



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2013**

Health and Social Care

Assessment Unit AS 3

assessing

Unit 3: Health and Well-being

[A3H31]

MONDAY 13 MAY, AFTERNOON

**MARK
SCHEME**

General Marking Instructions

Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

1 (a) Define the following terms. (AO1)

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Ill health

Answers may address some of the following points:

- a state in which an individual is unable to function normally and without pain
- can be physical or mental, short-term or long-term
- ill health may be about the presence of something negative like a disease or the absence of something positive like adequate nutrition.

[1] for use of key phrase(s), [2] for full explanation

Mental illness

Answers may address some of the following points:

- a collective term for all diagnosable mental health problems that become “clinical”, i.e. where professional intervention and treatment is required
- generally, the term refers to more serious problems, rather than, for example, feeling a little down or anxious
- examples of mental illnesses include the major psychotic illnesses, such as endogenous depression, schizophrenia, and manic-depressive psychosis
- mental illness is the term used to describe behaviour which is generally regarded as abnormal and inexplicable within the expected patterns of behaviour associated with particular roles in society. Mental illness may be long-term or short-term
- mental illness can be characterised by behaviour which is abnormal – examples of which include depression/manic depression, schizophrenia, dementia, phobias, obsessions. Many types of mental illness are treatable
- mental illness has been linked to chemical changes in the brain which produce abnormal, often undesired behaviour, e.g. violent mood swings, physical aggression.

[1] for use of key phrase(s), [2] for full explanation

(2 × [2])

[4]

- (b) Discuss how drug abuse could affect an individual's physical and social health and well-being. (AO1, AO2, AO3)

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Effect on physical health and well-being

Answers may address some of the following points:

- drug users usually experience physical effects like abnormalities of co-ordination and speech patterns
- people who abuse drugs often have a weaker immune system, leaving them vulnerable to illness, perhaps as a result of neglecting nutrition
- different drugs have different effects on individuals – some examples of these include craving sugar and junk food, experiencing sleep disturbances, dramatic weight loss and suffering from a range of illnesses more regularly than other people – all of these have an adverse effect on long-term physical health
- the physical effects of addiction mean that drug users may become very ill during withdrawal, suffering from sickness, lack of energy and uncontrollable shaking
- many addicts have a lack of concern about appearance and grooming, and ignore their hygiene needs
- drug abuse can lead to accidents, premature death and unsafe practices that can be detrimental to physical health, e.g. sharing needles leading to HIV, self harm
- drug abuse can cause harm to the body's vital organs, e.g. brain, heart and liver.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for adequate discussion, [3] for discussion

Effect on social health and well-being

Answers may address some of the following points:

- drug users often experience difficulties in family and other relationships and may experience loneliness and isolation as a result
- financial problems may arise because of the expense of buying drugs and the user may have no money for any other social activities
- work record and level of performance may drop and the user may become unemployed, losing contact with work colleagues
- due to the physical effects of the drugs, users may lack interest in taking part in leisure activities and spending time with peers
- individual may find himself/herself resorting to crime to feed drug habit – this may lead to a jail sentence, removing the individual from society.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for adequate discussion, [3] for discussion

(2 × [3])

[6]

- (c) Explain two ways a voluntary organisation could help an individual or family dealing with a drug problem. (AO1, AO2)

Answers may address any two of the following points:

- provide counselling for drug users to help them understand the reason for their problem
- source of education, e.g. to help families understand the nature of addiction and the effects of drug use
- provide information and advice for families, e.g. to help parents support the drug user
- run support groups where people with drug problems can support each other
- provide rehabilitation services in a residential setting or refer them for this help
- provide a drop-in centre for drug users
- provide a helpline for family members who are concerned about drug use
- provide advice for drug users on safety issues, e.g. risk of HIV from risky practices
- can provide mentoring, e.g. someone for users to contact when they feel the need to use drugs
- provide other activities for individuals to partake in, e.g. sport, complementary therapies.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for full explanation
(2 × [2])

[4]

- (d) Statistics suggest males are more likely than females to have a mental illness linked to drug abuse. Explain two other ways gender can impact on psychological well-being. (AO1, AO2)

Answers may address any two of the following points:

