



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Midwifery Team

Assignment 2 - Practical assessment - Distinction

Guide standard exemplification materials

T Level Technical Qualification in Health Occupational specialism assessment

Guide standard exemplification materials

Supporting the Midwifery Team

Assignment 2

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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 2, the student must demonstrate practical skills that are vitally important for any future role in the healthcare sector and must work in ways typical to the workplace.

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

Practical activity scenario 1

This practical activity scenario requires students to:

OPA16: Identify individual babies following local procedure

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time is 15 minutes.

Brief

A woman is in the delivery suite and the midwife has just delivered her baby.

Task

You are asked to prepare and apply the newborn baby identification labels to the baby, prior to the woman's transfer to the postnatal ward.

You should explain to the woman what to do in the event of a lost or detached identification label.

An extract of the woman's notes is given in item A. Use the woman's notes to document your actions.

Supporting information

This practical activity involves role play. The woman will be played by a member of staff. The newborn baby is played by a baby manikin.

You have been given an extract from the woman's notes (item A).

You have access to the following equipment:

- 2 newborn baby identification labels.
- a pen
- handwashing facilities
- gloves and an apron

Performance outcomes

This practical activity scenario assesses:

PO1: Assist the midwifery team with clinical tasks

PO3: Assist with the care of newborn babies by undertaking observations and measurements

Student evidence

The student introduces themselves to the mother - "Hello my name is ... I'm a trainee maternity support worker (MSW) and the midwife has asked me to help prepare your baby's name bands, before we take you to the postnatal ward, is that ok?"

It's important that the baby has its name labels on while you're both in hospital for safety, in case you and the baby are separated at any time so that we can always identify which baby belongs to which mum, for example, if the baby had to go to special care for any reason. When you're moved to postnatal ward, they will check them there too when you arrive.

We always put 2 labels on too in case baby kicks one off accidentally".

They take 2 identification bands, the mother's notes and ask the mother: "Can you just confirm your name for me please.....and it's a baby boy, is that right? And what time today was he born?"

They neatly complete 2 baby bands:

Baby boy of Jessica Clark

NHS: 36745674367

Born 28/9/20 at 14:45h

They check the details with the mother - "Can I just check that I've spelt your name correctly and the other details are right that I've written." They show the mother one band and read out details to her to confirm.

They ask the mother - "Is it ok if I put these on the baby's ankles now?"

They put gel on their hands and clean them before touching the baby and put the bands on both ankles, checking that they are not too tight or too loose.

They explain to the mother - "It's really important that both these bands stay on the whole time you are both in hospital, so please don't take either of them off. If you are worried one is a little tight let me or the midwife know, and we'll change it. If you notice he has kicked one off, or it seems so loose it could fall off, please keep hold of it if you have it but let the midwife or an MSW know straight away. We will just double check all the details and get a new band on immediately. Otherwise, there is the risk of babies getting confused".

The student writes in the woman's notes (item A).

Item A: extract from woman's notes

Confidential patient record form

Health simulation centre

Mother			
Name	Jessica	Surname	Clark
Date of birth	10/03/89		
NHS number	367 4567 4367		

Baby			
Time	14:45	Sex	Boy
Date of birth	28/09/2020		
NHS number	675 3876 2561		
Name of GP	Dr Jones		
Consultant	Mr Kennedy		

Baby identification labels check			
Applied right ankle – please tick (✓)	✓	Applied left ankle – please tick (✓)	✓

Date	Time	Actions taken	Signature
20 Jan 2021	10am	<p>I was asked by midwife Smith to write and apply baby bands to baby boy of Lucy, whilst still in delivery suite.</p> <p>Two bands written and details checked with mother. Bands securely applied to baby's left and right ankles and fit checked.</p> <p>Mother informed of security importance of bands during hospital stay and need to promptly inform staff if either band loose, falls off or missing.</p>	Signed, name in print, job title

Practical activity scenario 2

This practical activity scenario requires students to:

OPA5: Support the midwife to prepare women and other individuals (partner, family member, friend) for interventions and procedures

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 25 minutes.

