higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE

MEDICAL PRACTICE N6
(Second Paper)

19 JUNE 2018

This marking guideline consists of 7 pages.

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SECTION A

Answer ALL the questions in SECTION A.

QUESTION 1

1.1 1.1.1 A personality that is busy developing and coming to the light

1.1.2 Inability to move

1.1.3 To understand the emotions and feelings of another

1.1.4 The intellectual ability of a person; relating to the intellect

1.1.5 To change the behaviour of a person by repeating the right things

(5 × 2) (10)

1.2
1.2.1 True
1.2.2 True
1.2.3 False
1.2.4 False
1.2.5 False
1.2.6 True
1.2.7 False
1.2.8 False
1.2.9 False
1.2.10 True

(10 × 2) (20)

1.3
- Coming into contact with the patient/Meeting the patient
- The examination
- Giving feedback to the patient (3)

1.4 True (2)

1.5
- Self-extension
- Warm relation with other people
- Self-acceptance and emotional security
- Realistic when setting goals, tasks
- Self-insight and humour
- Own life philosophy (Any 5 × 1) (5)

[40]

TOTAL SECTION A: 40

SECTION B

Answer any THREE of the four questions in SECTION B.

QUESTION 2

The value of heredity and environment in the development of personality has been extensively debated. The question is which one of the two play the biggest role in the forming process.

The Kallikak family history supports the theory that heredity has the biggest influence on the development of personality. Martin Kallikak was an American soldier who took part in the Napoleonic wars. In Paris he met a retarded girl from the slums and became the father of an illegitimate child. More than 400 descendants of this liaison have been found. Among them a large number were illegitimate children, prostitutes and alcoholics and had mental deficiencies.

After the war Martin returned to America where he married a young girl of good descent. Nearly the same number of descendants was traced. Among them were a large number of famous legal practitioners, educators and persons of high-ranking ethical character.

The contention is that these facts clearly show the importance of heredity. However, what should not be forgotten, are the social circumstances in which all these descendants grew up.

All people inherit certain potentialities but no person is born outside an environment. The environment plays a big role in the development and extension as well as the retardations and impediments of a person's inborn potential.

The question is whether a person is what he/she is as a result of hereditary factors or as a result of environmental factors. The answer is that not only heredity or environment is decisive in the determination or development of the human personality. Both play a role and the impact of each one may be different in everyone's development.

What people have not inherited cannot be developed. How people succeed in life, does not only depend on what they have received at conception, but it also depends on what they do with what they have inherited.

Favourable environmental circumstances improve the development of inherited potential. Unfavourable environmental factors may restrict development. This restriction may only be temporary and a person may grow and develop above expectations.

There are also many other factors that influence development, for example education, discipline and punishment. Heredity determines how far people can go and the environment determines how far they get.

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Temperament is inherited. It determines the constitutional composition of the individual including his/her emotional reactions. Proper environmental factors can influence people to develop their good characteristics and to control the bad ones. Character is a product of heredity as well as environment.

One of the outstanding characteristics of a person is his/her astonishing adaptive ability. However, a person is by nature weak and sinful and is more easily conquered by the evil than the good. The best inherited characteristics are sometimes degraded under the influence of a negative environment.

Because of a people's hereditary tendencies and characteristics and the environment, each individual forms his/her own ethical code and thus develops his/her own personality. **[20]**

QUESTION 3

3.1 The attitude of parents is very important and therefore they have to be careful with criticism on hospitals, doctors and nurses. Children should never be threatened as they may feel guilty and punished. Successful hospitalisation is to a large degree dependent on a relationship of trust. If possible the child can be prepared for the hospitalisation beforehand.

Because of the close relationship between parent and child the nurse must not only treat the child's illness, but also reassure the parents. Parents are subjective in their approach and can easily get the impression that there is not openness towards them. The nurse can in turn get the impression that she is not trusted and this can give rise to frustration.

In the case of difficult parents it is worth her while to place herself in the parents' shoes. In the case when the child is seriously ill, her calm and efficient conduct can help to build confidence.

By making friends with the little patient the nurse can prepare herself an advocate to make the parents feel happier. The secret lies in obtaining the co-operation of the family. Even if it is a very emotional matter the nurse must ensure she knows the details and be willing to control her emotions.

Nurses are of the opinion that the less the children see their family, the more difficult they are after visiting hours. Even if it may be so, the hospital may not do anything that will disrupt family connections.

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3.2 In general the adolescent is very healthy and strong and has a strong resistance against diseases. Unfortunately many neglect their health and pay dearly later. Too little rest, untimely meals and an agitated lifestyle is detrimental to one's health. To be popular they may start smoking, drinking and having late nights.

As a result of rapid growth and development they sometimes get pains in their limbs, headaches and heart palpitations and also experience loss of appetite, constipation and insomnia.

Fear and tension, especially emotional disruption and frustration often lead to nervous upsets and psychosomatic conditions.

