

Moderators' Report/
Principal Moderator Feedback

Summer 2012

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

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General Comments

This A2 unit investigates one communicable and one non-communicable disease to specified assessment criteria within four assessment objectives. The learner is required to demonstrate and apply knowledge and understanding, and use comparative, analytical and evaluative skills in the production of a report using their own words.

The choice of diseases is crucial to achieving success at higher grades and centres should ensure that criteria can be met before embarking on the tasks. Work should be appropriate and tailored to learners' abilities through the mark bands. It is common practice to provide one assignment brief to fit all learners and centres with weaker students might consider producing two briefs which can suit the lower and higher abilities. Moderators frequently see reports containing poor comparisons, little analysis and non-existent evaluation while other criteria in mark bands 1 and 2 are barely met. Occasionally assignment briefs are submitted with reports during moderation with assessment in the top mark band despite omissions of certain tasks from the brief. Centres are urged to review briefs to check that all criteria have been included.

Moderators report on the extensive use of material taken directly from published sources with or without references and centres are reminded that learners should carry out their research and produce independent reports. There was an increase in unsuitable disease choices this series. No disease is "banned" but in view of the assessment criteria it is sensible to choose diseases which have a known cause, established treatment and a strategy for prevention. Information should be applied to the chosen diseases and generic information is not required. Only one form of a disease is required such as either rheumatoid arthritis or osteoarthritis. Collective groups of diseases such as food poisoning are not advised and one named type should be offered.

Learners should be encouraged to include primary research as well as secondary. One or two centres have included case studies as a form of evidence and this is admirable but the content must still address all the criteria.

Focus and organisation is an issue with significant numbers of reports; while tutors are able to perform formative and summative assessments over a period of time the moderators have one opportunity to moderate the work and meet deadlines. Organisation into assessment objectives with appropriate headings are recommended to ensure evidence can be located easily. Lengthy introductions into generic aspects of disease gain no credit. Some reports are exceedingly lengthy appearing to include everything the learner can find on the chosen diseases and falling just short of 200 pages. This volume of work is an unacceptable burden for learners who are required to address the criteria only.

In this June series, there were some excellent and some very weak reports but overall the quality of the work was good. Assessment by centres in general was generous due to some mark band criteria not being met and annotation was often omitted although ticks were abundant. The latter are

often distracting and can obscure words. Annotation is preferred and summaries are always welcome. Grades should not be stated on work as grade boundaries can change. It appears that some assessors are still using assessment guidance for assessment rather than the assessment criteria grid which can lead to errors.

Assessment Objective 1

Centres still credit lists of signs and symptoms in MB3 disregarding the requirement to explain how they are produced and displayed. The bodies' responses are often weak and learners do not link the methods of diagnoses to the changes wrought by the diseases. Differentiation from diseases with similar signs and symptoms remains poor and learners omit to state how the final clinical diagnosis between similar diseases is made. The quality of written communication applies to this objective but is frequently ignored by assessors.

Assessment Objective 2

Evidence for this objective is often confusing and weak. Transmission does not equal distribution and statistics are often from the United States and other countries rather than Britain giving a skewed picture. UK statistics should be used wherever possible. Comparisons of the factors affecting distribution are rarely adequate and should be included in the overall requirement to compare and contrast the two diseases in MB3. Ample explanations of these factors should be present in MB2 and these should be reviewed as well as identified for MB3. Quality of written communication applies to this objective together with focus and organisation referred to previously.

Assessment Objective 3

Differential diagnoses occur in this objective at MB2 so must be present in all but MB1 overall. Treatment and factors affecting the outcome of treatment for both diseases are required and centres should note that these need to be examined as well as explained for MB3. An explanation for the differences in provision for MB2 is increased to examination with justifiable reasons for the difference in MB3.

A description of support in MB1 leads to an examination for MB2 and a comparison between the two chosen diseases AND each with at least one of a similar type. This year some centres had compared support and other sections with several diseases. This is not required; there are two parts of the unit where other diseases can be involved i.e. differentiation in diagnostics and here in the comparisons of support. Learners should not be asked to keep referring to diseases other than those chosen to reduce their burden of work.

Finally work-related issues continue to be a problem; most centres (who attempt to address this area) use links to individuals attending work or school. This will gain credit for AO3 but rarely for AO4 so it is preferable to opt for a broader perspective of work such as availability of specialised centres, medication, healthcare personnel or equipment. Research sources should be identified and include sources of four different types.

Assessment Objective 4

All mark bands require strategies for prevention to be evaluated and reasons why these are not always successful. Reasons need to be examined for MB3.

Generic strategies and reasons are not suitable and therefore these must apply to the chosen diseases. In addition this objective requires that the impact of work-related issues from AO3 on prevention, support and treatment must be discussed. Independent thinking and the use of initiative are features of this objective and learners who can only take material directly from published sources omitting any individual input will not reach MB3 level in this important objective. Learners need training in evaluative skills early on in the programme in order to develop and enhance these skills in the A2 units and not be tied to published sources.

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