- more females than males are diagnosed with depression – some types of depressions are only experienced by women, e.g. post natal depression or depression linked to menopause
- males are more likely to commit suicide and to self-inflict injury whereas women are more likely to seek help
- males are more likely to abuse alcohol to try to cope with emotional problems
- males are more likely to suffer from low self-esteem as a result of unemployment – may be linked to concept of males as “breadwinners”
- females may struggle to juggle work and family roles, where they have traditionally taken more responsibility
- females are particularly vulnerable to low self-esteem as a result of negative body image – may be linked to media images of attractiveness – 9 out of 10 people with eating disorders are female
- males are more likely to have undiagnosed mental health problems as less likely to talk to friends or their GP

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- males are more likely to experience trauma which can be associated with psychological problem, e.g. PTSD as a result of war or road traffic accidents.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for full explanation
(2 × [2])

[4]

- (e) Discuss how poor housing can affect physical, social and psychological health and well-being. (AO1, AO2, AO3)

Effect on physical health and well-being

Answers may address some of the following points:

- houses that have damp, condensation, and mould growth can lead to asthma, bronchitis and arthritis
- houses that lack adequate heating can cause respiratory illnesses, cardiovascular problems, increased risks of accidents and falls and impaired mental function. In extreme cases death from hypothermia can result
- poor housing can contribute to poor hygiene due to a lack of facilities which can increase risk of infection
- poorly maintained or designed houses may increase the risk of falls and physical injuries
- vermin in houses can spread disease
- disease also spreads more easily where people live in overcrowded conditions
- children who live in houses with no garden may get less physical exercise and therefore may be slower to develop gross motor skills.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for adequate discussion, [3] for discussion

Effects on social health and well-being

Answers may address some of the following points:

- living in a high rise flat with no garden makes it more difficult for children to interact with others through play
- people who live in sub standard housing are less likely to bring friends or family back to the house, this may lead to isolation
- overcrowded housing may mean people can find it difficult to have friends visiting.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for adequate discussion, [3] for discussion

Effects on psychological health and well-being

Answers may address some of the following points:

- poor housing is associated with high levels of mental health problems, e.g. depression
- living in inadequate housing can have an adverse effect on self-esteem as individuals may feel embarrassed or ashamed of their homes
- living in crowded conditions means that individuals experience stress because of a lack of privacy, which can be stressful.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for adequate discussion, [3] for discussion

(3 × [3])

[9]

- (f) Another socio-economic factor that affects health and well-being is income. Discuss how an adequate or high income can have a **positive** influence on the physical, social and psychological health and well-being of individuals. (AO1, AO2, AO3, AO4)

Answers may include some of the following points:

Effects on physical health and well-being

- people with higher incomes have a longer life expectancy. This is because they can afford a better diet and live in better conditions so are less likely to get illnesses
- people with higher incomes may be able to access specialist health services more quickly by paying privately or because they have been able to afford private health insurance
- people with adequate or high incomes are less prone to stress-related illnesses
- older people with high or adequate incomes are less at risk of having a physical dysfunction than older people who have financial problems
- people on adequate or higher incomes usually have good quality housing which has a positive influence on health, e.g. less likely to have chronic chest infections than those living in damp conditions
- children from families on adequate or high incomes are much less likely to be in poor health than children from low income families
- infant mortality rates are lower in families with higher incomes
- people who have adequate or higher incomes are likely to live longer – around seven years longer than people on low or inadequate incomes
- people with higher incomes can afford to live outside of built up areas where there is less pollution and so are less prone to illnesses associated with pollution
- people with higher incomes can afford leisure activities which can contribute to physical fitness, e.g. gym membership

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- children from families with higher incomes are at less risk of death or injury from being hit by a motor vehicle as they are more likely to be able to play safely within sight or earshot of their parents in private gardens
- the children of adults with higher incomes are less likely to be left to their own devices during school holidays and out of school hours, which means they are less vulnerable to accidents.

Effects on social health and well-being

- people on adequate or high incomes can afford more social activities, e.g. going out for dinner with friends, children going on school trips
- people on adequate or higher incomes can afford to be involved in sports and exercise, e.g. they have money for sports kit, travel to matches or tournaments, gym membership, golf club membership, etc.
- people on higher incomes are more likely than less well off people to engage in social activities which are expensive, e.g. going to the theatre.