Brief

A woman has arrived at the antenatal clinic reception desk for her first scan.

Task

You are asked by the midwife to greet the woman at the reception desk and take her to the ultrasound room to prepare her for her first scan.

You should explain the procedure and why it is carried out.

You should then position the woman ready for the sonographer to carry out the scan.

You should document your actions in the woman's notes (item B).

Supporting information

This practical activity scenario involves role play. The woman is played by a member of staff.

You will have access to:

- a reception desk/area
- an ultrasound room

You will have access to the following equipment:

- a jug of water and glass
- a chair
- a couch
- a blanket/sheet

Performance outcomes

This practical activity scenario assesses:

PO1: Assist the midwifery team with clinical tasks

Student evidence

The student washes their hands and puts on gloves.

They explain that they will first clean the trolley using aseptic techniques to ensure it is clean and hygienic for surgical procedure.

They clean the trolley with disinfectant and wipes using a methodical, aseptic technique, starting at top of trolley at the back and working forward, replenishing disinfectant, and moving down the trolley, cleaning all areas, including vertical supports, for example.

They dispose of wipes in correct clinical waste bag.

They explain that the equipment is stored sealed on the bottom shelf of trolley until needed to keep it and surfaces sterile/uncluttered.

They check the use by dates on packs and check that the packaging is intact and place the packs on bottom shelf.

They dispose of gloves in a clinical waste bag, then wash their hands and put on new gloves.

They open the delivery pack carefully, trying to not touch trolley top and just touch the corners of the pack to open it. They explain as they open the pack "it is important to only touch the corners of the pack, to keep everything inside sterile".

They carefully open the forceps and empty them onto delivery pack, again verbalising the importance of maintaining a sterile field for the doctor and the importance of not touching anything.

They place all disposable waste into clinical waste bags and note that non-disposable equipment such as forceps would be autoclaved.

They greet the woman - "Hello is it (for example) Susan Smith? My name is ... and I'm a trainee maternity support worker. I understand you're here for your dating scan, is that right? Great, well the sonographer will be free in a few minutes, but the midwife has asked me to take you through to the scan room and get you prepared first, is that ok?"

They lead the woman through to the scan room and offer her a seat - "If you just want to take a seat here, while we talk through everything.

"There is some fresh water here. It can be helpful for the scan if you have a comfortably full bladder, as it can help the sonographer see what she needs to. Can I pour you a glass?"

Is this your first baby? Great, well congratulations, that means this is all new to you, so I'll try to explain to you what to expect but please feel free to ask any questions to clarify anything.

So, this gets called the dating scan because one of the main purposes is to take measurements of the baby, like its crown-rump length from its head to bottom, or its head circumference. These measurements tell us how big the baby is and so is a pretty accurate estimation of how old the baby is, its gestation. So, then we can give you the most accurate due date. This is important because, even if you feel sure of your dates and your last period, everyone has a different cycle length so actually this can change your due date by a few days either way.

The sonographer will be able to check that there is just one baby, or whether you are having twins or triplets! She'll also check that there are no major problems with the baby's development so far, although we will get more information from your 20 week scan about that. The sonographer will also check that baby is developing in the uterus as we would expect and not, for example, an ectopic pregnancy where the foetus embeds in the fallopian tube.

The scan is an abdominal ultrasound. I'll make you comfortable on the bed with just your abdomen exposed, and I'll cover you with a sheet while we wait for the sonographer. The sonographer will put some gel on your abdomen and use this probe (shows the woman the probe) to scan over your abdomen. This uses ultrasound waves, which are not harmful to you or the baby but as the waves bounce back, they produce a black and white picture of the baby that you'll see on the screen there.

Do you have any questions so far? Are you still happy to go ahead and have the scan?"

