

2012 HSC Notes from the Marking Centre – Human Services

Contents

Introduction	1
General comments	1
Section II.....	1
Section III	4
Section IV	4

Introduction

This document has been produced for the teachers and candidates of the Stage 6 course in Human Services. It contains comments on candidate responses to the 2012 Higher School Certificate examination, indicating the quality of the responses and highlighting their relative strengths and weaknesses.

This document should be read along with the relevant syllabus, the 2012 Higher School Certificate examination, the marking guidelines and other support documents developed by the Board of Studies to assist in the teaching and learning of Human Services. Teachers and candidates are reminded that if candidates are undertaking the 240 hour VET Industry Curriculum Framework in Human Services and they want to undertake the HSC examination in Human Services, they need to be entered separately for the examination through Schools Online (Administration) by the due date published in the *Higher School Certificate Events Timetable*.

General comments

Teachers and candidates should be aware that examiners may ask questions that address the syllabus outcomes in a manner that requires candidates to respond by integrating their knowledge, understanding and skills developed through studying the course.

Candidates need to be aware that the marks allocated to the question and the answer space (where this is provided on the examination paper) are guides to the length of the required response. A longer response will not in itself lead to higher marks. Writing far beyond the indicated space may reduce the time available for answering other questions.

Candidates need to be familiar with the Board's [Glossary of Key Words](#), which contains some terms commonly used in examination questions. However, candidates should also be aware that not all questions will start with or contain one of the key words from the glossary. Questions such as 'how?', 'why?' or 'to what extent?' may be asked, or verbs that are not included in the glossary may be used, such as 'design', 'translate' or 'list'.

Section II

Candidates need to be mindful of the rubric at the beginning of Section III, as this is a guide to how the answer will be assessed.

Avoid using names of people or health facilities that may identify a candidate in responses.

Question 16

- (a) In better responses, candidates correctly defined both anatomy and physiology.
- (b) In better responses, candidates demonstrated a detailed understanding of a homeostatic mechanism. A wide variety of accurate examples were provided, including but not limited to, body temperature, glucose levels in blood, pH levels, salt balance and water/hydration balance. In these responses, candidates clearly showed the cause and effect of homeostatic imbalance. Precise industry specific terminology was used.

In mid-range responses, candidates demonstrated an understanding of a homeostatic mechanism by providing a basic cause and effect of homeostasis. The mechanism may have been provided but not explained or inaccuracies were evident. Some industry specific terminology may have been included in the explanation.

In weaker responses, candidates demonstrated a limited knowledge of a homeostatic mechanism. These responses generally included the name of a relevant mechanism without an explanation or a fact may have been provided about a homeostatic mechanism.

Question 17

- (a) In better responses, candidates correctly and clearly described either DRSABCD or DRS first aid management in the context of the incident. Candidates demonstrated sound knowledge of first aid management.

In mid-range responses, candidates identified and/or explained the majority of the steps in the first aid management plan, although some parts may have been omitted or incorrect and/or out of context. In these responses, candidates demonstrated basic knowledge of first aid management.

In weaker responses, candidates demonstrated limited knowledge of first aid management.

- (b)(i) In better responses, candidates correctly identified three or more injury management actions, including pressure, as well as either elevation or infection control and other suitable actions. In these responses, candidates demonstrated sound knowledge of injury management.

In mid-range responses, candidates correctly identified pressure as a key injury management action. In these responses, candidates demonstrated basic knowledge of injury management.

In weaker responses, candidates identified only one suitable injury management action.

- (ii) In better responses, candidates correctly described the process of CPR including the correct ratio as well as hand placement or depth. In these responses, candidates demonstrated sound knowledge of CPR.

In weaker responses, candidates identified at least one appropriate CPR management step.

Question 18

In better responses, candidates clearly explained a wide range of factors that can affect health and wellbeing. Consistent and strong cause and effect relationships were evident, with some candidates providing positive and negative explanations about why and/or how health and wellbeing interact. Responses were clear and logical, well detailed, and contained very good industry terminology.

In mid-range responses, candidates described a range of factors that can affect health and wellbeing or explained a few factors in detail. Weak and/or inconsistent cause and effect

relationships were evident. Responses were generally clear, though descriptive and contained good industry terminology.

In weaker responses, candidates identified or listed a range of factors or outlined a few factors that can affect health and wellbeing. No cause and effect relationships were evident. Responses were brief, generalised, not clear or logical and contained little industry terminology.

Question 19

- (a) In better responses, candidates accurately described standard precautions that would reduce the risk of cross-infection between patients, staff and visitors. They showed a clear understanding of the importance of hand hygiene and specific PPE related to the situation.

