areas for personalised provision.</p> <p>Inconsistent evaluation of the student's own role, reflecting on the scope of their role and the responsibilities of others within the team to comply with legislation, policy, and protocols.</p> <p>The student demonstrates some ability to seek advice but frequently demonstrates inaccurate understanding of their own limitations and actions to resolve them.</p>
	0	No creditworthy material.

Indicative content

The student should be able to describe the types of jaundice such as:

- physiological jaundice is a normal process and will appear after 24 hours old and generally be resolved in a full-term infant by 14 days
- obstructive jaundice is an abnormal process that can cause severe illness and may appear within the first 24 hours

The student should know how to recognise the signs and symptoms such as:

- yellowing of the skin
- facial
- trunk
- eyes
- limbs
- dark, yellow urine
- pale stools
- baby is sleeping more

The student may indicate that vulnerable babies could include:

- babies that are pre-term

- babies that are not feeding
- babies with a blood incompatibility
- babies that have had assisted birth

The student will indicate knowledge of the scope of the role recognising their own responsibility to monitor progression and improvement over time, as well as recording and reporting observations. If they feel there is a cause for concern, this will be escalated to their superior MDT.

The student should know the types of treatment such as:

- phototherapy
- exchange transfusion

Students should be able to recognise which babies may require treatment (for example, phototherapy) to breakdown jaundice:

- use of a bilimeter if available or serum bilirubin to assess if any further investigation or therapy is required
- good feeding is required to help resolve the jaundice
- importance of escalation to a multi-professional team – a midwife, GP and paediatrician
- importance of monitoring progression/improvement over a period of time
- importance of own role and responsibilities

Complications in delaying treatment could include:

- increased severity of jaundice making baby sleepier which may affect feeding
- poor feeding which can lead to problems like hypoglycaemia/hyponatremia
- severe jaundice resulting in kernicterus and brain damage
- the need for invasive treatment such as exchange transfusion
- prolonged jaundice may be related to other health problems

Accept any other appropriate responses.

Performance outcome grid

Question	C-PO1	C-PO2	C-PO3	O-PO1	O-PO2	O-PO3	Total
Theme 1							
1		4		4	4		12
2	4	5	2	3	6		20
Theme 2							
3	4			8			12
4	8			12			20
Theme 3							
5	4					8	12
6	2	5	8	1		4	20
Total	22	14	10	28	10	12	96
% weighting	23	15	10	29	10	13	100

Document information

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