

2012 HSC Notes from the Marking Centre – Personal Development, Health and Physical Education

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Introduction

This document has been produced for the teachers and candidates of the Stage 6 course in Personal Development, Health and Physical Education. 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 Personal Development, Health and Physical Education.

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 the knowledge, understanding and skills they 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 (www.boardofstudies.nsw.edu.au/syllabus_hsc/glossary_keywords.html), 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 I

Part B

Question 21

In better responses, candidates provided characteristics or features of a range of advantages of Medicare for Australian citizens, such as basic healthcare at a public hospital, which enables the treatment of medical conditions and injuries/illness at no cost.

In weaker responses, candidates provided a feature of one advantage or some relevant information about Medicare. These responses often included a list of advantages.

Question 22

In better responses, candidates indicated the main features of three carer or volunteer organisations available to support the elderly. In these responses, candidates typically referred to the type of care offered or the outcomes of this care for the elderly. In their responses, candidates provided the main features for each of the three carer or volunteer organisations.

In weaker responses, candidates provided some relevant information about a carer or volunteer organisation without indicating the main features.

Question 23

In better responses, candidates explained the relationship between epidemiology and the improved health of Australians. In a number of responses, candidates made reference to measures of epidemiology, such as morbidity and mortality rates, and explained how the government and health promotion organisations use these measures to provide additional services and develop strategies to manage and prevent health issues and/or health inequities.

In better responses, candidates provided a range of examples to demonstrate this relationship and drew on their knowledge of the prevalence of conditions, such as cardiovascular disease, cancer and diabetes and how governments and non-government organisations have developed initiatives and health-promotion strategies to address these issues. In these better responses, candidates provided more than one example.

In mid-range responses, candidates provided an outline of measures of epidemiology, such as the current trends in morbidity and mortality, but did not make evident how the study of illness and disease can be used to improve the health of Australians.

In weaker responses, candidates provided some relevant information about epidemiology. In these responses, candidates may have defined the health indicators or provided general information about the current trends in health status, however there was limited understanding of how epidemiology could be used to improve health.

Question 24

In better responses, candidates clearly demonstrated how individuals, communities and governments can assist in addressing the health inequities experienced by one population group. Examples of groups experiencing inequity included the socioeconomically disadvantaged, people living in rural and remote locations, the elderly, Australians born overseas and people with a disability. In better responses, candidates used a broad range of examples to show how individuals, communities and government address the health inequities of the selected population group, and showed a clear understanding of the importance of intersectoral collaboration.

In mid-range responses, candidates described how some individuals, communities and government address health inequities. In some responses, candidates provided general characteristics and features of the roles of individuals, communities and government in addressing the health inequity experienced by the specific population group.

In weaker responses, candidates sketched in general terms the roles of individuals, communities and government or outlined the health inequities experienced by their selected group.

Question 25

In better responses, candidates outlined the influence of prior experience on skill acquisition and often made reference to how previous experience with a similar movement skill would enable an individual to move through the stages of skill acquisition at a faster rate. In these responses, candidates showed a clear understanding of the transfer of learning and provided a clear example to demonstrate their understanding.

In weaker responses, candidates identified some relevant information about skill acquisition. In these responses, candidates either identified sports or skills where transfer of learning is common or provided a feature of the different stages of skill acquisition.

Question 26

In better responses, candidates provided characteristics and examples of two different types of motivation, such as positive, negative, internal and external motivation. In these responses, candidates used examples such as an athlete can be affected by extrinsic motivation where external influences, such as winning a prize, trophy or reward may be the driving factors to wanting to succeed in their sport.

In weaker responses, candidates identified or provided an example of only one type of motivation. In some responses, candidates provided some relevant information that linked motivation and performance, without making specific reference to the type of motivation.

Question 27

In better responses, candidates clearly understood how three principles of training could be applied to improve an athlete's strength. Candidates referred to three of the following principles of training; progressive overload, specificity, variety, reversibility, training thresholds and warm up and cool down. In better responses, candidates provided a range of relevant examples of how the three principles could be used in strength training.

In mid-range responses, candidates provided characteristics and features of three principles of training and provided examples that were linked to strength training, but demonstrated a limited understanding of how the principles of training could be applied to strength training.

In weaker responses, candidates provided some relevant information about the principles of training or how strength could be improved.

Question 28

In better responses, candidates provided accurate characteristics and features for the four categories of recovery strategies used by athletes to improve performance. In these responses, candidates demonstrated extensive knowledge of the physiological, neural, tissue damage and psychological recovery strategies and provided a relevant example for each recovery strategy.

In mid-range responses, candidates sketched in general terms some different recovery strategies used by athletes to improve performance. In these responses, candidates provided relevant examples of different recovery strategies or an outline of how the use of recovery strategies can improve performance.

In weaker responses, candidates showed a limited understanding of the different recovery strategies. Candidates identified some relevant information about recovery

strategies or identified recovery strategies and/or provided an example of a recovery strategy.

Section II

Question 29 – The Health of Young People

- (a) In better responses, candidates recognised the individual, sociocultural, socioeconomic and environmental determinants related to the health of young people. They showed the cause and effect relationships between the determinants and young people's health. In better responses, candidates included examples of how the environment affects the health of young people. Candidates used relevant examples to support these responses, such as access to health services, food choices, education and employment, and cultural beliefs.

In mid-range responses, candidates provided the characteristics and features of these determinants of health and used relevant examples to support the response. They clearly recognised the determinants, described in general terms how they affected the health of young people and provided examples.

In weaker responses, candidates provided some relevant information regarding the effect of health factors.

