

Clinical assessment – assignment 1

The problem with diagnoses

Introduction

This assignment will consist of conducting research on one commonly diagnosed injury within sport and exercise. The chosen injury for conducting this research will be a lateral ankle sprain which is one of the most common injuries found in athletes (Lydsal et al., 2022). This specific type of injury is so common that 85% of all ankle sprains are found to be a lateral ankle sprain (Ferran and Maffulli, 2006). This was the chosen topic due to there being a lot of research to be found on this injury as it is so common in the sport and exercise environment, making it an injury that those in the sports therapy profession deal with regularly. The most lateral ankle sprain injuries seem to be found in athletes aged between 15 and 19 years old (Kobayashi and Gamada, 2014) which could be suggesting that a higher percentage of people in the sporting world are between these ages. Although there was found to be a certain age group where most lateral ankle sprain injuries occur, there is nothing that states that one gender has a higher rate of developing this injury than another gender (Kobayashi and Gamada, 2014).

Subjective signposts

There are three main mechanisms that cause this injury which include excessive inversion which is said to be the most found problem that causes a lateral ankle sprain along with two other movements which are plantarflexion and internal rotation of the ankle (Lydsal et al., 2022). The National Collegiate Athletic association conducted research for sixteen years across 15 different sports in order to find out if there is anything linking the types of sports that cause the most lateral ankle sprain injuries (Kobayashi and Gamada, 2014). After the 16 years of research came to end the conclusion showed that the sports that had the highest lateral ankle sprain injury rates were basketball, soccer, volleyball and gymnastics in comparison to the sports that had the lowest lateral ankle sprain injury rates which were baseball, softball and ice hockey (Kobayashi and Gamada, 2014). Most lateral ankle sprain injuries take place with no obstruction or interference of an object between the foot and surface such as the floor (Lydsal et al., 2022). This statement shows that the injury normally takes place by an unnatural planting of the foot rather than something passively pushing the ankle over.

The Hillerød County Hospital investigated lateral ankle sprains over a period of 1 year in which they managed to register 766 individuals by the end of the year (Hølmer et al., 1994). Out of the 766 patients that suffered a lateral ankle sprain injury during that year, 61% of the patients described their pain to be located around the lateral side of the ankle whereas 24% said that they were finding pain on the lateral mid foot (Hølmer et al., 1994). Most individuals with a lateral ankle sprain injury swell and find it painful on the lateral side of the ankle specifically over the Anterior Talofibular Ligament or ATFL (Lynch, 2002). Around 24 hours after the injury takes place, it is common for a bruise like feature to appear on the lateral ankle and sometimes also appears around the heel area (Lynch, 2002). Lateral ankle sprains, like other injuries, are graded from one to three depending on the severity of the sprain in order to plan what kind of treatment is suitable (Beynnon et al., 2006). Although the grading determines the severity of the sprain, tests show that there is no relationship between the grading of the sprain and how intense the athletes pain is due to every athlete handling amounts of pain differently (Beynnon et al., 2006). A scoring system is used to indicate the pain that a client is receiving after suffering a lateral ankle sprain injury and if the pain would affect their sleeping. This scoring system is known as the Visual Analogue Scale or the VAS and is often used in a clinical environment (Feng et al., 2020). The scale uses a scoring method from zero to ten points with the least points meaning no pain and the higher the points equalling to more pain. Up to 3 points on this scale is known to be mild intensity pain that wouldn't affect the clients sleeping pattern, up to 6 points is described moderate intensity pain that could slightly affect sleep but not dramatically and lastly up to 10 points means that the client is experiencing severe pain and is restricting them from sleeping (Feng et al., 2020). Clients are often taking Nonsteroidal anti-inflammatory drugs (NSAIDs) which are prescribed to them in order to reduce their pain and swelling

(Fiorucci, Santucci and Distrutti, 2007). Commonly used examples of NSAIDs are ibuprofen and placebo (Dalton and Schweinle, 2006). When these two NSAIDs are compared against each other it is clear to see that ibuprofen has the most positive effect in regards to pain and swelling when treating a lateral ankle sprain (Dalton and Schweinle, 2006). These two measures were chosen for the test due to them having a good reputation when treating pain that is described as mild to moderate intensity resulting in those suffering from this injury picking up these NSAID's before or instead of seeking advice from a physician in the appropriate field (Dalton and Schweinle, 2006).