They wait for the response then continue:

"The other thing we offer you at this scan is a screening test to look for the possibility the baby may have a chromosomal disorder like Downs/Edwards or Patau's syndrome. Your community midwife should have discussed this at booking. If you want this test, the sonographer will take an extra measurement at the back of the baby's neck, called the nuchal fold, and I will take a blood sample from you after the scan. The screening test is non-invasive and carries no risk to baby. Other information is taken into consideration, such as your age and the results will come through the post to you outlining the chance of the baby being affected, for example, 1:1000 chance.

Have you had time to think about this test or do you need any more information?"

They wait for response then continue:

"Ok, so we'll lie you down on the bed now, ready for the scan. I'll just adjust it to the right height for you".

Student adjusts bed height and helps woman onto bed, leaving the head rest at a slight angle, "We don't like to lie pregnant women too flat for too long as it can make you feel a little lightheaded or nauseous. The sonographer will adjust you further if necessary. If you can just lift your top and slightly pull down your trousers so the sonographer can access your abdomen easily. I'll tuck this paper into your trousers to stop any gel getting on and then I'll cover you over with this sheet while you wait.

Are you comfortable?

When the sonographer comes in, I'll lock the doors and turn off the light so that she can see the scan images better. Just to let you know, she is likely to be quite quiet while she is doing the scan as she'll be concentrating so don't worry, but she'll explain everything to you when she can.

Do you have any questions? No, I'll let the sonographer know you're ready now then".

They clean the trolley after the procedure.

The student documents in the notes (item B).

Item B: woman's notes

Confidential patient record form

Health simulation centre

Mother			
Name	Jessica	Surname	Clark
Date of birth	10/03/89		
NHS number	367 4567 4367		

Baby			
Time	14:45	Sex	Boy
Date of birth	28/09/2020		
NHS Number	675 3876 2561		
Name of GP	Dr Jones		
Consultant	Mr Kennedy		

Date	Time	Actions taken	Signature
2 Feb 2021	2pm	<p>Introductions made and Susan shown to scan room 1. Attended alone.</p> <p>Offered glass of water. Explained purpose of scan, to accurately date pregnancy, check normal development, assess for multiple pregnancy. Also offered combined screening for Downs/ Edwards/Patau's syndromes.</p> <p>Procedure of scan/screening explained, opportunity for questions given and consent obtained.</p> <p>Susan prepared for scan. Sonographer informed.</p>	Signed, dated and job title legibly written underneath

Practical activity scenario 3

This practical activity scenario requires students to:

OPA12: Assist the midwife with teaching parents how to interact with and meet the nutritional and hygiene needs of babies.

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 35 minutes.

Brief

A woman who is a primigravida has not bathed her newborn baby before.

Task

You are working on a postnatal ward and have been asked by the midwife to demonstrate to the woman the safe bathing of her baby.

You should document your actions in the daily care log (item C).

Supporting information

This practical activity scenario involves role play. The woman will be played by a member of staff. The baby will be played by a baby manikin.

You have been given a daily care log (item C).

You will have access to following equipment:

- a baby bath and stand
- a towel
- cotton wool balls
- a nappy
- a babygrow (the woman will have this with her)
- a bath thermometer
- a room thermometer
- disinfectant
- paper towels
- a sink with hot and cold water
- a jug
- a trolley

Performance outcomes

This practical activity scenario assesses:

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

Student evidence

The student introduces themselves to the woman - "Hello, my name is ... and I'm training to be a maternity support worker. I've been asked to show you how to bath your baby".

They clean the bath with disinfectant provided and rinse with clean water and explain to the mother - "Firstly, we just need to make sure the bath is clean".

They continue - "Before you start it's important to get everything you need ready because you mustn't ever leave a baby alone in the bath or on anything like a changing table. Babies can also get cold very quickly so if you have everything ready first, they won't be left to get cold at any time. Try to make sure the room is nice and warm where you are going to bath the baby too and close the windows/doors so there aren't any draughts to make sure they won't get too cold.