- (b) In better responses, candidates provided a range of judgements about the skills relevant to attaining better health for young people. In these responses, candidates used a variety of terms, such as 'efficacy', 'effectiveness' and 'impact', and weighed up the relative importance of each skill to convey the judgement. They identified various skills, such as building self concept, developing connectedness and support networks, accessing health services, becoming involved in community service and creating a sense of future, and showed how these skills are required to attain better health.

In mid-range responses, candidates showed a sound understanding of the skills required to attain better health. They made the relationship between these skills and the attainment of better health evident. Candidates mostly identified skills such as developing communication skills, accessing health services, developing resilience and coping skills and health literacy skills. They used a variety of examples to support their response.

In weaker responses, candidates identified factors that affect health but showed a limited understanding of the skills that enable young people to attain better health.

Question 30 – Sport and Physical Activity in Australian Society

- (a) In better responses, candidates defined a range of instances where politics have been used in sport and demonstrated an understanding of the effect on athletes and the Australian public. Examples included the USA led boycott of the Moscow Olympics in 1980 to demonstrate their disapproval of the USSR's invasion of Afghanistan and the Australian Government's support of this boycott by encouraging Australian athletes not to attend. Other examples included the ban on South African sport in response to the Apartheid Policy and the effect of the 'Black Power' incident at the Mexico Olympics on the Australian athlete Peter Norman.

In mid-range responses, candidates demonstrated an understanding of how politics have been used in sport but tended to be vague on specific details or only identified one instance.

In weaker responses, candidates provided an anecdotal overview of how politics may affect sport. In these responses, candidates made no clear references or examples to instances in history.

- (b) In better responses, candidates gave clear and logical explanations of the historical perspective of participation rates in sport, with reference to traditional gender roles. In these responses, candidates demonstrated an understanding and application of current stereotypical views and their effect on participation rates. These candidates clearly linked environmental and social influences, for example media, sponsorship, policies and financial opportunities to differences in participation rates between genders.

In mid-range responses, candidates recognised the differences that exist in participation rates of males and females in a range of sports. They described how traditional constructions of femininity and masculinity affected participation rates in sports, for example females' participation is commonly associated with sports of netball and dancing while male participation is seen in various football codes.

In weaker responses, candidates sketched in general terms the participation rates of different sports based on gender. Simplistic examples with limited syllabus relevance were evident. In many responses, candidates made sweeping generalisations surrounding gender participation in sport.

Question 31 – Sports Medicine

- (a) In better responses, candidates demonstrated a thorough knowledge and understanding of each area of physical preparation: pre-screening, skill and technique, physical fitness and warm-up, stretching and cool down. Relevant examples for each area were provided from different sports with an explanation of how these lead to injury prevention.

In mid-range responses, candidates tended to sketch in general terms some of the areas of physical preparation with examples from just one sport.

In weaker responses, candidates simply provided some relevant information on physical preparation or injury prevention.

- (b) In better responses, candidates demonstrated clear knowledge and understanding of the most common medical conditions affecting adult and aged athletes. They related medical conditions and measures that were used to help adult and aged athletes continue their participation in sport. Candidates supported these responses with relevant examples of actions taken to maintain participation in sport in logical and cohesive way.

In mid-range responses, candidates demonstrated an understanding of some of the medical conditions affecting adult and aged athletes. They made some links between medical conditions and measures to maintain adult and aged athletes' participation in sport. In some responses, candidates provided examples to support their answer.

In weaker responses, candidates provided some information about possible medical conditions or measures taken to promote adult and aged athletes' participation in sport. Limited or no examples were given to support their response.

Question 32 – Improving Performance

- (a) In better responses, candidates demonstrated a clear understanding of the relationship between planning and the avoidance of overtraining. These candidates made evident the connection between the factors associated with overtraining and the athlete's plan for a training cycle and/or year. Examples, such

as amount and intensity of training, psychological and physiological considerations, were frequently used to reinforce this association. In better responses, candidates clearly articulated the elements of a training plan and how that plan will avoid overtraining.

In mid-range responses, candidates recognised a range of relevant factors associated with overtraining, but provided minimal links to the avoidance of overtraining.

In weaker responses candidates identified some factors associated with overtraining. They attempted to provide an example of a suitable training session or plan to limit the effects of overtraining.

- (b) In better responses, candidates demonstrated thorough knowledge and understanding of the risk taking and subsequent ethical considerations associated with drug use in sport.

In these responses, candidates clearly evaluated risk-taking behaviour and ethical perspectives and provided explicit and relevant examples to support their evaluation. These examples included implications for the sport and athlete, plus the physical, personal, social and financial consequences that come from drug use. In better responses, candidates also included both outcomes and limitations of drug testing and the ethical implications that arise from both.

In mid-range responses, candidates identified issues both for and against the use of drugs from a risk-taking and ethical perspective. Knowledge of drug use and risks were sound, but the judgement of ethical implications was mainly linked to 'cheating'.

In weaker responses, candidates sketched in general terms risk-taking and/or ethical perspectives of drug use in sport without making judgements. In many responses, candidates only focussed on one area or side of the argument and examples were general and lacked detail.

Question 33 – Equity and Health

- (a) In better responses, candidates strongly and consistently made evident the relationship between issues that influence funding and specific population groups. Sources of funding (at all levels) were identified and relevant examples provided.

In mid-range responses, candidates tended to describe or discuss some aspects of the issues that influence funding without making links to sources of funding.

In weaker responses, candidates provided information that was sometimes relevant.

- (b) Better responses accurately recognised the characteristics of effective health-promotion strategies and used relevant and effective examples of health promotion campaigns such as 'Closing the Gap' and 'Swap It, Don't Stop It' to support their evaluation.

In mid-range responses, candidates identified and described rather than evaluated some of the characteristics of effective health-promotion strategies, supported with a variety of examples.

In weaker responses, candidates referred to aspects of the Ottawa Charter, described advertising techniques or stated what governments should be doing.