Effects on psychological health and well-being

- people with adequate or high incomes can afford to join clubs and take part in more leisure activities, which reduces stress and contributes to a sense of well-being
- people with adequate and high incomes are less prone to depression than those who struggle financially
- people with adequate and high incomes may have high self-esteem because they may feel they have been successful in life
- people with adequate or high incomes are more able to pay for services to improve psychological well-being, e.g. counselling, holistic therapies.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: limited

- displays limited knowledge of how an adequate or high income can have a **positive** influence on the physical, social and psychological well-being of individuals
- answers may focus on only one aspect of health and well-being (physical, psychological or social)
- there is limited discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate

- displays adequate knowledge of how an adequate or high income can have a **positive** influence on the physical, social and psychological well-being of individuals
- there must be reference to at least two aspects of health and well-being (physical, psychological, social) to score at this level
- there is adequate discussion
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent

- displays very good to excellent knowledge of how an adequate or high income can have a **positive** influence on the physical, social and psychological well-being of individuals
- there must be reference to all three aspects of health and well-being (physical, psychological, social) to score at this level
- there is competent discussion
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

[9]

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AVAILABLE MARKS
36

- 2 (a) (i) Describe the behaviour change and medical approaches to health promotion. (AO1, AO2)

Behaviour change approach

This approach aims to encourage individuals to adopt healthier behaviours which are seen as the key to improved health. This approach views health as a property of individuals and assumes they can make real improvements by changes to lifestyle, e.g. the five-a-day campaign to encourage greater consumption of fruit and vegetables.

[1] for use of key phrase(s), [2] for adequate description, [3] for detailed description

The medical approach

This approach is used to prevent ill health. It focuses on preventive measures such as immunisation, screening. Medical professionals try to control health problems in the population, often in response to government policies, e.g. MMR vaccination programme.

[1] for use of key phrase(s), [2] for adequate description, [3] for detailed description

(2 × [3])

[6]

- (ii) Use the table below to evaluate the two approaches. (AO4)

Behaviour change approach

Strength

Answers may address any one of the following:

- encourages personal change – shows individuals how they can take action, e.g. “go walking” television advertisement
- sees health as the property of the individual – gives them ideas that they can act upon to have healthier lives
- appeals to the “adult” in people – feel they are taking responsibility for their own health, e.g. by introducing more physical activity into their lives
- provides straightforward information to encourage sensible lifestyle choices to be made, e.g. five-a-day, rather than more complex and detailed information.

[1] for use of key phrase(s), [2] for full explanation

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Weakness

Answers may address any one of the following:

- behaviour is not easy to change – old habits die hard, e.g. people may find it difficult to break habits like sitting down to watch television every evening
- it is difficult to measure if change has taken place because it may not occur for some time after the health promotion activity or intervention
- target is susceptible to outside influences – may know what the healthy behaviour is but not act upon it, e.g. be encouraged by the behaviour of the peer group to drink more alcohol than is recommended
- intentions are not always followed through or change may be short term (think about diets as an example of this problem!)
- people dislike being told what to do – may therefore not respond to messages like “Eat five-a-day”.

[1] for use of key phrase(s), [2] for full explanation

The medical approach

Strength

Answers may address any one of the following:

- often campaigns are based on medically sound evidence so are convincing
- it is expert led – features doctors and other medical workers – someone people feel they can trust
- material used can have a shock factor that engages people, e.g. statistics on deaths from influenza to encourage vulnerable groups to be vaccinated
- some history of success, e.g. successful smallpox vaccination programme
- cost effective – preventative rather than curative
- works well in targeting specific groups, e.g. older people for 'flu vaccine.

[1] for use of key phrase(s), [2] marks for full explanation

Weakness

Answers may address any one of the following:

- fear among public of side effects can put people off taking up immunisations
- this approach ignores the holistic person – social and environmental factors are not considered
- this approach reinforces medicalisation of life – pills and injections are the answers
- encourages dependency on medical profession and treatment rather than taking responsibility for own health and well-being
- uptake – may be ignored: apathy, fear, long waiting lists
- targeting may be too narrow, e.g. breast screening only for over 50s.

