
General Certificate of Education **Health and Social Care**

HSC02

Mark scheme

2820

June 2013

Version/Stage: Final

Mark schemes are prepared by the Lead Assessment Writer and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation events which all associates participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every associate understands and applies it in the same correct way. As preparation for standardisation each associate analyses a number of students' scripts: alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, associates encounter unusual answers which have not been raised they are required to refer these to the Lead Assessment Writer.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of students' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

Further copies of this Mark Scheme are available from aqa.org.uk

Question 1

Question	Part	Sub Part	Marking Guidance	Mark	Comments
1	a		Accept: Cancer of the testicles (1)	1	Looking for “testicles”.
1	b		<p>1 mark each for any two of the following:</p> <ul style="list-style-type: none"> • Undescended testicles (1) • Genetic mutation (1) (allow family history) (1) • Endocrine/hormone disruptors (1) (AW) e.g. chemical compounds/pesticides • Infertility (1) (allow abnormal cells in a testicle or carcinoma in situ) • Smoking (1) • HIV/AIDS (either or both for the marks) (1) • Orchitis (1) 	max 2	<p>Note – needs the notion that it is particular chemicals/pesticides which appear to have an effect, not <i>all</i> of them.</p> <p>Allow one mark for the exact cause is not yet know (AW)</p> <p>Do not allow references to vasectomies or trauma to the testicles. Do not allow height. There is a higher prevalence amongst tall men but this could be due to diet, metabolism – i.e. it is not height in itself. Do not allow mumps. Do not accept radiation.</p>

1	c	<p>Two marks for describing any two of the following:</p> <ul style="list-style-type: none"> • Swelling or lump in testicle(s)/scrotum (1) • Sudden collection of fluid in scrotum (AW hydrocele) (1) • No symptoms other than exhaustion/fatigue (1) • Dull ache/sharp pain in testicles/scrotum/groin (1) (allow 1 mark if answer just refers to ache or pain in testicles/scrotum) • Dull ache/pain in stomach/abdomen area (1) (again, just 1 mark if ‘dull’ is missing) • Feeling of heaviness/pulling sensation in the scrotum/testicles (1) <p style="text-align: right;">max 4</p>	4	<p>Do not allow:</p> <ul style="list-style-type: none"> • breast tenderness • back pain • shortness of breath • coughing <p><i>(These can be evident if the cancer is at a later stage but indicates metastatic cancer, not just testicular).</i></p>
1	d	<p>Accept any three of the following:</p> <ul style="list-style-type: none"> • Surgical removal of affected testicle/orchidectomy (1) • (Single dose/short course) chemotherapy (1) • Radiotherapy (1) • Testosterone replacement therapy (1) <p style="text-align: right;">max 3</p>	3	<p>Must have some reference to the affected testicle – they would not just remove both. Also do not allow removal of affected area/tumour as it is the whole testicle that would be removed.</p>
1	e	<p>Likely answers include:</p> <p>Physical</p> <ul style="list-style-type: none"> • Hormone imbalance AW • Lower fertility levels • Lack of interest in sex <p>Emotional</p> <ul style="list-style-type: none"> • Confident about chances of beating it (95% caught early are cured) • Feel “less of a man” (AW) • Anxiety/sadness/anger/afraid • Depression <p>Social</p> <ul style="list-style-type: none"> • Affect relationship with partner/family/friends (allow positive or negative) • Engage in health promotion activities related to testicular cancer, e.g. raising awareness 	5	

		<p>Financial</p> <ul style="list-style-type: none"> • May need to leave work / salary affected (e.g. goes onto statutory sick pay) / has to leave work and relies on benefits • Car parking charges AW <p>Intellectual</p> <ul style="list-style-type: none"> • Lacks concentration at work <p>Mark Bands</p> <p>0 marks No response worthy of credit.</p> <p>1-2 marks At least 1 impact is described for Sam.</p> <p>3-4 marks At least 3 impacts are described in some detail for Sam.</p> <p>5 marks At least 3 impacts are fully described for Sam or a wider range with less description showing good understanding.</p>		
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Question 2

Question	Part	Sub Part	Marking Guidance	Mark	Comments
2	a		<p>Likely answers:</p> <ul style="list-style-type: none"> • Cancer of the white blood cells (1) (AW leukocytes) (1) NB – allow reference to cancer of the bone marrow/stem cells (1) • Reference to white blood cells forming part of the body's defence against infection/disease (1) • Two main groups – acute and chronic (both needed for mark) (1) • Acute develops quickly (days/weeks) whereas chronic develops more slowly (months/years) (1) • Each type of leukaemia has its own prognosis and/or treatment(s) (1) • Reference to balance between white and red blood cells, where white are increasing (1) <p style="text-align: right;">max 3</p>	3	
2	b		<p>Accept any three of the following:</p> <ul style="list-style-type: none"> • Tiredness (1) • Fever/night sweats/high temperature (1) • Breathlessness (1) • Bone/joint pain (1) • Unusual bleeding/bruising (1) • Persistent/frequent infection (1) • Weight loss/loss of appetite (1) • Pale skin (1) • Raised bumps under the skin (1) • Swollen lymph nodes/glands (1) • Swelling/tenderness on left side of abdomen (AW) (1) <p style="text-align: right;">max 3</p>	3	Allow anaemia only as an alternative to pale or tired

