

A-LEVEL

HEALTH AND SOCIAL CARE

HSC02 Understanding Health Conditions and Patient Care Pathways
Mark scheme

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Version: 1.0 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

1	a	<p>Accept: When the blood supply to (a part of) the brain is cut off/interrupted/blocked (AW) (1)</p>	1	Allow burst blood vessel in the brain.
1	b	<p>Accept any of the following:</p> <ul style="list-style-type: none"> • a blood clot forms in a main artery to the brain / blood clot stops the flow of blood to the brain (1) • a blood clot / air bubble / fat globule forms in a blood vessel and is carried to the brain (1) • blockage in the tiny blood vessels inside the brain (1) • blood vessel bursts inside the brain (1) • blood vessel on the surface of the brain bleeding into the area between the brain and the skull (1) <p style="text-align: right;">max 2</p>	2	<p>Accept symptoms for both ischemic and haemorrhagic strokes. Allow mark for 'brain not getting enough blood' AW (1)</p>

<p>1</p>	<p>c</p>	<p>Reference to: Face: <ul style="list-style-type: none"> • Severe/sudden headache (1) with neck stiffness (1) • Mohammed’s face may have dropped on one side (1) AW • he may be unable to smile (either fully or on one side) (1) • Sudden loss of vision/blurred vision (AW) (1) • one eye may have drooped to the side (1) Arms: <ul style="list-style-type: none"> • may be unable to lift one / both arms (1) and keep them there (1) (allow one mark for a partial response here) Speech: <ul style="list-style-type: none"> • slurred (1) • unable to talk (1) • garbled speech (1) Other symptoms: <ul style="list-style-type: none"> • complete paralysis of one side of the body (1) • problems with coordination and balance/movement (1) • severe / sudden headache (1) with neck stiffness (1) • confusion (1) <p>Do not allow reference to blacking out / fainting (AW) due to stem of the question. max 4</p> </p>	<p>4</p>	<p>“Complete paralysis” can also be used as a description for arms. Only use once.</p>
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1	d	<p>Accept any of the following:</p> <ul style="list-style-type: none"> • MRI / CT scan (1) • swallowing screening (1) • 'clot busting' medicine (1) AW (e.g. alteplase) • aspirin (1) • ACE inhibitors (AW medication to lower blood pressure) (1) • anticoagulant medicine (or example, e.g. warfarin, heparin) (1) • statins (AW e.g. medication to reduce blood cholesterol level) (1) • carotid endarterectomy surgery (AW surgery to open up carotid artery to remove fatty deposits) (1) • craniotomy (AW surgery to remove blood from brain) (1) • being placed on a ventilator (1) <p style="text-align: right;">max 3</p>	3	
1	e	<p>Likely points which may be covered include:</p> <p>physically</p> <ul style="list-style-type: none"> • may experience fatigue AW • weakness and/or paralysis • stiff muscles (AW e.g. spasticity) • increased sensations (or example, e.g. less/more sensitivity to touch) • difficulties with walking • vision problems • difficulties with daily living tasks <p>intellectually</p> <ul style="list-style-type: none"> • problems with (short term) memory • memory may appear generally slower 	5	

		<ul style="list-style-type: none"> • find it hard to focus on tasks / difficulty with attention • inability to filter out background noise • problems with identifying what needs ‘attending to’ • problems with perception (AW e.g. understanding new information) <p>emotionally</p> <ul style="list-style-type: none"> • may suffer from depression <p>socially</p> <ul style="list-style-type: none"> • difficulties communicating with others • social isolation as a result of difficulties with communication/getting out of the house <p>financially</p> <ul style="list-style-type: none"> • extended period of time out of work / reliance on state benefits <p>Mark ranges</p> <p>0 marks No response worthy of credit</p> <p>1-2 marks Answers cover 1-3 points, mainly statements of effects. Points made are not reasoned or developed.</p> <p>3-4 marks Answers are more detailed with some reasoning covering 4-6 points. Answers will be organised but lack precision.</p> <p>5 marks Answers are detailed and well-reasoned, covering 7 or more points.</p>		
2	a	<p>Reference to:</p> <ul style="list-style-type: none"> • mental health condition / psychotic disorder/mental health disorder (1) • when a person cannot distinguish their own thoughts and ideas from reality (1) (AW) • significant changes in behaviour (these may be gradual or more sudden) (1) • symptoms which lead to a diagnosis of schizophrenia may be considered a ‘normal reaction’ in another person (AW) (1) 	3	<p>Do not allow references to:</p> <ul style="list-style-type: none"> • violent crimes • split personality

