



## External Assessment Report 2010

Subject	<b>Care</b>
Level	<b>Intermediate 1</b>

The statistics used in this report are pre-appeal.

This report provides information on the performance of candidates which it is hoped will be useful to teachers/lecturers in their preparation of candidates for future examinations. It is intended to be constructive and informative and to promote better understanding. It would be helpful to read this report in conjunction with the published question papers and marking instructions for the Examination.

# Comments on candidate performance

## General comments

Centres are now fairly experienced in the delivery of the revised Care Intermediate 1 qualification and most candidates appear to be entered at the appropriate level. The general standard of responses was good and the paper performed as expected with no note of concern from any centres.

Candidate numbers were slightly decreased this year from 408 in 2009 to 390 this year.

## Areas in which candidates performed well

### Section A: Psychology and Sociology for Care

- ◆ Question 4: Read the following statements and write in the correct strand of human development.

This question was well answered and demonstrated that many candidates had a sound understanding of this area.

- ◆ Question 7: Mrs McCulloch is an older adult who is leaving her home and moving into residential care. Explain two emotional changes that this might lead to.
- ◆ Question 8: Candidates were asked to match strands of development to a given description.

Both Questions 7 and 8 were answered very well with many candidates achieving full marks.

### Section B: Health and Safety

- ◆ Questions 1 and 3 were answered well.
- ◆ Questions 4 (a) and (b) and Question 6 in particular had some excellent responses from candidates and once again demonstrates that centres are preparing candidates very well in this area.

### Section C Values and Principles for Care

- ◆ Question 1: From the case study give one example of a need and one example of a 'want'.
- ◆ Question 4: State one example of discrimination from the case study and explain one possible effect this might have on Ross.

Both these questions on the whole had excellent responses from many candidates. Candidates also gained most of the allocated marks from Question 5 on examples underpinning the National Care Standards, which is very encouraging.

## **Areas which candidates found demanding**

### **Section A: Psychology and Sociology for Care**

- ◆ Question 5: Describe one feature of emotional development in childhood.

This question was generally answered very poorly with many candidates having no idea of any aspect of emotional development in childhood and others who gave examples of physical development.

### **Section B: Health and Safety**

- ◆ Question 2: Give a definition of the term risk and give one example from the case study.

Many candidates gave the same definition as given for the term hazard.

- ◆ Question 5: If a casualty is not breathing and you are carrying out CPR, identify which of the following statements are true and which are false.

- The ratio of rescue breaths to chest compressions is 2:15
- The number of chest compressions per minute should be 100
- The first aider should check for a pulse

Candidates generally performed poorly in this question.

Centres should be aware that the Resuscitation Council's guidelines change as new research and advice emerges and, as such, the most up to date information should be given to candidates throughout the teaching process.

### **Section C: Values and Principles for Care**

- ◆ Question 2: Give one example of an emotional need and one example of a cognitive need, which Ross has since leaving prison.

Candidates found this question challenging and many could not identify these needs from the case study; some identified the problems rather than the needs.

- ◆ Question 6: State four qualities required by Ross's nurse at the clinic and explain how each one could be applied by the nurse.

A number of candidates seemed to confuse qualities and skills and it was common that those who stated qualities then could not explain how these qualities could be applied by the nurse.

## **Advice to centres for preparation of future candidates**

Centres should continue to ensure candidates are entered at the appropriate level. Candidates would also benefit from the use of formative assessment as well as prelim papers that reflect the current format of the external exam. It would also be advantageous to encourage significant practice in application of knowledge to case studies.

Centres should stress to candidates the difference between Knowledge and Understanding (KU) and Analysis and Evaluation (AE)/Application (App) type questions. It would also be beneficial for candidates to have a clear understanding of matching the amount of detail to the mark allocation given to questions. An example of this would be Question 6 of Section C which was allocated 4 KU and 4 AE marks. Many candidates gave insufficient detail by concentrating on the KU information alone and therefore lost marks.

As in previous reports, candidates would benefit from a sound understanding of key words. Clear and honest feedback from NABs and formative assessment will guide the candidates to focus on specific areas for development in preparation for the external exam.

## Statistical information: update on Courses

Number of resulted entries in 2009	408
Number of resulted entries in 2010	390

## Statistical information: performance of candidates

### Distribution of Course awards including grade boundaries

Distribution of Course awards	%	Cum. %	Number of candidates	Lowest mark
Maximum mark — 60				
A	40.0%	40.0%	156	42
B	20.0%	60.0%	78	36
C	20.5%	80.5%	80	30
D	4.4%	84.9%	17	27
No award	15.1%	100.0%	59	—

### General commentary on grade boundaries

While SQA aims to set examinations and create marking instructions which will allow a competent candidate to score a minimum of 50% of the available marks (the notional C boundary) and a well prepared, very competent candidate to score at least 70% of the available marks (the notional A boundary), it is very challenging to get the standard on target every year, in every subject at every level.

Each year, therefore, SQA holds a grade boundary meeting for each subject at each level where it brings together all the information available (statistical and judgemental). The Principal Assessor and SQA Qualifications Manager meet with the relevant SQA Head of Service and Statistician to discuss the evidence and make decisions. The meetings are chaired by members of the management team at SQA.

The grade boundaries can be adjusted downwards if there is evidence that the exam is more challenging than usual, allowing the pass rate to be unaffected by this circumstance.

The grade boundaries can be adjusted upwards if there is evidence that the exam is less challenging than usual, allowing the pass rate to be unaffected by this circumstance.

Where standards are comparable to previous years, similar grade boundaries are maintained.

An exam paper at a particular level in a subject in one year tends to have a marginally different set of grade boundaries from exam papers in that subject at that level in other years. This is because the particular questions, and the mix of questions are different. This is also the case for exams set in centres. If SQA has already altered a boundary in a particular year in say Higher Chemistry this does not mean that centres should necessarily alter boundaries in their prelim exam in Higher Chemistry. The two are not that closely related as they do not contain identical questions.

SQA's main aim is to be fair to candidates across all subjects and all levels and maintain comparable standards across the years, even as Arrangements evolve and change.