

Mark Scheme for June 2010

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This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by Examiners. It does not indicate the details of the discussions which took place at an Examiners' meeting before marking commenced.

All Examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the Report on the Examination.

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SECTION A

- 1 (a) Describe one study which has investigated why patients do not adhere to medical advice. [6]

Most answers will choose a study relating to why patients do not adhere to medical advice, eg due to lack of understanding, forgetting, side effects etc. Likely studies include; Riekert and Drotar, Barat et al, Bulpitt, DiMatteo, Lepper and Croghan, Ley. However studies derived from measuring or improving adherence could be equally creditworthy provided candidates illustrate how the findings explain why patients do not adhere. Better answers will identify what was done in a study and what was found. Anecdotal answers that do not identify a study will receive a maximum of 2 marks.

Marks	Mark Descriptor
0 marks	No answer or incorrect answer.
1-2 marks	The answer attempts to describe one study on why patients do not adhere to medical advice. The answer is largely anecdotal and there is little use of psychological terms or concepts. The answer has errors and omissions, is brief and lacks understanding.
3-4 marks	The answer considers one study on why patients do not adhere to medical advice using psychological terms and concepts. The description is mainly accurate and informed and has some evidence of elaboration and understanding.
5-6 marks	The answer gives a clear account of one study on why patients do not adhere to medical advice from a psychological perspective. The answer is detailed, well organised and the candidate clearly understands what they have written.

- (b) **Discuss difficulties of investigating why patients do not adhere to medical advice.** [10]

A huge number of points are available to candidates to use here. Candidates may choose to consider individual differences such as age, gender, race etc. as reasons for non-adherence. They may explore rational and non-rational explanations etc. but the key issue is essentially a methodological one. Candidates are likely to consider why methods such as self-report are likely to lack validity. Other aspects such as sampling and generalisability are also likely to be considered by many candidates.

Marks	Mark Descriptor
0 marks	No answer or incorrect answer.
1-4 marks	The answer attempts to evaluate the difficulties of investigating why patients do not adhere to medical advice. The evidence and explanations are largely anecdotal and psychological concepts and terms are sparsely used. The answer is superficial and lacks detail.
5-7 marks	The answer is appropriate to the assessment request. Some evaluative issues are raised and applied in an appropriate way to the difficulties of investigating why patients do not adhere to medical advice. There is appropriate use of psychological terms and concepts. The answer has a reasonable range of points and there is some evidence of elaboration.
8-10 marks	The answer is appropriate to the assessment request. The answer has a good range of points relating to the difficulties of investigating why patients do not adhere to medical advice. There is a confident use of psychological terms and concepts. The answer has an impressive range of points each of which is clearly explained and elaboration is coherent and thorough.

- 2 (a) Describe one study of developmental or gender difference in health behaviour. [6]

There are a number of appropriate studies which could be described here. For example, studies which investigate the effects of maternal alcohol consumption on birth defects or studies which have looked into gender differences; for example, with eating disorders or seeking medical advice. It is possible for candidates to use a study from another area of the specification provided that it illustrates a gender or developmental difference in health behaviour; for example from health promotion, stress, adherence, substance use and abuse or using and mis-using the health service. Candidates are required to focus on developmental **or** gender differences not both! Anecdotal answers that do not identify a study will receive a maximum of 2 marks. As will those which identify a study which relates to an individual difference which is not developmental or gender.

Marks	Mark Descriptor
0 marks	No answer or incorrect answer.
1-2 marks	The answer attempts to describe one study of developmental or gender difference in health behaviour. The answer is largely anecdotal and there is little use of psychological terms or concepts. The answer has errors and omissions, is brief and lacks understanding.
3-4 marks	The answer considers one study of developmental or gender difference in health behaviour using psychological terms and concepts. The description is mainly accurate and informed and has some evidence of elaboration and understanding.
5-6 marks	The answer gives a clear account of one study of developmental or gender difference in health behaviour from a psychological perspective. The answer is detailed, well organised and the candidate clearly understands what they have written.

(b) Discuss the usefulness of studying developmental and gender differences in health behaviour. [10]

There are many points which could be raised by candidates here in response to the usefulness of studying developmental and gender differences in health behaviours. In order to access the top marks candidates will need to demonstrate a clear understanding of the issue of usefulness. Usefulness in its widest sense will be accepted. It is expected that candidates will comment on the extent to which the findings of various studies into developmental **and** gender differences have offered either explanations for the differences or ways in which the differences may be addressed and health issues thus addressed. Weaker responses are likely to offer further description of developmental and gender differences in health behaviour with little if any evaluation or reference to usefulness.

