

## The Problems with Diagnoses

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### Introduction

Diagnosing an injury can be very challenging for a therapist, many injuries have overlapping signs and symptoms that can make it extremely difficult to identify a single injury. (Dodson and Altchek, 2009a) makes it clear that clinical assessment is pivotal to diagnosing and a good clinician will be vigilant of similar clinical features that can present in the evaluation, being able to distinguish a condition from others is a key aspect of being an excellent therapist. This paper will discuss and assess a commonly diagnosed sport related injury such as the superior labrum anterior to posterior lesions also known as SLAP tears, by looking and evaluating the clinical presentations that are common, less common and not to be missed.

### SLAP Tears

According to (Fitzpatrick, Bishop and Cvetanovich, 2021) a common and experienced dysfunctions in the shoulder is SLAP tears, the number of surgeries that have been performed in recent years has grown. Before offering treatment options to patients then age, demands, sport and activity should be considered. In order to distinguish what type of treatment is needed for this injury it is important that the clinician has an excellent understanding of anatomy, pathogenesis, clinical evaluation, imaging, treatment options and the outcomes, however diagnosing this condition can be challenging with the overlap in signs and symptoms. (Brukner 2017, p. 414) explains that superior labrum anterior to posterior (SLAP) is an injury to the glenoid labrum where there is an attachment site to the tendon of the long head of the bicep muscle, the injury to the labrum can continue to the anterior aspect of the bicep tendon and posterior. As described by (Brukner 2017, p. 415) there are 4 types of SLAP tears using the Snyder classification and these include:-

Table 1. Four Types of Slap lesions

|               |                                                                                                                                                          |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TYPE 1        | The labrum attachment to the glenoid is still undamaged, however it indicates fraying and degeneration.                                                  |
| <b>TYPE 2</b> | The superior labrum and the long head of the bicep tendon become detached from the glenoid rim.                                                          |
| <b>TYPE 3</b> | The meniscoid superior labrum is completely torn and put out of place into the joint, however the labral Rim and the bicep tendon attachments are whole. |
| <b>TYPE 4</b> | The superior labrum tear goes to the tendon where it is shifted into the joint with the superior labrum.                                                 |

(Cohen and Matthews, 2021) states that type 2 tears are the most common in recent years which as shown in table 1, is a detachment from the glenoid rim to the superior labrum and the tendon of the long head bicep. In a systematic and meta-analysis review by (Freijomil *et al.*, 2020) it's reported that the mechanism of SLAP injury is caused by repeated overhead throwing and straight contact with the ground, for example falling to the ground on an outstretched arm. (Freijomil *et al.*, 2020) also states that this condition remains the most common injury in athletes who play contact sport and overhead throwing such as baseball, cricket, javelin throw, quarterback position in American football, shotput and many more. (Brukner, 2017) also clarifies that carrying, dropping and catching heavy objects causes too much traction on the labrum through the long head of the bicep and also making it a common mechanism for this type of injury. (Dodson and Altchek, 2009b) describes that Burkhart and Morgan made a hypothesis that what's known as a "peel back", where the shoulder is placed in abduction and the greatest external rotation. (Dodson and Altchek, 2009) believes that when the arm is in

rotation then this is what causes the torsional force located at the base of the bicep. In a study of 10 fresh-frozen cadaveric shoulders by (Pradhan *et al.*, 2001) where the shoulder was placed in a pitching motion, the arm posed in early cocking, late cocking, acceleration, deceleration and follow through positions, detecting an increased strain on the anterior and posterior locations of the labrum during the late cocking phase.

However, this research was only conducted on 10 cadaveric shoulders from the age of 53 to 82 years, for that reason if this study was performed on younger individuals then it could potentially show a different outcome. Another limitation was that muscles had been removed, therefore it would have been impossible to duplicate a pitching motion of a living baseball pitcher. (Dodson and Altchek, 2009) reports that the anterior or posterior microinstability can lead to posterior or anterior rotator cuff tears, thus making SLAP tears harder to pinpoint and investigate.

(Fedoriw *et al.*, 2014) reports that shoulder injuries can cause serious pain and weakness in athletes, resulting in loss of function and possibly plummet of an athlete's sport participation. (Cohen and Matthews, 2021) explains that through clinical evaluation clients describe and present with a popping, clicking and grinding sensation whilst also suffering with a localized deep pain. In a subjective assessment it has been reported that the pain is worse with overhead activity and on occasion these symptoms can be delayed from the time of injury. (Dodson and Altchek, 2009) makes it clear that the clinician should obtain a comprehensive history of this type of injury to be more precise of the mechanism, for instance clients don't remember any previous trauma but complain of pain in a particular position whilst throwing. (Dodson and Altchek, 2009) notes that clients complain that they aren't able to perform at their best ability, which would no doubt raise concern for the athlete. According to (Dodson and Altchek, 2009) and in their experience, clients do not suffer with pain at rest or at night. However, in a more recent study by (Knesek *et al.*, 2013) it clearly states that clients with SLAP tears usually complain of suffering with night pain, weakness and instability. This shows that there are no specific pain patterns which has also been suggested by (Familiari *et al.*, 2019) and discussed that patients find it difficult to determine where the pain is located and precise history. As discussed by (Huri *et al.*, 2015) slap tear symptoms can also