2	c	<p>Accept any three of the following:</p> <ul style="list-style-type: none"> • Blood transfusions (1) • Placed in a sterile environment (1) • Antibiotics (1) • Chemotherapy (1) • Bone marrow/stem cell transplant (1) <p style="text-align: right;">max 3</p>	3	<p>Allow reference to ATRA (All trans retinoic acid) (1)</p> <p>Allow reference to radiotherapy if linked to bone marrow/stem cell transplant and/or when it has spread to the brain/nervous system (1)</p> <p>Do not allow reference to unlicensed treatments or clinical trials.</p>
2	d	<p>Likely answers include:</p> <ul style="list-style-type: none"> • (If finding it difficult to eat), having high calorie, high protein drinks • Gentle exercise or example of walking. • Adjustments to work activities/hours if necessary AW • Continuing with some of her usual activities • Whilst reassessing priorities in life, or example • Engaging with some complementary therapies or appropriate example, e.g. yoga • Cut down on/stop smoking and/or ensuring alcohol consumption is within recommended guidelines • Resting <p>Mark Bands</p> <p>0 marks No response worthy of credit.</p> <p>1-2 marks 1-2 changes are briefly discussed.</p> <p>3-4 marks At least 3 changes are discussed in some depth.</p> <p>5-6 marks At least 4 appropriate lifestyle changes are discussed in some detail.</p>	6	

Question 3

Question	Part	Sub Part	Marking Guidance	Mark	Comments
3	a		Accept: <ul style="list-style-type: none"> Heart's blood supply is blocked/obstructed AW by fatty deposits AW (1) 	1	Allow: atherosclerosis (1) Allow: coronary heart vessels are blocked (1) Do not allow blocked aorta, blocked chamber or arteriosclerosis.
3	b		Accept any two of the following: <ul style="list-style-type: none"> High cholesterol levels/diet (1) High blood pressure (1) Smoking (1) Thrombosis (1) Type 2 diabetes (1) Obese/overweight (1) Family history of CHD (1) Not taking regular exercise (1) 	2	
			max 2		
3	c		Accept any four of the following: <ul style="list-style-type: none"> chest pain/chest tight/angina (1) heart attack/myocardial infarction (1) sweating (1) light headedness (1) breathlessness (1) feeling or being sick (1) Irregular heart beat / arrhythmia / palpitation (1) 	4	
			max 4		

3	d	<p>Likely answers include reference to:</p> <ul style="list-style-type: none"> • putting Chris at the centre of the care process • involving Chris in all decisions about dealing with his coronary heart disease, illustrated with an appropriate example, e.g. working with a local leisure centre • treating Chris as an equal partner • Chris should be treated with dignity/respect by those practitioners working with him • Appropriate example of how Chris may be dealt with in a dignified/respectful manner , e.g. using appropriate Health and Social Care terminology when referring to body mass • encouraging Chris to be involved in/take responsibility for his own care, illustrated with an appropriate example, e.g. educating him about low and high cholesterol foods, 'better' food choices to make at the Chinese • this will enable Chris to be more informed/educated about his own care/health • Chris will be able to make informed choices about the care he receives for coronary heart disease • And thus he will be able to give informed consent • This will empower Chris to seek out other support and guidance as and when needed. This may or may not be linked to his coronary heart disease <p>Mark Bands</p> <p>0 No response worthy of credit.</p> <p>1-3 Generally vague and repetitive answer covering 1-3 points with little detail or coherence in the approach.</p> <p>4-6 More detailed response covering at least 4 points with some detail and coherence in the approach.</p> <p>7-8 Answers cover 5 or more points and there is a detailed patient care approach for Chris.</p>	8	
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Question 4

Question	Part	Sub Part	Marking Guidance	Mark	Comments
4	a		Reference to Pauline’s schizophrenia causing: Emotionally: <ul style="list-style-type: none"> • Upset/angry (1) • confused (1) • suspicious of others (1) • feel agitated (1) <p style="text-align: right;">max 3</p>	3	
4	b		Socially: <ul style="list-style-type: none"> • friends/family/others may be reluctant to interact with her (1) • she may find it difficult to maintain a close emotional/sexual relationship (1) • withdrawn/isolated (1) • majority of contact she has may be with care professionals (1) • feeling uncomfortable around others (1) <p style="text-align: right;">max 3</p>	3	

4	c	<p>Likely answers will include:</p> <ul style="list-style-type: none"> • Pauline is likely to already be involved with the Community Mental Health Team • These will provide day-to-day support for Pauline • When a schizophrenic episode occurs, they will complete a risk assessment • Pauline may stay in her own home, with support • It may be that she is admitted to a specialist unit • This will depend on the severity of the episode • ‘Outside’ of episodes, Pauline will be encouraged to take her medication • She will also be educated by care professionals about the ‘warning signs’ for her • And what to do about them • Social workers may be involved in care • For example with support regarding housing/employment/other suitable example • Pharmacists will support Pauline with regards to her medications • For example, dealing with side effects, what other drugs must not be taken at the same time • Counsellors will support Pauline emotionally and help her to manage social interactions with others • The team around Pauline is likely to be led by a psychiatrist or psychologist who is the key worker • This individual has overall responsibility for Pauline’s care • Pauline should receive different treatments and care (i.e. not just anti-psychotic drugs). <p>Candidates who display appropriate knowledge and understanding and display higher QWC skills should be rewarded at the top of the mark band. Conversely, those who display some confusion and weakness in QWC supporting knowledge and understanding should be placed at the bottom of the mark band.</p>	9	Remember she has had it for 12 years.
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			<p>Mark Bands</p> <p>0 marks No response worthy of credit</p> <p>1-3 marks Generally vague and repetitive answer covering 1-5 points with little detail and coherence in the pathway. There will be little use of appropriate technical terminology.</p> <p>4-6 marks More detailed response covering 6-8 points with some logical reasoning and use of appropriate technical terminology. Answers may lack precision but are organised.</p> <p>7-9 marks Answers cover 9 or more points and are detailed pathways, well-structured and coherently reasoned. There will be good use of appropriate terminology.</p>		
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