

Examiners' Report/ Principal Moderator Feedback January 2011

GCE

GCE Health & Social Care - Unit 9 (6946)

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6946/01: Investigating Disease

General comments

A small fraction of centres, apart from those accredited under OSCA, submitted entries for this series. Samples covered the full range of abilities although centre assessment was overall lenient. This was due to all parts of the assessment criteria not being met. Less rare diseases with no known cause, treatment or preventative strategies were seen, however some learners continue to choose diseases with no strategies for prevention and lose significantly in AO4.

The quality of written communication varies a great deal from material culled directly from published sources and original material from the learner. The former should be strongly discouraged. It is clear that many learners take information from self-help medical websites without alteration. Organisation of work was frequently poor and focus varied. At the lower end of the ability range, learners included all the information sourced without reference to the assessment criteria. Whenever possible, U.K. sources of information and statistics should be used. Learners should be encouraged to fully explain their work so that tutors do not have to write clarifying notes in the margin.

Assessment Objective 1

The biological basis of disease is regularly sparse and the bodies' responses taken to be synonymous with the signs and symptoms or complications rather than the unseen defence mechanisms such as the development of immunity with communicable diseases or increased bone outgrowths in non-communicable osteoarthritis for example. Centres continue to assess this objective highly when there is no information on how signs and symptoms are produced and displayed. Listing signs and symptoms regardless of number restricts this objective to MB1. A differential diagnosis is a shortlist of possible diseases consisting of those with similar signs and symptoms. This is rarely included. The methods of diagnosis should then detail how the actual final diagnosis is accomplished and also be linked explicitly to changes wrought by the diseases.

Assessment Objective 2

Factors affecting the causes and distribution are not clear and often learners confuse transmission with distribution. MB2 requires a comparison of these factors with plenty of examples and explanations. MB3 requires a comparison of both diseases and this should include the factors affecting distribution which are rarely seen. Factors affecting distribution include gender, age, geographical location, climate etc. This objective also looks at spelling, punctuation and grammar with the use of vocational language.

Assessment Objective 3

For this objective, diagnosis and differentiation are needed for MB2 if not included in AO1. Factors affecting the outcome of both diseases are usually present together with a consideration of the treatments. Justification of the difference in provision is not made explicit and comparisons are infrequent. Learners examine support at great length providing lists of websites, charities etc however, very few actually compare the support with another disease of the same type. It is sufficient to compare with only one communicable and one non-communicable disease. Information must be drawn from a variety of sources and it is recommended that at least one of these is a primary sources. Too many learners use only websites. Work-related issues seem to have become employment-related issues and learners then have difficulty in AO4 in describing the impact of work-related issues on prevention, support and treatment. Such issues can be treated broadly such as availability of specialist centres and or staff, availability of medication and the effect of NICE in some diseases resulting in a “postcode lottery”, waiting lists etc. Conclusions should be drawn from the evidence presented. Sub-headings relevant to work-related issues would facilitate assessment and moderation.

Assessment Objective 4

Many centres used healthy lifestyles as strategies for prevention together with raising awareness days (eg December 1st -HIV) but these are not specific strategies for prevention. Learners must ensure that at least one of their chosen diseases has a sound, specific prevention strategy to enter MB3 with reasons why such strategies may not always be successful. Strategies for prevention include immunisation schedules, preventive medication (anticoagulants, statins etc), screening, regular monitoring e.g. BP and some invasive techniques. The impact of work-related issues on prevention, support and treatment should complete this objective.

In conclusion, it must be stated that some learners had worked incredibly hard and produced well-presented, accurate and detailed reports while others had apparently given two accounts of chosen diseases with one weak comparison chart. Some information in AO3 and AO4 in particular will not be found neatly categorised in published sources, learners will need to absorb and digest their research before using initiative and independent thinking to address the criteria in MB2 and 3. Learners must apply their knowledge gained from research and not just copy it to attain higher grades. The quality of work remains fairly stable.

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