Initial management of this injury include protocol's such as the 'PRICE' protocol which is an abbreviation for Protection, Rest, Ice, Compression and Elevation (Ivins, 2006) . This form of initial management has developed over the years from initially starting off as the 'ICE' protocol. The 'PRICE' protocol is effective in the initial and early stages in order to attempt to manage the pain of the injury (Denegar and Miller, 2002). Taking few nonsteroidal , anti inflammatory medication along with applying repeated ice or cold compression has the ability to reduce secondary tissue injury (Denegar and Miller, 2002). Due to lateral ankle sprains being so common they are often not taken care of as well as they need to be which then leads the athlete to be in much more pain and at higher risk of the injury recurring (Ferran and Maffulli, 2006). Lateral ankle sprains are so often undertreated which then causes the recurrence rate for this specific injury to be as high as 80% for athletes (Hertel, 2000) causing them to be out of sport for a lot longer than anticipated and possible high costs for rehabilitation for the athlete (Ferran and Maffulli, 2006). Mistreating an injury such as a lateral ankle sprain can cause an MI or Mechanical Instability within the ankle which then causes recurrence due to the ankle being unstable making it difficult for it to save itself from rolling over again (Hertel, 2000).

Objective signposts:

Lateral ankle sprain injuries have various known symptoms including symptoms such as pain and swelling that are discussed during the subjective assessment. There are also some symptoms that are found during the objective assessment such as range of movement deficit (Kobayashi and Gramada, 2014) and also muscular weakness (Ferran and Maffulli, 2006) during the acute or subacute phases of the lateral ankle sprain. When assessing the athletes ankle range of movement it is often found that there is abnormal pain when the client is brought into a dorsiflexion position which is caused by the client avoiding weightbearing on the injured ankle and having minimal time standing single leg on the injured side (Kobayashi and Gamada, 2014). When attempting to prevent recurrent lateral ankle sprain it is important to assess the proprioceptive function within the injured ankle (Hertel, 2000). It is important to assess the ankle's proprioceptive function due to the lateral ankle sprain possibly damaging the mechanoreceptors (Kobayashi and Gamada, 2014). When assessing plantarflexion there is often a clear large decrease in range when compared to the uninjured foot (Friel et al., 2006) this could be due to apprehension if that is how the injury initially took place or could simply be due to the client finding the movements painful. During assessment of the ankle range of movement it is often that there is correlation between plantarflexion range and also the ankle inversion range on the foot of the injured side (Friel et al., 2006). Considering that the main mechanism of a lateral ankle sprain is excessive plantarflexion and inversion the range deficit in these specific movements come to no surprise (Friel et al., 2006). When palpating the injured ankle in order to look for pain it is commonly found that patients with this injury find it painful to be palpated around the malleoli of the ankle specifically the medial malleolus (Van den Bekerom et al., 2012). Experiencing a lateral ankle sprain can also have an effect on the strength of the surrounding muscles such as the evertor and invertor muscles which tend to have significantly less strength than the uninjured ankles strength (Pontaga, 2004). Imaging is also an option in order to help give information on the lateral ankle sprain injury. Imaging such as X-rays are only useful when the injury is bone related so this type of imaging would be irrelevant to use on a lateral ankle sprain injury due to it being a ligament based injury. Magnetic Resonance Imaging, also known as an MRI scan is a more relevant form of imaging for this specific injury due to it being used to assess and give information on the soft tissue and cartilage aspects of the body making it something that is regularly used when in need of reassurance to diagnose an injury of this sort (Hossain and Thomas, 2015).

