higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE

MEDICAL PRACTICE N5
(First paper)

8 October 2020

This marking guideline consists of 7 pages.

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SECTION A (COMPULSORY)

QUESTION 1

1.1	1.1.1	C		
	1.1.2	H		
	1.1.3	A		
	1.1.4	L		
	1.1.5	E		
	1.1.6	B		
	1.1.7	K		
	1.1.8	F		
	1.1.9	I		
	1.1.10	G		
			(10 × 2)	(20)

1.2	1.2.1	False		
	1.2.2	True		
	1.2.3	False		
	1.2.4	False		
	1.2.5	True		
	1.2.6	True		
	1.2.7	False		
	1.2.8	True		
	1.2.9	False		
	1.2.10	False		
			(10 × 2)	(20)
				[40]

TOTAL SECTION A: 40

SECTION B

Mark any THREE questions from this section.

QUESTION 2

2.1
- Round/Tapered needle
- Cutting needle
- Reverse-cutting needle
- Tapercut needle
- Traumatic/Swaged needle
- Straight needle

(Any relevant 3 × 1) (3)

2.2
- Water disinfection – used in waste-water treatment processes to remove organic impurities
- Cleaning of various surfaces
- Cleaning of surgical tools
- As a vapour for room decontamination
- Disinfecting minor cuts and scrapes (it may inhibit healing and induce scarring when used for wounds)
- Mouth rinse (Any relevant 4 × 1) (4)

2.3
- Ensure hand hygiene and wear gloves.
- Identify the patient and have the patient sit comfortably.
- Ensure that you know which tests are being performed, confirm patient information, check for any special requirements and prepare equipment needed.
- Select a suitable site for venipuncture.
- Apply a tourniquet above the selected site.
- Have the patient make a fist.
- Clean the area with alcohol and allow to dry.
- Assemble the needle and vacuum tube holder, insert the collection tube, and remove the cap from the needle.
- Insert the needle, bevel side up.
- Push the vacutainer tube completely onto the needle to allow blood to flow into the tube.
- Release the tourniquet.
- Allow the last tube to fill.
- Remove the needle, press down on the site with gauze applying mild pressure and apply a bandage.
- Dispose of contaminated materials appropriately.
- Ensure that tubes are labelled correctly.
- Send samples to the laboratory promptly. (Any relevant 8 × 1) (8)

2.4
- For continuity of care/further diagnosis or ongoing clinical management
- For administrative purposes
- For historical purposes
- For case reviews
- For good clinical and laboratory practices
- For clinical audits
- For teaching and research
- For occupational illness or injury compensation purposes
- For defending a complaint or clinical-negligence claim

(Any relevant 5 × 1) (5)
[20]

QUESTION 3

3.1
- To diagnose
- To treat e.g. radiotherapy
- To locate foreign objects
- In dentistry (Any relevant 3 × 1) (3)

3.2
- IgA
- IgD
- IgE
- IgG
- IgM (Any 4 × 1) (4)

3.3
- Normal urine colour ranges from pale yellow or straw-coloured to amber✓ depending on the pigment it contains, how diluted or concentrated the urine is✓ and how much water you drink.✓
- The more hydrated you are, the clearer your urine,✓ but this could also indicate over-hydration and the dilution of essential salts and electrolyte imbalance.✓
- Dehydration may be indicated by amber urine.✓
- Urine colour may be changed by pigments and other compounds in certain foods✓ and medications✓ which could cause very unusual colours.✓
- An unusual urine colour may be a sign of disease.✓
- Cloudy urine may indicate infection.✓
- Blood visible in the urine may indicate urinary tract infection, kidney stones or cancer.✓
- Dark urine may indicate liver malfunction.✓ (Any relevant 8 × 1) (8)

3.4
- The patient feels comfortable providing all relevant personal information relating to their complaint.
- The doctor is respectful towards the patient and family members or friends.
- The doctor takes the time to listen to questions, concerns and ideas.
- The patient is included in decision making.
- The doctor is receptive to a second opinion.
- The patient adheres to the treatment plan.
- The doctor maintains appropriate boundaries. (Any relevant 5 × 1) (5)

[20]