Marks	Mark Descriptor
0 marks	No answer or incorrect answer.
1-4 marks	The answer attempts to evaluate the usefulness of studying developmental and gender differences in health behaviour. The evidence and explanations are largely anecdotal and psychological concepts and terms are sparsely used. The answer is superficial and lacks detail.
5-7 marks	The answer is appropriate to the assessment request. Some evaluative issues are raised and applied in an appropriate way to the usefulness of studying developmental and gender differences in health behaviour. There is appropriate use of psychological terms and concepts. The answer has a reasonable range of points and there is some evidence of elaboration.
8-10 marks	The answer is appropriate to the assessment request. The answer has a good range of points relating to the usefulness of studying developmental and gender differences in health behaviour. There is a confident use of psychological terms and concepts. The answer has an impressive range of points each of which is clearly explained and elaboration is coherent and thorough.

SECTION B

- 3 (a) Describe what psychologists have learned about the patient-practitioner relationship. [10]**

A wide range of material is available to candidates in answer to this question. As the question is very open, material from any or indeed all of the sub sections of the specification would be appropriate. Empirical studies such as; McKinstry and Wang (1991) on NVC, cognitive and emotional components to patient satisfaction, Savage and Armstrong (1990), directing and sharing doctor style, Maguire and Rutter (1976), feedback to medical students on interaction with patients may be likely to feature. Also improving understanding such as Ley (1989) and reasons for delay in seeking medical advice eg Safer et al (1979). Essentially, strong answers will present a range of evidence which may be both empirical and theoretical which are used to describe and illustrate what psychologists have learned about the patient/practitioner relationship. It is quite possible that evidence from other areas of the specification may be appropriately used in answer to this question, eg from adherence, provided that they are focused on the patient/practitioner relationship. Weaker answers will tend to describe aspects of the relationship and support these with only anecdotal evidence.

Concepts, terminology and quality of English (AO1)

- | | |
|---------|--|
| 0 marks | Incorrect or inappropriate material is presented. |
| 1 mark | There is limited use of psychological terms and concepts. Spelling and sentence construction are poor; and punctuation is inappropriate or largely absent. |
| 2 marks | Appropriate terms and concepts are presented, but there is lack of clarity. Spelling and punctuation are reasonable but there are a number of errors. |
| 3 marks | Appropriate terms and concepts are presented and used in a confident way. Spelling is good, although there could be one or two errors. Sentence construction is good with views expressed clearly. Punctuation is appropriate. |

Evidence (AO1)

- | | |
|---------|--|
| 0 marks | No evidence is presented. |
| 1 mark | Some basic evidence is described which is of peripheral relevance or it is predominantly anecdotal. |
| 2 marks | Some appropriate psychological evidence is described but there are a number of errors and it is limited in scope and detail. |
| 3 marks | Appropriate psychological evidence is accurately described. It is reasonably wide-ranging in scope and is reasonably detailed. |
| 4 marks | Appropriate psychological evidence is accurately described that is wide-ranging in scope and detail. |

Understanding (AO1)

- | | |
|---------|---|
| 0 marks | The answer is list-like with no attempt to understand what has been written; there is no use of elaboration, clarification or example. |
| 1 mark | The answer demonstrates some understanding but this is sparse. |
| 2 marks | The answer demonstrates good understanding. There is some clarification of terminology, occasional use of examples, some expansion of complex points. There is some coherence and a reasonable structure. |
| 3 marks | The answer demonstrates explicitly applied understanding throughout. There is clarification of terminology, use of examples, expansion of complex points; the answer is coherent and well structured. |

(b) Evaluate what psychologists have learned about the patient-practitioner relationship. [16]

There are many evaluative issues which can be applied to answering this question. Answers may use issues such as validity, ethics etc. to evaluate the empirical research outlined in part (a) but stronger answers will address the specific question and consider the extent to which Psychologists have effectively explored the relationship between patients and their practitioners. The issue of methodology would be highly appropriate here in considering exactly how the evidence presented had been gathered and the impact this may have on its quality and usefulness. Equally consideration of individual differences and how these impinge on the patient/practitioner relationship would also be appropriate. The best answers will have clearly defined issues linked to psychological evidence (including research, concepts or theories). Analysis may take the form of comparisons and contrasts but may also take the form of strengths and weaknesses or problems of the evidence. All types of analysis will be credited.