Conclusion

The research needed for this assignment topic clearly shows how this injury is so common that it doesn't get taken as seriously as the more uncommon injuries which then means that it doesn't get the attention and treatment it requires to strengthen and recover. This injury is often overlooked and then easily reinjured due to it holding a lot of strain from the weight of the body and goes through movements everyday therefore it is very rare that the ankle is resting and free from weightbearing activities. The research also shows that this injury, although easily mistaken for something not serious, is a lot more complex than it portrays due to its extremely high risk of recurrence and also due to it being near impossible to fully rest which then extends the healing process. Apart from the injury being hard to heal it is also an injury that is easily managed in a way that if no other complications are present it is easy enough to carry on with daily activities as the patient wouldn't be in excruciating amounts of pain so would be able to weight bear to carry on walking carefully.

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LEVEL 5 ASSESSMENT SPECIFICATION

Student name:		Student ID number:	
Programme:	BSc Sport and Exercise Therapy		
Module:	Clinical Assessment		
Module code:	BMST5002	Contribution to Overall Module Assessment (%):	40% (1 of 2)
Lecturer:	Kerry Nicholas	Internal Verifier:	Dylan Blain
Assignment Title:	Written Assessment – The Problems with Diagnoses	Word count (or equivalent):	2000 Words
Submission deadline:	16/12/2022	Return date of provisional marks & written feedback:	16/01/2023
Submission method:	All written assessments, where practical and possible, must be submitted via Turnitin unless otherwise instructed by the Lecturer. (Please DO NOT put this assessment specification into Turnitin or it will match many similarities with other students' submissions.) Alternative submission method (if applicable): Late submission of the assessment will result in a late penalty mark. Penalties for late submission: Up to one week late, maximum mark of 40%. Over one week late, 0%. Only the Extenuating Circumstances Panel may approve a change to submission dates.		
Academic honesty / referencing:	Academic honesty is required. In the main body of your submission you must give credit to authors on whose research and ideas your work is based. Append		

	to your submission a reference list that indicates the books, articles, etc. that you have used, cited or quoted in order to complete this assessment.
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**Module Learning Outcomes
(from module syllabus)**

- Undertake a comprehensive subjective and objective clinical assessment
- Critically interpret the results of the clinical assessment in order to develop a diagnosis hypothesis and differential diagnoses
- Critically understand the limitations of commonly applied clinical tests and critically evaluate such tests.

TASK DESCRIPTION

The Problem with Diagnoses

Context

The ability to generate a plausible diagnosis is a key skill of the Graduate Sports Therapist and diagnostic accuracy is an often used key performance indicator for Therapists working in elite and professional sports. Musculoskeletal injuries often present with vague and overlapping signs and symptoms which can make singling out one diagnosis a challenge. The safe and competent therapist will always be aware of the differential diagnoses for the diagnosis hypothesis generated.

Tasks – Written assignment (2000 words)

- Identify one commonly diagnosed peripheral injury in the sports and exercise environment
- Identify the common, less common and not-to-be-missed clinical presentations of this injury including
 - o Subjective Signposts:
 - ☐ Mechanism of injury
 - ☐ Pain quality, quantity and location
 - ☐ Aggravating and easing factors
 - ☐ 24 hour pain patterns
 - ☐ Sleep disturbances
 - ☐ Response to standard initial management including NSAIDS, ice, compression
 - o Objective Signposts:
 - ☐ Response to clinical tests including Range of Movement (ROM), Manual Muscle Tests (MMT), Ligament stress tests, Palpation, Special and Functional tests.
 - ☐ Imaging based findings

All of the above needs to be considered when completing this assignment.

- Identify the associated differential diagnoses for this injury including:
 - o Other MSK conditions and injuries
 - o Red flags & non MSK conditions where appropriate
- Importance of Referrals for surgical interventions or for imaging.
 - Why is it important to refer clients?
 - When should we refer?
 - How do we refer?

Link these points back to key signs and symptoms of the injury above.