In mid-range responses, candidates demonstrated a sound understanding of hand hygiene. At least one other appropriate standard precaution that would reduce the risk of cross-infection between staff, patients and/or visitors was provided.

In weaker responses, candidates demonstrated a basic understanding of a standard precaution for reducing the risk of cross-infection between staff, patients and/or visitors, for example, sharps management.

- (b) (i) In better responses, candidates demonstrated a sound understanding of additional (transmission-based) precautions that were relevant to airborne pathogens. This included relevant and contextual examples, such as using a mask to reduce the likelihood of inhaling an airborne pathogen.

In weaker responses, candidates demonstrated a basic understanding of additional generalised precautions that were relevant to airborne pathogens. Only one relevant example was provided. In some cases, the example was not specific to airborne pathogens.

- (ii) In better responses, candidates demonstrated a sound understanding of additional (transmission based) precautions that were relevant to contact pathogens, eg removal of PPE after contact or single use equipment. At least two relevant and contextual examples were provided.

In weaker responses, candidates demonstrated a basic understanding of additional generalised precautions that were relevant to contact-based pathogens. In some cases, the example was not specific to contact-based pathogens.

Question 20

- (a) In better responses, candidates showed a clear understanding of cultural diversity.

In weaker responses, candidates demonstrated a basic understanding of cultural diversity. In many responses, candidates focused on cultural awareness rather than diversity.

In better responses, candidates detailed several strategies that cater for varied cultures and gave examples such as catering for the dietary requirements of different religions and communication skills training for staff.

In weaker responses, candidates named some strategies but did not provide detail or contextual examples.

Section III

Question 21

In better responses, candidates demonstrated a clear understanding of issues affecting the health and/or aged care industry. In these responses, candidates identified distinct issues, and various responses taken by the industry as a whole or as individuals within the industry. Common issues included staff shortages, retraining, hospital/aged care bed shortage, client–staff ratios and the aging population.

In mid-range responses, candidates identified issues and how the industry responds, but lacked detail in their explanation. In some responses, candidates identified numerous issues but failed to explain how the industry responds. In other responses, candidates struggled to identify a number of issues.

In weaker responses, candidates provided a limited number of issues and did not adequately explain how the industry responds. In some responses, candidates gave generic industry responses without identifying any issues.

Section IV

Question 22

- (a) In better responses, candidates provided clear definitions with correct terminology and examples from industry.

In mid-range responses, candidates contained less detail or failed to define one of the terms adequately. Most candidates understood the term ‘confidentiality’.

In weaker responses, candidates demonstrated some understanding of the terms but definitions lacked clarity and detail.

- (b) Better responses were set out in a logical manner that was comprehensive and included industry terminology. In these responses, candidates clearly described how these terms apply in the aged care context and gave numerous detailed examples that demonstrated their understanding of the terms.

In mid-range responses, candidates described how these terms applied but did not demonstrate a complete understanding of the terms. In some responses, candidates described two of the three terms or gave examples with poor linkages to the terms.

In weaker responses, candidates did not use industry terminology and provided examples that lacked detail or did not show that they understood the terms and how they apply in the context of the aged care environment.

Question 23

- (a) In better responses, candidates provided clear definitions with correct terminology and examples from industry.

In mid-range responses, candidates provided less detail or failed to define one of the terms adequately. Most candidates understood the term ‘client-centred care’.

In weaker responses, candidates demonstrated some understanding of the terms but definitions lacked clarity and detail.

- (b) Better responses were set out in a logical manner that was comprehensive and included industry terminology. In these responses, candidates described how these terms apply in the allied health context and gave numerous detailed examples that demonstrated their understanding of the terms.

In mid-range responses, candidates described how these terms applied but did not demonstrate a complete understanding of the terms. In some responses, candidates described two of the three terms or gave examples with poor linkages to the terms.

In weaker responses, candidates did not use industry terminology, provided examples that lacked detail or did not demonstrate that they understood the terms and how they apply in the context of the allied health environment.

Question 24

- (a) In better responses, candidates provided a clear definition clear with correct terminology and examples from industry.

In mid-range responses, candidates provided less detail or failed to define one of the terms adequately. Most candidates understood the term confidentiality.

In weaker responses, candidates demonstrated some understanding of the terms but definitions lacked clarity and detail.

- (b) Better responses were set out in a logical manner that was comprehensive and included industry terminology. In these responses, candidates clearly described how these terms apply in the acute care context, and gave numerous detailed examples that demonstrated their understanding of the terms.

In mid-range responses, candidates described how these terms applied but did not demonstrate a complete understanding of the terms. In some responses, candidates described two of the three terms or gave examples with poor linkages to the terms.

In weaker responses, candidates did not use industry terminology, used examples that lacked detail or did not show that they understood the terms and how they apply in the context of the acute care environment.