You might want to think about when to bath the baby too. Their skin is very delicate so in the first few weeks you wouldn't need to do it every day or you can make their skin very dry. You also want to try and choose a time when the baby is nice and relaxed but maybe not straight after a feed as they can sometimes vomit then".

They fill bath with warm water and show the woman the bath thermometer - "It is important to get the water temperature right. If it is too hot it can scald the baby but if it is too cold the baby will lose its heat very quickly and will also really not like it and is likely to cry and find it quite stressful. A bath thermometer can be useful like this one. See how it shows you the suitable range for the water temperature, between about 37 to 38 degrees celsius, which is about body temperature." They show mother how to read the thermometer and where the acceptable range is. "You can also use your elbow, dip it in the water and check that it feels warm on your skin but not too hot or cold."

They undress baby, leaving nappy on and swaddling in clean towel, explaining - "The baby will lose most heat from its head so it's a good idea to wash the baby's head first by holding it over the bath like this." They demonstrate scooping water over head only, avoiding the eyes, "and just washing its hair, then dry it before putting the baby in the bath".

They carefully dry hair then take off nappy and put baby in bath, instructing the woman to "hold the baby firmly like this, with one hand supporting under his/her shoulder/arm and the other under his bottom to place him in. Babies can be very slippery in the bath so be very careful to have a good grip."

They demonstrate using their other hand to scoop water over baby and clean and explain - "You can get bath supports to help support baby in the bath, but you still must never leave baby alone, even for a second in the bath".

They lift baby out onto clean towel on changing mat and dry gently "and then you need to dry baby and get them dressed again as quickly as you can to stop them getting cold."

They put nappy on and dress baby. They ask the woman - "Do you have any questions?".

They empty the bath and disinfect.

The student documents their actions in daily care log (item C).

Item C: daily care log

Date	Time	Actions taken	Signature
12 Feb 2021	10am	<p>At maternal request, bath demonstration given to Mrs Smith.</p> <p>Discussed and shown equipment to use, how to prepare and clean before and after bath.</p> <p>Discussed safety aspects such as never leaving baby unattended on changing table or in bath.</p> <p>Discussed importance of thermoregulation - keeping room warm and draught-free, ensuring correct water temperature for bath, and advised to wash and dry headfirst before immersing baby in bath to help maintain heat. Aware to dress baby quickly after bath to keep warm.</p> <p>Demonstration of how to securely hold baby given and how to wash baby's hair and skin. Consideration given to baby products and skin integrity.</p> <p>Given opportunity to ask questions.</p>	Signed, name and job title printed underneath.

Practical activity scenario 4

This practical activity scenario requires students to:

OPA2: Undertake and record physiological measurements as directed by the midwifery team, recognising and responding to deviations from normal using the modified early obstetric warning score (MEOWS) observation chart.

You have up to 5 minutes to carefully read through the following scenario and (further instructions as needed).

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 25 minutes.

Brief

A woman has arrived into hospital for an elective caesarean section.

Task

You are asked by the midwifery team to complete the following set of physiological measurements:

- respiration rate
- oxygen saturation (SpO₂)
- blood pressure
- heart rate
- body temperature

You can use the physiological measurement form (item D) to make notes before recording the observations on the modified early obstetric warning score (MEOWS) chart (item E) and calculating the woman's MEOWS score.

Report the results to the midwife in charge using the information in item F.

Supporting information

The woman in this practical activity scenario is played by a responsive manikin. The midwife in charge in this practical activity will be played by a member of staff.

You have been given a physiological measurements form (item D) and MEOWS observation chart (item E) and the MEOWS escalation protocol (item F).

You have access to the following equipment:

- a tape measure
- a small/medium/large adult blood pressure cuff
- an electronic blood pressure recording machine
- a tympanic thermometer and disposable covers
- a pulse oximeter
- a watch with second hand

Performance outcomes

This practical activity scenario assesses:

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.