GUIDANCE FOR STUDENTS IN THE COMPLETION OF TASKS

NOTE: The guidance offered below is linked to the five generic assessment criteria overleaf.

1. Engagement with Literature Skills

Your work must be informed and supported by scholarly material that is *relevant* to and *focused* on the task(s) set. You should provide evidence that you have accessed an appropriate *range* of sources, which may be academic, governmental and industrial; these sources may include academic journal articles, textbooks, current news articles, organisational documents, and websites. You should consider the *credibility* of your sources; academic journals are normally highly credible sources while websites require careful consideration/selection and should be used sparingly. Any sources you use should be current and up-to-date, mostly published within the last five years or so, though seminal/important works in the field may be older. You must provide *evidence* of your research/own reading throughout your work, using a suitable referencing system, including in-text citations in the main body of your work and a reference list at the end of your work.

Guidance specific to this assessment:

You can demonstrate your engagement with the literature by:

1. Using up to date, peer reviewed scientific journal articles to support ALL factual information.
2. Avoiding textbooks for anything other than standard definitions.
3. Ensuring your assignment goes beyond the information provided in class – make it clear you have undertaken a literature search on your own.
4. Avoiding plagiarism at all costs!

2. Knowledge and Understanding Skills

At level 5, you should be able to demonstrate: sound knowledge and critical understanding of the well-established concepts and principles of the subject area and the way in which those principles have developed; knowledge of the main methods of enquiry in the discipline. *Knowledge* relates to the facts, information and skills you have acquired through your learning. You demonstrate your *understanding* by interpreting the meaning of the facts and information (knowledge). This means that you need to select and include in your work the concepts, techniques, models, theories, etc. appropriate to the task(s) set. You should be able to explain the theories, concepts, etc. meaningfully to show your understanding. Your mark/grade will also depend upon the *extent* to which you demonstrate your knowledge and understanding.

Guidance specific to this assessment:

You can demonstrate your knowledge and understanding skills by:

1. Using specific anatomical and medical language at all times
2. Presenting a thorough overview of the clinical presentation of the chosen MSK condition
3. Considering ALL plausible differential diagnoses and highlighting where they overlap with the chosen MSK condition

3. Cognitive and Intellectual Skills

You should be able to critically analyse information, and propose solutions to problems arising from that analysis, including the critical evaluation of the appropriateness of different approaches to solving problems. Your work must contain evidence of logical, analytical thinking, evaluation and synthesis. For example, to examine and break information down into parts, make inferences, compile, compare and contrast information. This means not just describing what! But also justifying: Why? How? When? Who? Where? At what cost? At all times, you must provide justification/evidence for your arguments and judgements. Evidence that you have reflected upon the ideas of others within the subject area is crucial to you providing a reasoned and informed debate within your work. Furthermore, you should provide evidence that you are able to make sound

judgements and convincing arguments using data and concepts, with an understanding of the limits of knowledge, and how this influences analyses and interpretations. Sound, valid conclusions are necessary and must be derived from the content of your work. Where relevant, alternative solutions and recommendations may be proposed.

Guidance specific to this assessment:

You can demonstrate your cognitive and intellectual skills by:

1. Applying your own clinical reasoning and critical thinking skills to how a patient with your chosen MSK condition will present to you in a clinical situation. The exact clinical presentation will not be detailed in a textbook – you must think carefully about how a patient with this condition will perform on ALL routinely applied clinical tests and also consider how the condition would manifest as FALSE positives

4. Practical Skills

At level 5, you should be able to use/deploy a range of established techniques within the discipline, and apply underlying concepts and principles outside the context in which they were first studied, including, where appropriate, the application of those principles in an employment context. You should be able to demonstrate how the subject-related concepts and ideas relate to real world situations and/or a particular context. How do they work in practice? You will deploy models, methods, techniques, and/or theories, in that context, to assess current situations, perhaps to formulate plans or solutions to solve problems, or to create artefacts, some of which may be creative. This is likely to involve, for instance, the use of real world artefacts, examples and cases, the application of a model within an organisation and/or benchmarking one theory or organisation against others based on stated criteria. You should show awareness of the limitations of concepts and theories when applied in particular contexts.