Most adolescents who are hospitalised were victims of an accident or injury for example in rowing, swimming, wrestling, mountaineering or because they were drinking and driving. These actions add to the death toll annually.

(2 × 10) **[20]**

QUESTION 4

4.1 Cultural values play an important role in the way a person perceives pain and responds to it (e.g. childbirth – different races).

Pain is perceived differently by each person due to different pain thresholds. This is due to the physiological difference between people as some has a low pain threshold and feels pain after a slight injury while those with a high pain threshold only feel pain after serious injury.

All people, regardless of cultural background, have a uniform sensation threshold which refers to the lowest stimulus value at which sensation is first experienced.

4.2 Most people fear illness and death, but do not like to talk about it. People pretend that it does not exist and do not talk to other people about it or even want to think about it.

In previous ages illness and death was noticeable by everybody. People suffering from leprosy announced their presence with a rattle. Everybody noticed people suffering from the plague and cholera. Death was announced by the ringing of the church bell.

Nowadays ill people are admitted to hospitals and institutions and thus they are taken out of public life. Even when people visit these places, little is seen of these diseases or the suffering and death. Dying people are taken out of shared rooms before they actually die. Death becomes only a whisper through the wards.

Even for the dying person himself/herself death is being camouflaged because his/her suffering is relieved through the administration of morphine. Nowadays cemeteries are on the outskirts of towns, whereas they once used to be at the church in the middle of town.

(2 × 10) **[20]**

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QUESTION 5

5.1 Contrary to popular belief, suicide is not generally the result of a rational weighing-up of the pros and cons of living. Though an individual may have had suicidal thoughts, the final decision to kill himself/herself is usually made impulsively under severe emotional stress.

Usually there are a combination of factors which drive an otherwise normal person over the edge into the desperate act of suicide. A major misfortune or life change such as the end of a marriage or relationship, the death of a loved one or the loss of a job may trigger the despair which precedes suicide. The rising rate of unemployment has been linked to the rising rate of suicide. In the early months of 1980 in Great Britain, when levels of unemployment passed the 1 500 000 mark, suicide rose by 50 per cent and redundancy depression was blamed for a marked increase of suicides in steel-working towns. Social factors have been found to contribute to two-thirds of suicide cases.

Nearly a third of those who kill themselves were physically ill. It has been estimated that for one in five of all suicide cases, poor physical health was the primary reason for the action. An unhappy love affair appears to be the motivation for suicide in only one out of twenty cases. Failed examinations or unmarried pregnancies are even less common as a cause.

Loneliness and alienation from the community are important causes of suicide. The person who kills himself/herself is likely to experience a high level of isolation and separation from the society he/she lives in. High rates of suicide are found where communities have disintegrated and are unstable and where the needs of the individual are not satisfied.

The majority of those who kill themselves are severely depressed. The individual turns against himself/herself hostile impulses which were originally meant for other people. If people are unable to express anger or aggressive feelings, it may turn into self-aggression which is expressed in self-criticism and self-hatred by the depressive person or in more extreme actions of self-injury and self-destruction in the case of suicide.

Alongside the urge towards self-destruction there is frequently found a contrasting urge towards human contact and communication with other people. Some suicidal people may realise that their act will affect others and then a warning may be given before a suicide. Sometimes an individual may use the suicide attempt to try and force others to express their love and concern for him/her. (10)

5.2 With this method the therapist can follow two procedures. Firstly there is the direct method. The patient lies on a couch to relax and tells everything about himself/herself to the therapist. The patient's position is such that he/she cannot see the therapist in order to prevent inhibitions The therapist also talks to the patient and encourages him/her to tell everything on his/her mind. After talking the therapist makes proposals, gives advice, etc. in an attempt to stabilise the patient's life. The key to this method is that the therapist plays an active and authoritative role.

Secondly there is the indirect method. In this case the patient is responsible for his/her own cure. The same procedure is followed again, but instead of the therapist giving advice and guidance directly to the patient, the patient must himself find a solution. The therapist only guides the patient inadvertently in the direction to come to a solution. This method is more difficult than the direct method, although the role of the therapist is smaller. People receiving little advice through this method are the psychotic, people with low intelligence, many dependants and people who find it difficult to verbalise.

Therapeutic advice is an effective method for less serious psychological deflections. (5)

5.3 Research has proved that the behaviour of a person can be changed to a more acceptable form through fine selected compensation and schedules of strengthening. In the treatment process certain compensations are given to the patient as soon as he/she responds to certain standards. This technique is applied in the treatment of people suffering from anorexia nervosa. A list of the person's preferences with that which he/she prefers most at the bottom of the list. When the person reaches a certain weight goal, some of his/her preferences is made available by starting at the first preference on the list. The person must try to get to the preference he/she like most.

The token economy is another method whereby certain types of gifts or compensation is given to the patient as soon as he/she conforms with certain demands in behaviour. (5)
[20]

TOTAL SECTION B: 60
GRAND TOTAL: 100

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