[1] for use of key phrase(s), [2] marks for full explanation
(4 × [2])

[8]

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- (b) Explain three ways a health promotion campaign you have studied got its message across. (AO1, AO2)

Answers may address any three of the following:

- by campaigning in schools, e.g. talks for pupils
- TV advertisement, e.g. frightening images
- provided leaflets, e.g. about negative health effects of a substance or type of food
- ran radio advertisement, e.g. for sexual health
- produced posters, e.g. showing ways to exercise
- using controversial images
- produced merchandise, e.g. coasters, pens, bookmarks
- provided a website, e.g. giving advice on a health issue
- provided booklets, e.g. a guide to drugs
- provided diaries/log book, e.g. physical activity log
- provided stories/narratives that members of target group can relate to, e.g. young people abusing alcohol on a night out.

All other valid points will be given credit

[1] for use of key phrase(s), [2] for full explanation of each way

(3 × [2])

[6]

- (c) Professionals responsible for health promotion are employed by the health improvement departments of Health and Social Care Trusts. Other than health promotion, discuss two ways Health and Social Care Trusts contribute to the health and well-being of the populations they serve. (AO1, AO2)

Answers may address any two of the following:

- provides hospital services – treats patients in a hospital setting either as in-patients or at out-patient clinics – may be acute medical care, mental health hospitals for example
- provides GP services, where patients can receive care from a range of professionals, e.g. GPs, practice nurses, health visitors and midwives
- provides specialist professionals to look after the health and well-being of people in the local population – consultant physicians, dieticians, psychiatrists, social workers, etc.
- provides social services, e.g. family and childcare services like children's homes, services for older people like care homes, services for people with learning disabilities like residential care, services for people with mental health problems like day centres.

All other valid points will be given credit

[1] for use of key phrase(s), [2] for explanation, [3] for discussion of each way

(2 × [3])

[6]

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- (d) Discuss how individuals can take responsibility for their own health and well-being through lifestyle choices, accessing health and social care services and self-advocacy. (AO1, AO2, AO3)

Answers may address some of the following points:

Lifestyle choices

- eating a healthy diet, e.g. including five portions of fruit or vegetables a day
- exercising, e.g. walking or swimming
- limiting alcohol intake, e.g. to government's recommended units per week or to avoid binge drinking
- avoiding illegal drugs, e.g. smoking marijuana
- avoiding smoking tobacco and also passive smoking.

Accessing health and social care services

- going for regular check-ups, e.g. dental check-ups every six months or taking an infant to weekly "baby clinics" run by health visitors
- responding to invitations for screening, e.g. for breast cancer in women over fifty
- making GP appointments before a health condition deteriorates too much, e.g. seeing GP about a chest infection
- taking up opportunities for health checks offered at work or through voluntary organisations, e.g. blood pressure checks conducted by occupational nurse or breast screening offered by a cancer charity
- attending appointments with a social worker, e.g. for help with a family crisis.

Self-advocacy

- asking a G.P. for a referral to a specialist, e.g. a gynaecologist or neurologist
- asking a hospital doctor for a second opinion, e.g. referral to another specialist
- researching one's own condition and possible treatments in libraries or the Internet and requesting the most up-to-date treatment.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

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Level 1 ([1]–[3])

Overall impression: limited

- displays limited knowledge of how individuals can take responsibility for their own health and well-being
- answers may focus on only one way (lifestyle choices, accessing health and social care services or self-advocacy)
- there is limited discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate

- displays adequate knowledge of how individuals can take responsibility for their own health and well-being
- there must be reference to at least two ways (lifestyle choices, accessing health and social care services or self-advocacy) to score at this level
- there is adequate discussion
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent

- displays very good to excellent knowledge of how individuals can take responsibility for their own health and well-being
- there must be reference to all three ways to score at this level (lifestyle choices, accessing health and social care services and self-advocacy)
- there is competent discussion
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

[9]

35

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3 (a) Define the term discrimination. (AO1)

Answers may address the following points:

- unfair treatment based on gender, race, sexuality, etc.
- unfair treatment of a person based on prejudice and intolerance
- denying an individual or group of individuals the same rights as every one else enjoys, e.g. not allowing disabled people to access a cinema.