Guidance specific to this assessment:

You can demonstrate your practical skills by:

1. Thinking about the presentation of the patient logically and sequentially – as if you were undertaking the clinical assessment yourself.
2. Using clear, concise and anatomically/medically correct language at all times

5. Transferable Skills for Life and Professional Practice

Your work must provide evidence of the qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and decision-making. This includes demonstrating: professional development to advance existing skills and acquire new competences that will enable you to assume significant responsibility within organisations; that you can initiate and complete tasks and procedures, whether individually and/or collaboratively; that you can use appropriate media to effectively communicate information, arguments and analysis in a variety of forms to specialist and non-specialist audiences; fluency of expression; clarity and effectiveness in presentation and organisation. Work should be coherent and well-structured in presentation and organisation.

Guidance specific to this assessment:

You can demonstrate your transferable skills for life and professional practice by:

1. Considering clinical tests that you may not have been taught but do feature in the published literature
2. Discussing tests that may be conducted by other medical professionals after an onward referral (e.g. imaging or blood tests or other examination procedures)

STUDENT FEEDBACK FORM

This section details the *extent* to which the assessment criteria are demonstrated by you, which in turn determines your mark. The marks available for each category of skill are shown. Lecturers will use the space provided to comment on the achievement of the task(s), including those areas in which you have performed well and areas that would benefit from development/improvement.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
	25	
2. Knowledge and Understanding Skills		
	25	
3. Cognitive and Intellectual Skills		
	20	
4. Practical Application Skills		
	15	
5. Transferable Skills for Life and Professional Practice		
	15	

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)	Late Submission Penalties (tick if appropriate)		%
	Up to 1 week late (40% Max)		
	Over 1 week late (0%)		

GENERIC ASSESSMENT CRITERIA

Level 5

In accordance with the Framework for Higher Education Qualifications, at the end of Level 5 students will be expected to have developed sound knowledge and critical understanding of the well-established concepts and principles in their field of study, and of the way in which those principles have developed. They will have learned to apply those concepts and principles more widely outside the context in which they were first studied, including, where appropriate, the application of those principles in an employment context. They will have knowledge of the main methods of enquiry in the subject area, and ability to evaluate critically different approaches to problem solving. They will possess an understanding of the limits of their knowledge, and how this influences their analyses and interpretations. They will be able to use a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems arising from that analysis. They will be able to effectively communicate information, arguments and analysis in a variety of forms to specialist and non-specialist audiences, and deploy key techniques of the discipline effectively. They will be able to undertake further training, develop existing skills and acquire new competences that will enable them to assume significant responsibility within organisations. They will have the qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and decision-making.

Level 5	FAIL	MARGINAL FAIL	SATISFACTORY (3 rd / Pass)	GOOD (2.2 / Pass)	VERY GOOD (2.1 / Merit)	EXCELLENT (1 st / Distinction)	EXCEPTIONAL (1 st / Distinction)
Category	0-29%	30-39%	40-49%	50-59%	60-69%	70-84%	85-100%
Engagement with literature (including reading, referencing, academic conventions and academic honesty)	Little or no evidence of reading and/or reliance on inappropriate sources. Views and findings mostly unsupported and non-authoritative. Referencing conventions used incoherently or largely absent.	Poor engagement with essential reading. No evidence of wider reading. Reliance on inappropriate sources, and/or indiscriminate use of sources. Heavily reliant on information gained through class contact. Inconsistent and weak use of referencing.	Engagement with a limited range of mostly relevant and credible sources. Some omissions and minor errors. Referencing conventions evident though not always applied accurately or consistently.	Engagement with an appropriate range of literature, including sources retrieved independently. Some over-reliance on texts. Referencing may show minor inaccuracies or inconsistencies.	Engagement with a wide range of literature, including sources retrieved independently. Selection of relevant and credible sources. Very good use of referencing, with no/very few inaccuracies or inconsistencies.	Engagement with an extensive range of relevant and credible literature. Consistently accurate application of referencing.	Exceptional engagement with an extensive range of relevant and credible literature. High-level referencing skills consistently applied.
Knowledge and	Major gaps in knowledge with unsatisfactory,	Fragmentary knowledge, with only superficial	Limited but adequate knowledge and	Knowledge is reasonably detailed and	Knowledge is reasonably extensive.	Excellent, detailed knowledge and	Exceptionally detailed knowledge and

