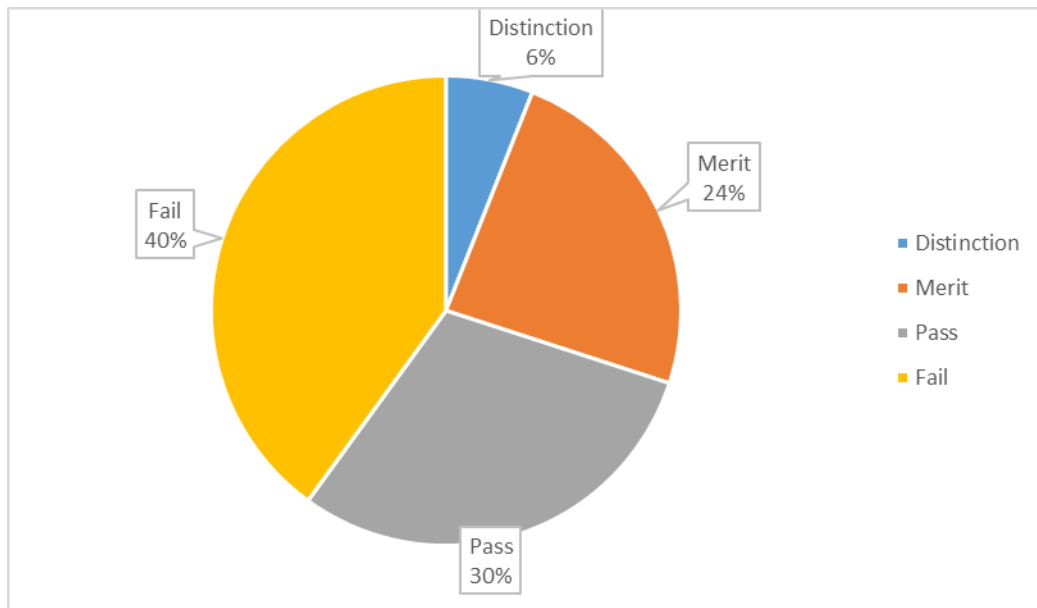




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5519-330 - Level 3 Award in Medical Terminology

Examiner's report - February 2017 series



The pass mark range for this examination is 75%. However, as each examination paper is unique there can be slight variations of difficulty from series to series – which means that candidates are required to gain either more or fewer raw marks to compensate and to gain a pass.

General Comments

The majority of Centres are to be commended for ensuring the syllabus and appendices are utilised by Centre staff and candidates. This includes the word part list, human body systems, diagnostic tests abbreviations, medical specialities, pharmaceutical abbreviations, classification of medicines/drugs and medical qualifications abbreviations.

The more able candidates clearly demonstrated their comprehension and wide knowledge of terminology which is a requirement of this award at Level 3.

Self-taught candidates must also receive clear guidance from their Centres on how to learn and test their acquired knowledge prior to sitting the examination in order to avoid common examination pitfalls.



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Areas of good performance

Q4:

The majority of the stronger candidates and many of the weaker candidates achieved full or near full marks on this multiple choice question. **Morbilli** was the least well known definition.

Q5:

Very well answered by the majority of candidates. This question only requires rote learning and recall from a list which is provided in the course handbook. **IVU, ESR, TCI** and **om** of the drug related abbreviations were answered incorrectly. Sometimes the definitions have subtle but important differences in meaning, such as **om** which means 'every morning', but many weaker candidates incorrectly interpreted this abbreviation as 'once every morning'.

Centre staff delivering the syllabus must be alert to and advise their candidates about the erroneous interpretation of some abbreviations, when their meanings can easily be misinterpreted or misunderstood.

Q6:

This question posed no problems for the majority of candidates who had drilled and learned the word part meanings. Least well known **were auri-, spondylo-, stenosis** and **sclerosis**, with the latter two word part definitions often incorrectly reversed.

Areas for improvement

Q1:

Least well answered question on this Paper. Weaker candidates may know the meaning of some of the word parts in these medical terms, but cannot rely on this knowledge to formulate a meaningful definition for the medical term. Some medical terms cannot be broken down and have to be learned in the context of the specialism(s) they relate to. Least well known were **physiology, microcytic, differential diagnosis, homeostasis, malabsorption, parenteral** and **acquired**.

Q2:

This question was less well answered by the majority of candidates with misspelling being an issue for many candidates. **Hypoxia, ophthalmology, tracheostomy** and **atrophy** were the least well known answers to the definitions provided.

Q3:

There was a wide range of marks between Centres and differentiated between the more able candidates and those candidates who had learned word part meanings but lacked the understanding and ability to provide a meaningful basic definition for the whole term. The least well known and/or poorly defined medical terms were **papilloma, synovitis, hemicolectomy, placenta, epididymitis** and **anorexia**. Many candidates defined synovitis as 'inflammation of the synovial fluid'. This does not make sense and suggests some candidates are learning word



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parts by rote rather than analysing word parts and the whole medical term in context and in relation to the anatomy and physiology of the body system in question.

Q7:

This question again differentiates between the candidates who have a comprehensive knowledge of medical terminology and are able to analyse and give a meaningful answer demonstrating their knowledge. Least well defined or incomplete definitions for medical terms include **degenerative, lumbosacral, spinal cord** and **neurophysiological**.

Recommendations and Tips

This paper did not cause candidates problems where they had been provided with the relevant parts of the syllabus and the appendices, learned their contents and been provided with guidance and recommended text books to ensure understanding of medical terms in common usage.

However, it is essential that Centres ensure medical terms which do not lend themselves to being broken down into word parts to form an accurate definition are explained and understood by candidates in the context of the body system they relate to.

Candidates need regular input to help them define medical terms clearly in their own words, particularly when a 'text book' definition cannot be recalled by candidates under examination conditions.

Centres must ensure special attention is given to ensure staff delivering the syllabus have a comprehensive knowledge of anatomy and physiology and associated medical terminology in common usage to keep the learning relevant and meaningful for the candidates.

Past examiner reports and past examination papers also provide invaluable insight in this respect, particularly for new Centre staff. It is strongly recommended that centre staff delivering the syllabus, particularly new centres, have these made available to them to assist when producing their scheme of work and lesson plans, and to provide similar house style testing material for their candidates.

Centres must be encouraged to keep records which show candidates are receiving constructive feedback in the classroom and from homework exercises, and can demonstrate their candidates' ability to retain and recall the syllabus content in a written format.

Candidates need to be actively encouraged to pay particular attention to spelling and simple sentence construction, with assistance given by Centre staff when this is found wanting.

A rule of thumb for candidates is when the term contains a word root or word part that is similar in spelling to the organ, structure, tissue or noun it represents then candidates need to explain what it is, where it is, or what it does.



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For example, in Question 1.2 some candidates answered 'concerning the cervix' attracting no marks whereas, for example, 'concerning the neck' gained the marks. The definition must show sufficient knowledge of what this term means for the Examiner to allocate mark(s).

Candidates also need to be reminded regularly they cannot break all medical terms down into their component parts and then define.

For example, weaker candidates inappropriately defined the term Q3.14 'orthopaedics' to mean 'straight children bones' or variations thereof, whereas the correct interpretation of this medical term, for example, could be 'speciality concerning the locomotor system/bones and joints'.