[1] for use of key phrase(s), [2] marks for definition

(1 × [2])

[2]

(b) In the example above the Polish man is ignored by staff in a hospital. Describe three other examples of discrimination in a hospital. (AO1, AO2, AO3)

Answers may address any three of the following:

- staff failing to consult patients about dietary requirements based on religious beliefs, e.g. providing lunch without considering whether there are any Jewish patients who may require Kosher meat
- staff failing to ask patients about spiritual needs or religious practices on admission, e.g. about whether they want to be visited by a religious leader or if they need time to pray at a particular time of day
- not offering patients the services of a translator if they do not understand what is being said, e.g. a consultant discussing the need for an operation with a Hungarian patient knowing that the patient cannot fully understand what he is being told
- failing to offer to have an advocate present if a patient has problems in terms of self-advocacy, e.g. a doctor failing to contact a social worker
- verbal abuse such as discriminatory remarks like the use of inappropriate racial terms by other patients or staff, e.g. a patient being referred to as a gypsy rather than a traveller
- staff failing to challenge discriminatory remarks by others, e.g. hospital staff failing to say anything to a patient who makes upsetting sexist remarks
- inappropriate communication, e.g. shouting at someone who speaks a different language as if they were stupid or being short-tempered with someone with a learning disability because they don't understand
- physical abuse, e.g. rough handling of older patients on the basis of their vulnerability and age.

All other valid examples will be given credit

[1] for use of key phrase(s), [2] for adequate description, [3] for fuller description of each example

(3 × [3])

[9]

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- (c) Explain three ways discrimination in a hospital could affect the health and well-being of patients. (AO1, AO2)

Answers may address some of the following points:

- patients deliberately separating themselves from others or wanting to be left alone, leading to isolation
- loneliness – feeling separate from the group
- may feel like an outcast – ostracised/alienated by staff and other patients
- low self-esteem – feeling worthless, undervalued, having a negative self-concept, a poor self-image
- experiencing depression – may even feel suicidal
- feeling unloved – uncared for
- feeling scared – unsafe/insecure in the setting
- experiencing negative emotions – feeling upset or angry
- experiencing stress – the response that occurs when an individual feels he/she cannot cope with the environment
- experiencing a loss of autonomy – a lack of control over what happens
- condition may deteriorate/worsen, e.g. patient may fail to make the expected recovery
- may lose appetite, e.g. be too upset to eat/have an upset stomach
- may lose weight – drop in weight can occur as a result of above
- may have problems with sleep patterns, e.g. lying awake worrying about what is happening.

All other valid examples will be given credit

[1] for use of key phrase(s), [2] for full explanation of each way
(3 × [2])

[6]

AVAILABLE
MARKS

- (d) Discuss **four** ways managers can promote anti-discriminatory practice in a hospital. (AO1, AO2, AO3, AO4)

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Answers may address any four of the following points:

- have a complaints policy to encourage patients to complain about anti-discriminatory practice
- encourage staff to use whistle blowing procedures to report others who engage in discriminatory practices
- make sure staff know about and understand policies and procedures, e.g. Patients' Charter of Rights
- staff training on anti-discriminatory practice
- have forums for discussion for staff so that issues around positive practice may be discussed
- supervise inexperienced staff
- promote the care value base, e.g. offer food choices based on religion, provide translators, provide places for prayer
- deal robustly with complaints and reports
- set a good example in own practice
- directly challenge staff and patients when incidents occur
- use disciplinary procedures when required
- provide advocacy services.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[4])

Overall impression: basic

- displays a limited knowledge of how managers can promote anti-discriminatory practice in a hospital
- answers may discuss only one way or list ways
- limited discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- displays adequate knowledge of how managers can promote anti-discriminatory practice in a hospital
- there must be a discussion of at least two ways to achieve at this level and of three ways at the top of this level
- adequate discussion
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent

- displays competent knowledge of how managers can promote anti-disciplinary practice in a hospital
- there must be a discussion of four ways to achieve at this level
- competent discussion
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

[12]

TotalAVAILABLE
MARKS

29

100

