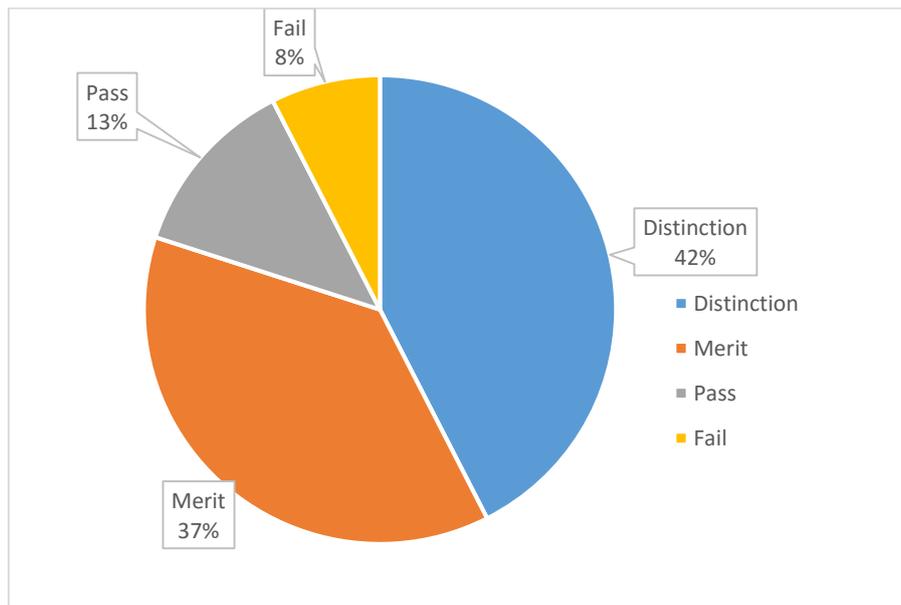


## 5519-335 - Level 3 Medical Principles for the Administrator

### Examiner's report – December 2017 series



*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

A couple of the poorer papers showed evidence of poor examination technique; this was demonstrated through bad spelling, evidence of not reading the question fully, writing that was difficult to read and giving too many answers to some questions. Regrettably this is not a very good omen for students, hoping to gain employment in a profession where attention to detail and accuracy is of great importance.

#### Areas of good performance



**AMSPAR**

The questions gaining the best percentage of the available marks were numbers 1b, 2, 3, 4b, 5a, 5b, 6, 7, 8, 11, 12b, 14a, 14b, 15a, 15b, 16a, 16b, 16c, 16d.

In all these questions there was either; only one mark available for each piece of information given or the answer required came directly from the lists provided to centres. As a result, candidates were awarded the mark even if they gave only the barest minimum of correct information or they were only required to rote learn the information from the lists.

The candidates do not need to show any depth of knowledge and understanding to perform well.

### **Areas for improvement**

Q1a. The understanding of Preventative Medicine (PM) was not evident in many of the candidates' answers. The weak candidates thought that Preventative Medicine (PM) was the same as screening tests, and did not mention the use of immunisation programmes or prophylactic medicines.

Q4. Only the more able candidates demonstrated a true understanding regarding the ways in which the administrator can support the clinical staff. Some answers were too brief to gain both of the marks which were available for each of the 3 answers required.

Q 9. This question was the most poorly answered on the paper even though this area has been covered in previous examination papers. There were inadequate descriptions given by many candidates and several candidates gave totally incorrect information in their answers. A small number of candidates failed to attempt any or all parts of this question.

Q10. Some candidates confused the role of the Radiologist with that of the Radiographer. A few candidates described the role of a clinical area secretary rather than the administrator of the Diagnostic department.

Q12a. A high number of candidates were unable to state the meaning of Medical Ethics and Etiquette with real knowledge and understanding. The examples many provided were incorrect as those for Medical Ethics were put in the Medical Etiquette section of the answer and vice versa.

12b. Although all successful candidates gained at least 50% of the available marks for this question, many answers were very brief and poorly organised.

Q13. Very unsatisfactory answers generally to this question with no one candidate gaining all of the marks available. Information provided was limited or focused solely on dealing with patients' prescriptions. The majority of candidates showed little understanding or depth of knowledge regarding the roles and responsibilities of the hospital pharmacist.



Very few mentioned Controlled drugs, stock control and the overseeing and training of junior staff.

## **Recommendations and Tips**

### **Exam technique**

It is important that all parts of the questions are read, and important requests highlighted very carefully by the candidates. It is also important to check all the answers provided, to ensure all parts of the question are attempted, and at the same time provide only the information requested by each question. Examination time is wasted in giving answers that cannot gain any extra marks. For example, in question six, five signs indicating infection were needed. Very often there was a mixture of signs and symptoms given as well as many candidates giving far more than the 5 requested answers.

Plan the answers properly. Give some thought and time to providing organised answers, writing as neatly as possible and providing adequate information. Centres should ensure candidates understand what the words explain and describe require in an answer. Candidates should be aware that the overall marks allocated to the question should give them a good indication of the amount of detail required in the answer.

It is important that weaker candidates receive appropriate support in improving their examination technique.

### **Spelling**

It is noticeable in some instances that writing, and spelling is still below standard especially relating to medical terminology. When learning anatomical terms such as those concerning the human body, it may be useful for candidates to practice the spelling of the term until this can be spelt correctly from memory. It is important to note that drug categories, medical terms and the names of body parts/systems taken from the given lists cannot be given the available mark if they are spelt incorrectly in the answer.