



General Certificate of Education

Advanced Subsidiary

Specimen Paper

Health and Social Care

**HSC02 Understanding health conditions
and patient care pathways**

Unit 2

Mark Scheme

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

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.

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Mark Scheme - HSC02 Specimen Paper

Quality of written communication

The quality of written communication is assessed in all assessment units where students are required to produce extended written material. Students will be assessed according to their ability to:

- select and use a form and style of writing appropriate to purpose and complex subject matter
- organise relevant information clearly and coherently, using specialist vocabulary when appropriate
- ensure that text is legible, and that spelling, grammar and punctuation are accurate, so that meaning is clear.

- 1(a) Ref. to: type 2 diabetes being a difficulty in maintaining a normal blood glucose level (1) linked to obesity-genetics(1) caused either when the body does not produce enough insulin (1) or when the body is unable to effectively use the insulin that is being produced (1)
Max 3 (3 marks)
- 1(b) Ref. to: Fabio being likely to have: frequent urination (polyuria) (1) often causing insufficient sleep (1) increased thirst (polydipsia) - dry mouth (1) increased hunger (polyphagia) (1) fatigue AW (1) weight loss (1) blurred vision (1)
Max 4 (4 marks)
- 1(c) Likely points will include: Fabio taking regular exercise (1) which increases energy demands (1) reducing blood glucose levels (1) and the need for insulin to facilitate the conversion of glucose to glycogen(1) in Fabio's liver and muscle tissues (1) following a healthy diet which is rich in complex carbohydrates(1) such as rice, pasta and cereals(1)low in fats- animal fats(1) helps stabilise blood glucose levels AW (1) Fabio can check his blood glucose levels regularly and make appropriate dietary adjustments (1)
Max 8 (8 marks)
- 2(a) Ref. to schizophrenia as: a mental illness (1) which is severe- disruptive (1) impairing a person's sense of reality AW (1) disturbing emotions (1)
Max 3 (3 marks)
- 2(b) Any three of: being withdrawn AW (1) neglecting personal care (1) hearing imaginary voices AW (1) having irrational beliefs, e.g. thoughts being controlled (1) expressing inappropriate emotions, e.g. laughing at bad news (1) rambling speech –switching topic rapidly (1) delusions- persecution/ trivial events having deep significance (1) impaired concentration (1) agitation AW (1) slow movement/thought (1)
Max 3 (3 marks)
- 2(c) Ref. to: Roisin likely to need hospital inpatient treatment (1) using antipsychotic drugs (1) regular contact and support from community mental health workers (1) possible counselling (1) and/or cognitive behavioural therapy (1)
Max 3 (3 marks)
- 2(d) Likely points which may be covered could include:
- Roisin will suffer **physically**
 - lacking energy for everyday tasks, e.g. not looking after her family
 - she may be at risk of suicide,
 - or harm herself when behaving irrationally

- Tony will need to watch for signs of relapse,
- e.g. worsening apathy
- Roisin may be affected **socially**
- as she becomes withdrawn AW
- affecting her/family **emotionally**
- as Tony and children will be concerned AW for her health and well-being
- may affect her children **intellectually**
- being unable to concentrate at school/ learn like others
- may affect Roisin and /or family financially by affecting work performance AW

Mark Ranges

- 0 marks No response worthy of credit.
- 1-2 marks Answers cover 1-4 points, mainly statements of effects. Points made not reasoned or developed.
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.
- 3-4 marks Answers are more detailed with some reasoning covering 6-8 points.
Answers will be organised, but lack precision.
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.
- 5-6 marks Answers are detailed and well –reasoned, covering 9 or more points.
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.
- (6 marks)
- 3(a) Ref. to a stroke as: damage to the brain (1) caused by an interruption to the blood supply (1) as a result of a blood clot/blockage (1) or an arterial bleed-haemorrhage (1)
Max 3 (3 marks)
- 3(b) Any four of: Patrick may have weakness/lack of mobility on one side of his body (1) numbness on one side of the body (1) clumsiness or loss of control of fine motor skills AW (1) visual disturbances/loss of sight/blurred vision in one eye (1) speech impairment/slurred speech (1) difficulty in finding words-understanding others (1) vomiting (1) difficulty in maintaining balance (1)
Max 4 (4 marks)
- 3(c) Ref. to patient-centred care as: putting the patient/Patrick at the centre of the care process (1) involving Patrick in all the decisions regarding the treatment for his stroke as an equal partner (1) showing him compassion as Patrick may feel vulnerable (1) treating him with dignity (1) and respect (1) which will gain a greater involvement from Patrick in his own care (1) supporting Patrick to make health and/or lifestyle changes to

cope with the effects of the stroke (1) care professionals try to recognise ways in which Patrick can take responsibility for his own health care (1) enabling Patrick to make informed choices (1) and to give informed consent (1) be empowered to further access health care services as appropriate (1)

Max 8 (8 marks)

4(a) Ref. to Tara's obesity causing: strain on organs (1) her joints, e.g. hips/knees/back pain (1) shortness of breath AW (1) increased risk of coronary heart disease (1) increased risk of stroke AW (1) high blood pressure (1) premature death (1) psychological problems, e.g. depression (1)

Max 6 (6 marks)

4(b) Likely points will include:

- Initially- GP/ practice nurse
- measuring Tara's height and weight – BMI assessment-waist circumference
- consideration of Tara's patient history
- raise the issue of weight with Tara
- putting Tara at the centre of the care
- assessing her readiness and motivation to change
- discussing Tara's current lifestyle, diet and levels of physical activity.
- creating and maintaining confidential records of Tara's weight problems
- advising her on dietary, physical activity and lifestyle modifications
- establishing individual goals and a realistic weight management plan-5-10% weight loss
- negotiating the most effective method of managing weight loss and maintaining it
- referring to other health professionals and any relevant programmes as appropriate e.g. health visitor/health care assistant/pharmacist
- weight-loss monitoring for minimum 3 and 6 months
- if Tara wanting more active support then seen more often
- if unsuccessful weight loss –and Tara still motivated to change
- Dietician provides a comprehensive assessment
- GP/dietician may recommend pharmacist/pharmacotherapy.
- if all this unsuccessful – surgery may be necessary
- on-going monitoring of weight should take place to make sure Tara is supported and referred back into the pathway if she has a relapse in weight management.

Mark Ranges

0 marks No response worthy of credit.

1-3 marks Generally vague and repetitive answers covering 1-5 points with little coherence and detail in the pathway. There will be little use of appropriate technical terminology. 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.

4-6 marks More detailed responses covering 6-8 points with some logical reasoning and use of appropriate technical terminology. Answers may lack precision but are organised.

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.

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.

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.

(9 marks)

HSC02 ASSESSMENT OBJECTIVE GRID

Question	A01	A02	A03	A04	Totals
1 (a)	3				3
1 (b)		4			4
1 (c)			4	4	8
2 (a)	3				3
2 (b)	3				3
2 (c)	3				3
2 (d)				6	6
3 (a)	3				3
3 (b)		4			4
3 (c)	2	2	2	2	8
4 (a)	4	2			6
4 (b)		3	6		9
Totals	21	15	12	12	60
Percentage	35%	25%	20%	20%	100%