Student evidence

The student greets the mother and explains what they would like to do and obtain consent: "Hello, my name is ... and I'm training to be a maternity support worker. The midwife has asked me to come and do some observations on you, like blood pressure and pulse, is that ok? I'll do everything first then let you know the results at the end after I've properly charted them".

They wash/gel hands.

"First, I'll do your blood pressure. I just need to measure your arm to get the right size cuff. When I'm taking your blood pressure its best if you don't talk if that's ok, as that can increase your blood pressure".

They measure arm and choose correct cuff size. They ensure woman is in sitting (not reclining) position and fit cuff to upper arm, ensuring artery line in correct place and cuff tightened to be neat and snugly (not tightly or dropping down) to arm.

They press start and wait for result. They write result down on measurement form (item D).

They tell the woman - "Next I'll take your temperature. I just need to put the thermometer probe in your ear and wait for it to beep". They place disposable cover on probe, gently place inside ear and press the button. They record results on measurement sheet.

"Next I'll take your pulse". They select pulse point, radial, placing 1 or 2 fingers on the pulse, lightly holding the wrist and count for a full minute. They write down result. They note pulse on measurement sheet.

They explain - "First I'll do your oxygen saturations and respiratory rate if that's ok? I just need to put this probe on your finger". They place probe on one finger and check machine is monitoring. They leave in place for one minute, whilst counting respirations for a minute by unobtrusively watching chest movements. They note results on measurement sheet.

They record observations on the MEWOS chart (item E):

Date and time

They fill in all observations, leaving blank any that were not completed (for example, urine output). They write actual numbers in the boxes, for example, writes 14 for respiration rate.

They note 1 yellow score for pulse and initial the bottom.

They note escalation protocol and inform patient of the results: "Everything was normal except that your pulse is a bit raised. I'll let the midwife know and I'll come back to check it in 30 minutes".

They gel/wash their hands.

They tell midwife: "All the observations were normal, as you can see (showing midwife the MEOWS chart) except for her pulse, which was.... bpm. I would check it again in 30 minutes as per the protocol, is there anything else you would like me to do now?".

Examiner commentary

The student has overall demonstrated safe, woman-centred, and effective practical skills in line with best practice.

The student showed a considered and well-planned approach to each task. The student demonstrated excellent communication skills with the woman, always ensuring the woman understood her role/scope of practice. The student effectively explained the tasks at hand, checked the woman's understanding and gave opportunities for the woman to ask questions, demonstrating an appreciation of the woman's needs for information and pitching communications appropriately, as well as always considering safety/safeguarding aspects of the task (for example, explaining re safeguarding importance of baby bands and discussing importance of safety/thermoregulation when bathing baby). The student always used appropriate terminology for each task.

The student's communications and practical approach to the tasks demonstrated excellent understanding of underpinning theory to the tasks and why each step was important, and these were often verbalised very effectively.

The student generally demonstrated best practice in relation to tasks, (for example, taking observations such as oxygen saturations/pulse over 1 full minute, asking patient not to talk when BP taken and not informing the patient when counting respirations as this can cause unnatural breathing patterns/inaccurate results) and demonstrated good awareness of and adherence to health and safety/IPC policies, such as when cleaning trolley for instrumental birth, use of PPE, hand hygiene).

Student demonstrated a high level of competence and instilled confidence in the patients about her abilities.

The student handled all data accurately and followed all guidelines. Written data was neat, accurate, legible, appropriately signed/dated, for example. Escalation policies were followed where applicable, with the student aware of what next steps should be and communication of abnormal results communicated concisely and assertively.

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	<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

Grade	Demonstration of attainment
	<ul style="list-style-type: none"> ○ 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, 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 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 ○ 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 correct monitoring processes ○ 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

Grade	Demonstration of attainment
	<p>reliably, making sound decisions to protect the safety and physical and mental wellbeing of individuals</p> <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ● communicate knowledge of national and local structures, definitions of clinical interventions, 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 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 ○ 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: <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

The T Level Technical Qualification is a qualification approved and managed by the Institute for Apprenticeships and Technical Education.

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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