overlap with many shoulder conditions and more often coincide with other pathologies, and as mentioned in a study conducted by (McFarland, Kim and Savino, 2002), found that during a “clunk” test similar to the compression rotation test, patients presented with a click or popping symptom which gave a positive result. With that being said this type of test was used for a variety of all labral tears and it was summarized that hearing a clicking sound is not reliable when diagnosing SLAP tears. (Knesek *et al.*, 2013) explains that partial thickness rotator cuff tears, capsulolabral injuries, bicep tendinopathy and internal impingement could also be associated with the same mechanical symptoms and based on age, other lesions may be present in type 2 SLAP tears. For example (Knesek *et al.*, 2013) reported that instability is more likely in younger individuals whilst rotator cuff injuries are more probable in the older generation.

During physical examination (Dodson and Altchek, 2009) defines that both the affected and unaffected shoulder should be assessed in order to compare passive and active ranges of movement, by also paying attention to any pain and discomfort whilst assessing. (Dodson and Altchek, 2009) mentions that typically patients will complain of pain when the arm is in passive external rotation at 90 degrees shoulder abduction. It has also been distinguished that extreme external rotation with a tightness in the posterior capsule, which as a result of this can also cause a deficiency in internal rotation. (Knesek *et al.*, 2013) specifies that a clinical evaluation of the glenohumeral and scapulothoracic range of movement should carefully be assessed in supine position, whilst also fixing the scapula. Manual muscle and resisted tests are also important when clinically assessing clients with possible SLAP tears and particularly the rotator cuff muscles (Knesek *et al.*, 2013). In a study by (Nam and Snyder, 2003), it's put forward that a positive test to passive forward elevation and internal rotation, forward flexed to 90 degrees of the arm can falsely guide the clinician to injuries such as impingement or rotator cuff deformities. The bicep load test II with 120 degree arm elevation, external rotation to its maximal attainability, 90 degree elbow flexion and a supinated forearm, has been shown to be an effective test for diagnosing SLAP tears, by applying resistance with elbow flexion and the client experiences pain, then this could be a positive outcome (Kim *et al.*, 2001). As clarified by (Brukner, 2017) clients

may experience aggravation on the anterior aspect and also discomfort on resisted bicep contraction. With that being said, in a more recent article by (Cohen and Matthews, 2021) it's been explained that clients may experience a discomfort on the bicipital groove during palpation. (Knesek *et al.*, 2013) discusses the many physical examination tests that could cause the client pain in order to detect SLAP tears and these include, o'brien active compression test, anterior slide test, compression rotation test, speed test, crank test, biceps load test II and the major shear test. However, in a meta-analysis by (Meserve, Cleland and Boucher, 2009) covering 198 articles on identifying the optimal choice for detecting SLAP tears, it was concluded that the active compression test was the leading choice and anterior slide being the least favorable. (Meserve, Cleland and Boucher, 2009) then goes on to advise testing using the active compression test first, crank test second and the speed test third. However, in any case, the selection and the number of studies chosen for each test were all different, posterior jerk test was evaluated in 4 studies, jobe relocation in 3 studies, and seven other tests were not evaluated in more than one study. (Familiari *et al.*, 2019) reports that none of these tests are highly precise, which indicates that further investigation is needed on clinical examination tests to diagnose SLAP tears. For this reason it would be recommended and extremely important to refer clients for imaging to have a clear picture of the intra articular shoulder structure. (Dodson and Altchek, 2009) states that MRI scans are the greatest form of imaging to diagnose SLAP tears, however further help is needed by the use of contrast agent of gadolinium with an intra-articular injection. (Bencardino *et al.*, 2000) also interprets that MRI arthrogram is an accurate technique by showing the exact location of the labral tear, giving appropriate preoperative information with a sensitivity of 89%, specificity of 91% and accuracy of 90%. (Rossy *et al.*, 2016) presented a radiograph as seen in figure 1 indicating a coronal view MRA of a SLAP tear with expanding dye going superior and laterally, also showing axial view with dye going anterior to posterior, with anterior being 11 o'clock and posterior being 2 o'clock. In both images the blue arrows indicate the labral tear.

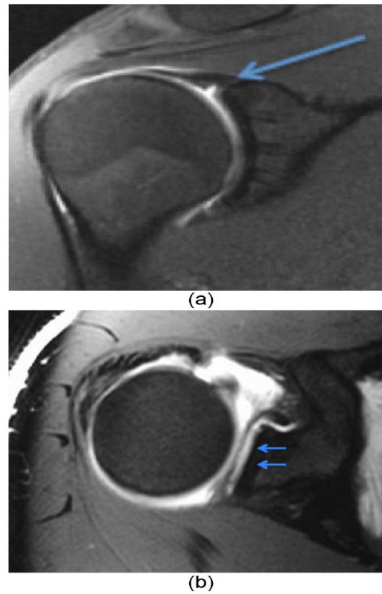


Figure 1: (Rossey *et al.*, 2016)

(Brukner, 2017; Rossey *et al.*, 2016) explains that a radiologist with particular expertise is best at performing MRI imaging, with that being the case then referrals are needed by the clinician with all relevant clinical history of the patient being passed on through an electronic system using only the clinician's identification or written letter.