Range of issues (AO2)

0 marks	No material worthy of credit.
1-2 marks	The answer identifies some issues; they could have been related to the question more closely and they could have been elaborated and explained further.
3-4 marks	The answer covers an appropriate range of issues; the issues are made relevant, explained and elaborated.

Evidence for issues (AO2)

0 marks	No material worthy of credit.
1-2 marks	Some evidence is identified and an attempt is made to show its relevance to the issues.
3-4 marks	Evidence is appropriately selected to illustrate the issues and commented on effectively.

Analysis (AO2)

0 marks	No material worthy of credit.
1-2 marks	An attempt is made to provide some analysis.
3-4 marks	The answer contains some analysis most likely in the form of comparisons and contrasts; these are accurate, detailed and effective.

Argument structure (AO2)

0 marks	No material worthy of credit.
1-2 marks	The answer has a sound structure and the argument is generally clear and coherent but there is an imbalance and minor weaknesses.
3-4 marks	The structure of the answer is highly effective in providing a cogent framework for compelling arguments that demonstrate originality and insight into evidence.

- (c) **The manager of a large inner-city health centre would like to improve the level of patient satisfaction. Using your knowledge of psychology, suggest how this could be achieved. Give reasons for your answer.** [8]

Most candidates will be able to make a suggestion as to how the efficiency of the service provided to patients could be improved. It is likely that a wide range of suggestions will be seen here but the command in the question is that the suggestion focuses on diagnosis and style. The most appropriate answers will therefore focus on matching patients with doctors who offer the most appropriate style for them. It is expected that candidates will refer to the various styles such as “directing” and “sharing” and the evidence on which these are based. It is possible that candidates will focus on non-verbal communication of the doctor and make suggestions based on the dress of the doctor or their use of formal language. Only stronger candidates will base their suggestions on clear psychological rationale and provide an explanation their suggestion.

Application (AO2)

- | | |
|-----------|---|
| 0 marks | No suggestions made OR suggestions are made which are inappropriate to the assessment request. |
| 1-2 marks | An appropriate suggestion is made but it is based on anecdotal or peripherally relevant psychological evidence. |
| 3-4 marks | A suggestion is made that is appropriate to the assessment request and is based on appropriate psychological evidence. The suggestion is detailed and is clearly explained. |

Application interpretation: Reasons (AO1/AO2)

- | | |
|-----------|--|
| 0 marks | The answer shows very little or no understanding. |
| 1-2 marks | The answer attempts to provide a rationale for the suggested application/intervention. The reasons given have some relevance to issue under discussion and some relevance to the evidence discussed elsewhere in the answer. |
| 3-4 marks | The answer gives a clear rationale for the suggested application. There is confident use of terminology, use of examples, expansion of complex points, and the answer is coherent and well structured. |

4 (a) Describe what psychologists have discovered about health promotion. [10]

A wide range of material is available to candidates in answer to this question. Empirical studies such as; Janis and Feshbach, Parry et al, Davis, Witte, Bachman, Kiesger, Gomel, Farquhar, McClendon and Prentice, Murray and McMillan etc. are creditworthy as are descriptions of the principles underlying health promotion such as fear arousal, self-efficacy etc. The very best answers will use empirical evidence to illustrate the Psychological principles. Explanation of the application of the Yale model of communication would also be appropriate here.

Concepts, terminology and quality of English (AO1)

- | | |
|---------|--|
| 0 marks | Incorrect or inappropriate material is presented. |
| 1 mark | There is limited use of psychological terms and concepts. Spelling and sentence construction are poor; punctuation is inappropriate or largely absent. |
| 2 marks | Appropriate terms and concepts are presented, but there is a lack of clarity. Spelling and punctuation are reasonable but there are a number of errors. |
| 3 marks | Appropriate terms and concepts are presented and used in a confident way. Spelling is good, although there could be one or two errors. Sentence construction is good with views expressed clearly. Punctuation is appropriate. |

Evidence (AO1)

