

Medical Audio-transcription (Level 2) – 06995 Summer 2011

General:

The standard of performance was generally better than in previous papers. Those who did not achieve a pass often did so because of accuracy and keying-in errors relating to general everyday English words.

Candidates are still failing to proofread their work sufficiently and rely too much upon the spellchecker facility for example “**elevate** the cyanosis” (alleviate) in Document 1. There were also mistakes when copying from the Candidate Information Sheet, for example “Westwood Research”, keyed-in with lower case and not initial capitals in Document 2. Some candidates are showing that they have very little medical knowledge with regard to the terminology used within the exam itself. Medical dictionaries plus general English dictionaries need to be available at all times during the examination so that candidates can access them for reference.

It would also be appreciated if candidates could use a sensible font size (for example size eleven) which would make it much easier for reading and marking purposes, since quite a few candidates are using a size eight.

Document 1:

Spelling errors in medical terminology commonly occurring were: bronchials (bronchioles); sinosis/synopsis (cyanosis); councillor (counsellor); anti viral (antiviral). Some candidates also omitted to include the title “Dr” in the address. Several candidates had typed “signs” instead of “sounds” (of crepitations). Candidates need to be aware that if there are multiple enclosures “encs” should be used and not “enc” which should only be used for a single one. There were also instances of American spellings being used ie tachypnea - US (tachypnoea – English); dysponea – US (dyspnoea – English); rhinorrhea – US (rhinorrhoea – English). In the third paragraph, *samples were taken* was keyed-in as *samples where taken*. The word “intercostals” had been keyed-in as a plural – “*intercostals*”. Candidates need to remember that if a drug is not mentioned on the candidate information sheet, then it is a generic drug and will not require an initial capital ie “*ribavirin*”.

Document 2:

This document did not prove too much of a problem although some candidates seemed to be unsure of the difference between “initial capitals” and “closed capitals” (Marking Criterion 4J). The second word of the first sentence “science” was often keyed-in with an initial capital, thereby incurring a 4J fault. Spelling errors which occurred in medical terminology were: comatography (chromatography); zoology/cytology (serology); molecular and toxicology. Some candidates are not leaving a clear line space between the headings of the table and the first line of data when the table has been ruled.

Document 3:

This document caused a few problems but again some candidates did not understand the difference between “initial capitals” and “closed capitals” (MC 4J). The main problem is with using American spelling rather than English: hemodynamic (haemodynamic); hemorrhage (haemorrhage). Other spelling errors were: tamponard (tamponade); distention (distension). There were instances of “hypotension” being keyed-in as “hypertension”; venus (venous) and underlining (underlying). In the second paragraph, “aortic dissection” had been keyed-in as “aortic deception”. Many candidates are also splitting words ie: echo cardiography (echocardiography); iso enzymes (isoenzymes). There should always be a clear line space left before the list (MC 4B). Candidates should be encouraged to read the candidate information sheet before starting each document for words with initial capitals such as the drugs Apresoline and Loniten; Beck’s Triad was also keyed-in with lower case.

A few candidates keyed-in the list using double-double line spacing, which would have incurred a 4C fault.