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QUESTION 4

4.1
- Issued and signed by a medical practitioner or any other person certified to diagnose and treat patients who is registered with a professional council established by an act of parliament
- Name, address and qualifications of the practitioner
- Name of the patient
- Employment number of the patient if applicable
- Date and time of the examination
- Whether the certificate is issued as a result of personal observations by the practitioner during examination or as a result of information received from the patient
- Description of the illness/disorder/malady in layman's terms – only if informed consent has been granted by the patient
- Whether the patient is totally indisposed or whether the patient will be able to perform less strenuous tasks
- Exact dates/period of recommended sick leave
- Date of issue of the certificate
- Clear indication of the identity of the practitioner issuing the certificate – initials and surname in block letters with practitioner registration/practice number
- Legible signature of the practitioner (Any 7 × 1) (7)

4.2
- Assess the scene for safety and check whether the person is in any danger.
- Create a safe environment if necessary.
- Check the responsiveness of the person by tapping and loudly asking 'Are you okay?'
- Direct a specific bystander to call for help.
- Check/Open the airway.
- Check breathing.
- Check circulation.
- Apply CPR if needed.
- If the person is breathing, put him/her in the recovery position on his/her side until help arrives allowing fluid to drain from the mouth.
- Stop serious bleeding if possible, taking necessary precautions.
- Do not move the person if a spinal injury is suspected.
- Do not leave the person alone.
- Stay until help arrives. (Any relevant 8 × 1) (8)

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4.3
- Keep computers maintained with regular scans and updated antispyware and antivirus protection.
- Ensure that computers and practice-management software are password protected and secure.
- Change the password regularly.
- Do not leave medical records/files lying around.
- Keep hardcopies of medical records locked up.
- Follow guidelines and policies on safe storage of records.
- If patient information is downloaded to a memory stick, ensure that it is encrypted and that files are password protected.
- When emailing information to patients, obtain consent and ensure that information is sent to the correct email address. (Any relevant 5 × 1) (5)

[20]

QUESTION 5

5.1
- Blood
- Urine
- Stool
- Saliva/Sputum
- Semen
- Cells/Tissue
- Cerebrospinal fluid
- Bone marrow (Any relevant 3 × 1) (3)

5.2
- Scissors
- Forceps
- Needle holder
- Disinfectant
- Blades
- Suture material
- Sterile dressings/bandages
- Sterile cotton wool
- Sterile swabs
- Drip
- Local anaesthetic
- Syringe
- Thin needles
- Kidney dishes
- Basin (Any relevant 4 × 1) (4)

5.3
- Call for emergency help
- Stay calm

During the first stage:
- Assist the woman into a comfortable position.
- If in early stages, ask where she wants to be and make arrangements for transport.
- Provide support.
- Ask what you can do to help to manage her pain, e.g. massaging her back, preparing a warm bath, offering sips of water.
- Encourage her to use breathing techniques/to breathe out slowly to reduce muscle tension and pain.

If labour has progressed to the second stage:
- Ensure that the environment is clean.
- Lay down clean sheets/towels.
- Help her remove her clothes from her lower body.
- Ensure that a doctor/midwife/ambulance is on the way and follow any instructions they may give over the phone.
- Have a warm covering for mother and baby.
- Ensure that she is in a comfortable position.
- Provide support as she pushes.
- When the baby appears in the birth canal, carefully support the head and shoulders so that it does not fall.
- Do not apply pressure on the head or push or pull.
- If the cord is wrapped around the baby's neck, gently pull it over and ensure it does not strangulate the baby.
- There is no need to cut the cord.
- Carefully lift the baby over the mother's stomach and pass it to her.
- If the baby does not show any signs of movement or breathing, open the airway and check for obstruction.
- Provide infant CPR if needed.
- Expect the placenta and other products of conception to follow.
- Gentle massaging below the navel may help with the mother's bleeding.
- Keep the mother and baby warm while waiting for the ambulance.

(Any relevant 8 × 1) (8)

5.4
- Diagnosis and prognosis
- Nature of the treatment
- Purpose of the treatment
- Possible alternative treatments
- Option not to treat
- Potential risks and benefits of treatment options or of nontreatment
- Possible consequences and complications
- Right to a second opinion (Any relevant 5 × 1) (5)

[20]

TOTAL SECTION B: 60
GRAND TOTAL: 100

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