- | | |
|---------|--|
| 0 marks | No evidence is presented. |
| 1 mark | Some basic evidence is described which is of peripheral relevance or it is predominantly anecdotal. |
| 2 marks | Some appropriate psychological evidence is described but there are a number of errors and it is limited in scope and detail. |
| 3 marks | Appropriate psychological evidence is accurately described. It is reasonably wide-ranging in scope and is reasonably detailed. |
| 4 marks | Appropriate psychological evidence is accurately described that is wide-ranging in scope and detail. |

Understanding (AO1)

- 0 marks The answer is list like with no attempt to understand what has been written; there is no use of elaboration, clarification or example.
- 1 mark The answer demonstrates some understanding but this is sparse.
- 2 marks The answer demonstrates good understanding. There is some clarification of terminology, occasional use of examples, some expansion of complex points. There is some coherence and a reasonable structure.
- 3 marks The answer demonstrates explicitly applied understanding throughout. There is clarification of terminology, use of examples, expansion of complex points; the answer is coherent and well structured.

(b) Evaluate what psychologists have discovered about health promotion. [16]

There are many evaluative issues which can be applied to answering this question. Answers may use issues such as validity, ethics etc. to evaluate the empirical research outlined in part (a) but stronger answers will address the specific question and consider the extent to which psychologists have discovered effective methods of promoting good health. The issue of Usefulness would be highly appropriate here. Equally, consideration of individual differences and how these impinge on health promotion would be appropriate. The best answers will have clearly defined issues linked to psychological evidence (including research, concepts or theories). Analysis may take the form of comparisons and contrasts but may also take the form of strengths and weaknesses or problems of the evidence. All types of analysis will be credited.

Range of issues (AO2)

- | | |
|-----------|---|
| 0 marks | No material worthy of credit. |
| 1-2 marks | The answer identifies some issues; they could have been related to the question more closely and they could have been elaborated and explained further. |
| 3-4 marks | The answer covers an appropriate range of issues; the issues are identified, made relevant, explained and elaborated. |

Evidence for issues (AO2)

- | | |
|-----------|---|
| 0 marks | No material worthy of credit. |
| 1-2 marks | Some evidence is identified and an attempt is made to show its relevance to the issues. |
| 3-4 marks | Evidence is appropriately selected to illustrate the issues and commented on effectively. |

Analysis (AO2)

- | | |
|-----------|---|
| 0 marks | No material worthy of credit. |
| 1-2 marks | An attempt is made to provide some analysis. |
| 3-4 marks | The answer contains some analysis most likely in the form of comparisons and contrasts; these are accurate, detailed and effective. |

Analysis structure (AO2)

- | | |
|-----------|--|
| 0 marks | No material worthy of credit. |
| 1-2 marks | The answer has a sound structure and the argument is generally clear and coherent but there is an imbalance and minor weaknesses. |
| 3-4 marks | The structure of the answer is highly effective in providing a cogent framework for compelling arguments that demonstrate originality and insight into evidence. |

- (c) **The Government wishes to encourage greater awareness of the early signs of serious illness. Using your knowledge of psychology, suggest a suitable method of health promotion which could be used to achieve this. Give reasons for your answer.** [8]

It is expected that candidates will recognise that this is a question focussing on **methods** of health promotion and respond accordingly. Any of the many methods of health promotion could be appropriately proposed here provided that they are supported with relevant evidence and applied to the scenario presented. For example, the use of affective methods such as fear arousal and the raising of self efficacy might be suggested with an explanation of how this might be achieved. Equally appropriate would be cognitive and behavioural methods. The best answers will support their suggestions with reference to evidence and explain their suggestions using psychological rationale as well as tailoring their suggestions to the specific issue of early identification of serious illness.

Application (AO2)

- | | |
|-----------|--|
| 0 marks | No suggestions made OR suggestions are made which are inappropriate to the assessment request. |
| 1-2 marks | An appropriate suggestion is made but it is based on anecdotal or peripherally relevant psychological evidence. |
| 3-4 marks | A suggestion is made that is appropriate to the assessment request and is based on appropriate psychological evidence. The suggestion is detailed and clearly explained. |

Application Interpretation: Reasons (AO1/AO2)

- | | |
|-----------|--|
| 0 marks | The answer shows very little or no understanding. |
| 1-2 marks | The answer attempts to provide a rationale for the suggested application/intervention. The reasons given have some relevance to issue under discussion and some relevance to the evidence discussed elsewhere in the answer. |
| 3-4 marks | The answer gives a clear psychological rationale for the suggested application. There is confident use of terminology, use of examples, and expansion of complex points, and the answer is coherent and well structured. |

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