Level 5	FAIL	MARGINAL FAIL	SATISFACTORY (3 rd / Pass)	GOOD (2.2 / Pass)	VERY GOOD (2.1 / Merit)	EXCELLENT (1 st / Distinction)
Category	0-29%	30-39%	40-49%	50-59%	60-69%	70-79%
understanding (Sound knowledge and critical understanding of the well-established concepts and principles in their field of study; knowledge of the main methods of enquiry in the discipline.)	uncritical understanding of the subject matter. Much irrelevant material. Substantial inaccuracies. Significantly flawed understanding of the main methods of enquiry in the discipline.	critical understanding. Some significant inaccuracies and/or irrelevant material. Incomplete or partially flawed understanding of the main methods of enquiry in the discipline.	critical understanding of the well-established concepts and principles within the subject area, with a few gaps in the selection of material. A narrow critical understanding of the main methods of enquiry.	accurate. A good critical understanding of the well-established concepts and principles and the main methods of enquiry, with minor gaps in the selection of material.	Exhibits very competent critical understanding of the well-established concepts and principles of the subject and the main methods of enquiry. Breadth and depth of knowledge.	highly competent critical understanding of the well-established concepts and principles of the subject and the main methods of enquiry.
Cognitive and intellectual skills (Critical evaluation and analysis of concepts and principles; argument and judgement; the limits of their knowledge, and how this influences their analyses and interpretations.)	Wholly or almost wholly descriptive work. Little or no critical evaluation and analysis of concepts and principles. Failure to develop arguments, leading to illogical or invalid judgements. Unsubstantiated generalisations or opinion, made without use of any credible evidence.	Largely descriptive work, with superficial use of critical evaluation and analysis of concepts and principles. Weak development of arguments and judgements. Information accepted uncritically, uses generalised statements made with scant evidence and unsubstantiated opinions. Ideas sometimes illogical and contradictory.	Limited attempt at critical evaluation and analysis of concepts and principles, tending towards description. Some evidence to support arguments and judgements but these may be underdeveloped, with a little inconsistency / mis-interpretation or failure to fully recognise limits of knowledge.	Some critical evaluation and analysis of concepts and principles, though descriptive in parts. An emerging awareness the limits of their knowledge and ability to use evidence to support the argument though with some tendency to assert/state opinion rather than argue on the basis of reason and evidence. Mostly valid arguments and	Sound critical evaluation and analysis of concepts. Is selective in the range of evidence used and synthesises rather than describes. Ability to devise arguments that show awareness of different stances, and use evidence convincingly, to support appropriate and valid judgements.	Excellent critical evaluation and analysis of concepts and principles, leading to logical, evidence-based arguments and judgements. Explicit recognition of the limits of their knowledge and a sound awareness of the limits of their knowledge. A capacity for independent thought and the ability to go beyond the question suggested to grasp the

