

Principal Moderator's Report Summer 2010

GCE

GCE Health & Social Care (6946) Unit 9 - Investigating Disease

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General Comments

A wide range of assessment was seen for this A2 unit with some excellent reports and yet some very poor ones. Many centres were out of tolerance this year due to assessors allocating mark band 3 marks when those criteria had not been addressed. Certain criteria seem to be “invisible” as centres regularly ignore them and these will be detailed in the assessment objective sections below. Although many centres have recognised that some conditions do not lend themselves to higher grade work, we still came across unsuitable topics such as gallstones, obesity, anorexia and rare genetic conditions such as Fragile X syndrome. Despite mention in previous reports, some candidates are still pursuing all variations of a disease such as Diabetes whereas only one investigated thoroughly will suffice. In one huge report, there were eight variations of Meningitis and three of Diabetes mellitus!

Cervical cancer occurred as both a communicable and a non-communicable disease and like pneumonia and a few other conditions centres should appreciate that while a micro-organism might be a causative factor, the actual condition is not communicable to others.

The quality of written communication was assessed this summer although many tutors did not comment on this at all.

A significant problem is the sheer volume of information taken almost verbatim from published sources. Centres must monitor this more robustly in order to encourage candidates to use their initiative in addressing the criteria in their own words. Failure of candidates to write independently and a lack of tutor monitoring will have repercussions at this level and importantly beyond in higher education and training. The quality of research is frequently questionable as there are many inaccurate statements made such as swine ‘flu does not affect children and HIV is inherited. Wikipedia and similar web sites should be advised against or the information double-checked. Tutors should comment on inaccurate statements and request that notes be re-checked. Centres are actively encouraging the sourcing and acknowledgement of downloaded images and graphics as well as inclusion in a list of sources which is welcome.

As in January, centres allocating marks in all mark bands and totalling for a final assessment were seen. A candidate is deemed to be marking in one mark band only as the criteria have been met and the place within that band is determined by the quality, depth and breadth of the work.

AO1

The biological basis is often very scanty; the best reports included an outline of the name and nature of the micro-organism and its characteristics together with a brief description (often illustrated) with the anatomy and physiology of the affected body systems and organs. The bodies’ response is often confused with signs and symptoms or the complications arising from the disease. This should include the effects of the disease both internally and externally for example the immune response, effect on the composition of blood or changes in body weight.

Listing and describing signs and symptoms is mark band 1 only, to move into higher grades there must be an explanation of the way in which the prescribed number has been produced (2 for mark band 2) and produced and displayed (3 for mark band 3). This is generally ignored by assessors. Another invisible criterion for MB3 is an

explicit reference to how the changes wrought by the disease are linked with the methods used in diagnosis and differentiation. In order to effect the latter it must be necessary to indicate other disease/s with similar signs and symptoms and show how a single clinical diagnosis is achieved.

Finally, this objective is used for QWC and it is difficult to judge this if the information is culled directly from web sites and several criteria are missing.

A02

This objective is also assessed for QWC and additionally for specialised vocabulary, focus and organisation. Candidates who trawl web sites without using initiative generally show poor focus in addressing criteria and weak organisation. It is preferable to utilise headings and sub-headings relevant to criteria to facilitate assessment and moderation. Reports were seen which commenced with A04 and others with A02 and A03 and had fragments scattered throughout. Irrelevant material such as the history of the disease, diets and exercise were included. Repetition is common culled from different web sites at different times. Such practices are quite common and result in disorganised reports that omit vital sections for a mark band.

Causes are usually stated quite well but this year after considering distribution and including relevant graphics, many learners failed to clearly demonstrate the factors affecting distribution. Graphics of death rates are not the same as distribution. MB2 asks for a comparison of these factors, another “invisible” criterion and these should also be included in the comparison requested in MB3. Candidates must be aware that comparisons must not be vertical summaries of the diseases in chart form.

A03

Candidates should be describing the treatments available and then comparing these for the two diseases studied as well as providing reasons for any differences (MB3). This is rarely seen. Factors affecting the outcome of the treatment of each disease such as availability of medication, timing of diagnosis and state of health are then examined. In MB1 and 2, the roles of a professional or voluntary support agent/agency should be described (MB1) or examined (MB2). This should focus on support for the individuals suffering from the diseases and not be merely a list of web sites or relevant charities. In MB3, learners must compare the support with another disease of the same type; this is frequently omitted.

This year, many candidates assessed in MB3 had not used a number of sources of different types and in particular very few primary sources had been used even when the learner had stated that a familiar individual had the disease. Work-related issues were also frequently omitted or buried in a wealth of sourced material. These issues can be broad-based and not just related to employment and best practice would be to include these under a heading.

A04

This still remains a weak objective mainly due to the choice of diseases. Lengthy sections on balanced diets and exercise are not strategies for many specific diseases but for life in general and will not do. Strategies must be evaluated in terms of strengths and weaknesses and reasons why strategies are not always successful were not always given in MB3 assessed work.

Work-related issues given in A03 should be related to the prevention, support and treatment by assessing their impact. Learners using a large amount of material

directly from web sites will not be deemed to have shown initiative or independent thinking. These skills will be demonstrated largely through good comparisons, work-related issues and evaluations.

Grade Boundaries

Internally assessed units

6946: Investigating Disease

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	60	50	45	40	35	30
Uniform boundary mark	100	80	70	60	50	40

Notes

Maximum Mark (Raw): the mark corresponding to the sum total of the marks shown on the mark scheme.

Boundary mark: the minimum mark required by a candidate to qualify for a given grade.

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