		<ul style="list-style-type: none"> difficulties with definition, diagnosis, identifying cause (AW) (1) 	max 3	
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2	b	<p>Accept any of the following:</p> <ul style="list-style-type: none"> expressing “incorrect” emotions in social situation (1) hallucinations (1) delusions (1) apathy / lack of emotion (AW) (1) becoming socially withdrawn / isolated (1) lack of interest in regular activities for the individual (1) changes in sleeping patterns (1) unpredictable behaviour (1) confused thoughts/ irrational thoughts/ paranoia (1) lack of care with appearance/ personal hygiene (1) 	max 3	3
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2	c	<p>Accept any of the following:</p> <ul style="list-style-type: none"> anti-psychotic drugs (1) neuroleptic drugs (1) cognitive behavioural therapy (1) arts therapy (1) family therapy (1) counselling (1) 	max 3	3	Do not accept just ‘drugs’
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<p style="text-align: center;">2</p>	<p style="text-align: center;">d</p>	<p>Likely points discussed:</p> <ul style="list-style-type: none"> • improved nutrition (1) • through fish oil rich foods (1) (allow example e.g. sardines) • adopt/maintain a generally healthy lifestyle AW (due to side effects of anti-psychotic medication) (1) • reduce hours at work (1) • reference to lowering stress levels (1) • take regular exercise (1) • maintaining exercise (1) • avoiding (illegal) drugs (1) • avoiding alcohol (1) • adequate sleep (1) • adopt a routine to help with medication administration AW (1) <p style="text-align: right;">max 6</p>	<p style="text-align: center;">6</p>	
<p style="text-align: center;">3</p>	<p style="text-align: center;">a</p>	<p>Accept any of the following:</p> <ul style="list-style-type: none"> • more dense breast tissue (1) • previous benign (AW) breast lump (1) • previous diagnosis of breast cancer (1) • age – must have reference to likelihood increasing with increased age AW (1) • family history (of breast cancer) (1) • particular genes (BRCA1 and BRCA2) (1) • (Increased) exposure to oestrogen (AW e.g. periods started very early) (1) • if overweight / obese (1) • being tall (1) • drinks alcohol regularly (more than two drinks per day) (1) 	<p style="text-align: center;">3</p>	<p>Allow genetics instead of family history.</p>

				<p>has.</p> <ul style="list-style-type: none"> • Decisions about reconstructive breast surgery. 		
			Supporting the patient to make health and/or lifestyle changes	Support in coping with hair loss.		
			Recognising ways in which the patient can take responsibility for their own health care	<ul style="list-style-type: none"> • For example by educating her on breast examination techniques/warning signs for the future. • Cutting down on alcohol. • How to cut down on stress. 		
			Enabling the patient to make informed choices, give informed consent and be empowered to access health care services.	<p><u>Informed consent</u> - explaining her condition and possible treatments using non-technical language, e.g. mastectomy</p> <p><u>Informed choices</u> – links to above. Brenda understands, for example, about the statistical chances of the cancer returning leading to an informed choice on what treatment to have</p> <p>Choices about not having treatment.</p> <p><u>Empowered</u></p> <ul style="list-style-type: none"> • Other sources of support and opportunities presented by drug trials. • Breast Cancer Care/Macmillan Cancer Support • Approaching GP/CCG about funding an unlicensed drug 		

			<p>Mark Ranges</p> <p>0 marks No response worthy of credit</p> <p>1-3 marks Understanding of patient-centred approach but limited, if any application to Brenda and her breast cancer.</p> <p>4-6 marks As above, has a good knowledge of patient centred approach and has competently applied at least 2 points to Brenda and her breast cancer.</p> <p>7-8 marks As above but 4 points instead of 2.</p>		
4	a		<p>Reference to Jonathan’s bowel cancer causing:</p> <ul style="list-style-type: none"> • worry / anxiety / uncertainty about the future (1) • fear (AW) about the treatments he will receive (1) • shock / unable to accept what is happening / denial (AW) (1) • anger (1) • depression (1) • confident about chances of survival (1) • upset <p style="text-align: right;">max 3</p>	3	
4	b		<p>Reference to Jonathan’s bowel cancer causing:</p> <ul style="list-style-type: none"> • social isolation from family / friends (1) • lack of contact with work colleagues (1) • increased contact with health care professionals (1) • strengthen relationships with family/friends (1) • meet new people through appropriate support groups (1) 	3	

			<ul style="list-style-type: none"> getting involved in fund-raising activities/awareness 		
				max 3	

4	c	<p>Likely points will include:</p> <ul style="list-style-type: none"> Initially, GP question Jonathan about family history and symptoms via a medical interview perform digital rectal examination of Jonathan this is where the GP places their finger inside Jonathan’s anus and pushes up to the rectum. They are looking for a noticeable lump If a lump is found, or the GP is not certain, there will be a (professional) referral to hospital two possible tests at the hospital sigmoidoscopy – examination of Jonathan’s rectum and part of the large bowel colonoscopy – examination of Jonathan’s entire large bowel If bowel cancer is confirmed after these tests, further tests are performed to determine the best course of treatment for Jonathan and also whether the cancer has spread CT or MRI scan to look inside Jonathan’s bowel and at other organs. Ultrasound scan, e.g. to look at liver chest x-ray to look at Jonathan’s lungs and heart blood tests to see if Jonathan has a protein called a ‘tumour marker’ stage and grade of Jonathan’s cancer can then be determined practitioners will include oncologist (radiotherapy and chemotherapy specialist), radiologist, pathologist, specialist cancer surgeon, radiographer, specialist nurse practitioners could include physiotherapist, psychologist, occupational therapist and / or dietician 	9	
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			<ul style="list-style-type: none"> • treatments include chemotherapy, radiotherapy (e.g. if confined to rectum) and surgery. Jonathan could also receive biological treatments – monoclonal antibodies – colostomy estoma. Jonathan’s treatment is likely to include a mixture of these • the treatment which Jonathan receives will be based on the stage and grade of his bowel cancer, as well as his overall health and well-being and whether the cancer has spread to other parts of his body. <p>Students who deploy appropriate knowledge and understanding and display higher QWC skills should be rewarded at the top end of this mark band. Conversely, those who display some confusion and weakness in QWC supporting knowledge and understanding should be placed at the bottom end of this mark band.</p> <p>Mark Ranges</p> <p>0 marks No response worthy of credit</p> <p>1-3 marks Generally vague and repetitive answers covering 1 or 2 points with little coherence and detail in the pathway. There will be little use of appropriate medical terminology.</p> <p>4-6 marks More detailed responses covering 3-4 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 5 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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