Level 5	FAIL	MARGINAL FAIL	SATISFACTORY (3 rd / Pass)	GOOD (2.2 / Pass)	VERY GOOD (2.1 / Merit)	EXCELLENT (1 st / Distinction)
Category	0-29%	30-39%	40-49%	50-59%	60-69%	70-79%
				logical judgements.		broader wider context.
Practical skills (Apply underlying concepts and principles more widely outside the context in which they were first studied; use a range of established techniques; propose solutions to problems arising from analysis.)	Limited or no use of established methods, materials, tools and/or techniques. Little or no appreciation of the context of the application. Limited understanding of the application of theory to practice or making appropriate links between the two. Very weak problem-solving skills outside the context in which they were first studied.	Rudimentary application of established methods, materials, tools and/or techniques but without consideration and competence. Flawed appreciation of the context of the application. Weak understanding of the application of theory to practice, with only occasional evidence of making appropriate links between the two. Weak problem-solving skills outside the context in which they were first studied.	An adequate awareness and mostly appropriate application of established methods, materials, tools and/or techniques. Basic appreciation of the context of the application. Theoretical knowledge and understanding applied in practice, but not always making logical links between the two. Can identify problems and propose basic solutions outside the context in which they were first studied.	A good and appropriate application of established methods, materials, tools and/or techniques. Clear appreciation of the context of the application. Mainly consistent, accurate and logical application of theory to practice, making appropriate links between the two. Can identify problems and propose mostly appropriate solutions outside the context in which they were first studied.	A very good application of a range of established methods, materials, tools and/or techniques. Very good consideration of the context of the application, with perceptive insights. Consistent, accurate and logical application of theory to practice, making appropriate links between the two. Can identify problems and propose appropriate solutions outside the context in which they were first studied. Evidence of some creativity.	An advanced application of a range of established methods, materials, tools and/or techniques. The context of the application is well considered and insightfully analysed. Consistent, accurate and logical application of theory to practice, making well-developed links between the two. Can identify problems and propose excellent, creative solutions outside the context in which they were first studied.

Level 5	FAIL	MARGINAL FAIL	SATISFACTORY (3 rd / Pass)	GOOD (2.2 / Pass)	VERY GOOD (2.1 / Merit)	EXCELLENT (1 st / Distinction)
Category	0-29%	30-39%	40-49%	50-59%	60-69%	70-79%
Transferable skills for life and professional practice (Effectively communicate in a variety of forms to specialist and non-specialist audiences; the qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and decision-making.)	Communication medium is inappropriate or misapplied. Work is poorly structured, disorganised and/or confusingly expressed. Very weak use of language and/or very inappropriate style. Failure to work effectively as part of a group. Little or no evidence of the skills for employment requiring the exercise of personal responsibility and decision-making.	Communication medium is poorly designed and/or not suitable for the audience. Work is poorly presented in a disjointed manner. It is loosely, and at times incoherently, structured, with information and ideas often poorly expressed. Weak use of language and/or inappropriate style. Flawed approach to group work, meeting only partial obligations to others. Limited evidence of the skills for employment requiring the exercise of personal responsibility and decision-making.	Can communicate in a suitable medium for the audience but with some room for improvement. Mostly ordered presentation and structure in which relevant ideas / concepts are reasonably expressed. Work may lack coherence in places. Can work as part of a group, meeting most obligations to others but perhaps with limited involvement in group activities. Demonstrates the basic skills for employment requiring the exercise of personal responsibility and decision-making, with some areas of minor weakness.	Can communicate effectively in a suitable medium for the audience, but may have minor errors. Mostly coherent, organised work, in a suitable structure and is for the most part clearly expressed. Can work effectively independently and/or as part of a team, with clear contribution to group activities. Demonstrates the skills for employment requiring the exercise of personal responsibility and decision-making, with some areas of strength and some of minor weakness.	Can communicate well, confidently and consistently in a suitable medium for the audience. Work is coherent, fluent, well-structured and organised. Can work very well autonomously and/or as part of a team, with very good contribution to group activities. Demonstrates very good skills for employment requiring the exercise of personal responsibility and decision-making, with just occasional minor weakness.	Can communicate excellently in a suitable medium for the audience. Work is coherent, fluent and well-structured. Can work very well autonomously and/or as part of a team, with excellent contribution to group activities. Demonstrates excellent skills for employment requiring the exercise of personal responsibility and decision-making, with just occasional minor weakness.

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