(Varacallo and Mair, 2019) explains that not all SLAP tears are alike, for that reason the clinician should be vigilant on how it's best to treat this specific injury. Many SLAP tears are first treated and managed nonoperatively and in recent clinical guidelines it has been stated that initial management should start with nonoperative. With that being said operative intervention can commence as first treatment if there is structural damage, for instance unstable labral tears, dislocations and rotator cuff tears (Brukner, 2017). As suggested by (Varacallo and Mair, 2019) the earliest management should start with periods of rest in all patients with SLAP tears and suitable use of NSAIDs with ice packs helping to control the client's pain. (Fedoriw *et al.*, 2014) interprets that by treating the scapular dyskinesia and GIRD has an allowable success rate in treating baseball players, this is based on the fact that surgical intervention has an overestimated measure of success in returning athletes back to their pre-injury performance on the

field. (Gorantla, Gill and Wright, 2010) interprets that in a systematic review on arthroscopic repair of type 2 SLAP tears with a 2 year follow up, concluding the percentage of good and excellent results ranged from 40% to 94% and in studies for return to play in baseball players found the percentage ranging from 22% to 64%. (Gorantla, Gill and Wright, 2010) explains that for individuals who are not involved in overhead throwing sports, then arthroscopic repair overall gives excellent results, however the results show that for throwing or overhead athletes then they are a lot less predictable. (Varacallo and Mair, 2019) discussed that if non-operative treatment such as posterior shoulder joint capsular contractures strength and stretching programs fail, and the clients age, pathologies, lifestyle demands and sport specific goals are acknowledged then operative treatment can be considered.

### Conclusion

Diagnosing Slap tears can be extremely difficult for a clinician, and it's still unclear of the best clinical examination to distinguish SLAP tears from other associated conditions. The best solution for a therapist is by referring clients for MRI arthrogram by using intra-articular injections to obtain a clear image of the injury, allowing the clinician to plan the best possible treatment for the individual. The clinician should gather as much clinical history from the injured client by clinical evaluation, through subjective and objective assessments before a referral is made.

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# 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 |
|----------------------------------------------|-----------------|---------------|
| <b>1. Engagement with Literature Skills</b>  |                 |               |
|                                              | 25              |               |
| <b>2. Knowledge and Understanding Skills</b> |                 |               |
|                                              | 25              |               |
| <b>3. Cognitive and Intellectual Skills</b>  |                 |               |
|                                              |                 |               |

|                                                                  |    |  |
|------------------------------------------------------------------|----|--|
|                                                                  | 20 |  |
| <b>4. Practical Application Skills</b>                           |    |  |
|                                                                  | 15 |  |
| <b>5. Transferable Skills for Life and Professional Practice</b> |    |  |
|                                                                  | 15 |  |

| <b>Assessment Mark</b> (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. ) | <b>Late Submission Penalties (tick if appropriate)</b> |  | <b>%</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|----------|
|                                                                                                                                                                                                            | 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<br>FAIL                                                                                                                                                                                                                                                                                                                                            | SATISFA<br>CTORY<br>(3 <sup>rd</sup> /<br>Pass)                                                                                                                                                                                                                                                       | GOOD<br>(2.2 /<br>Pass)                                                                                                                                                                                                                                                                                 | VERY<br>GOOD<br>(2.1 /<br>Merit)                                                                                                                                                                                                                                                                               | EXCEL<br>LENT<br>(1 <sup>st</sup> /<br>Distinct<br>ion)                                                                                                                                                  | EXCEPTIONA<br>L<br>(1 <sup>st</sup> /<br>Distinction)                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Category                                                                                                                                       | 0-29%                                                                                                                                                                                                                                                                                 | 30-39%                                                                                                                                                                                                                                                                                                                                                      | 40-49%                                                                                                                                                                                                                                                                                                | 50-59%                                                                                                                                                                                                                                                                                                  | 60-69%                                                                                                                                                                                                                                                                                                         | 70-84%                                                                                                                                                                                                   | 85-100%                                                                                                                                                                               |
| <b>Engagem<br/>ent with<br/>literature</b><br>(including<br>reading,<br>referencing,<br>academic<br>conventions<br>and<br>academic<br>honesty) | Little or<br>no<br>evidence<br>of reading<br>and/or<br>reliance<br>on<br>inappropri<br>ate<br>sources.<br>Views<br>and<br>findings<br>mostly<br>unsupport<br>ed and<br>non-autho<br>ritative.<br>Referenci<br>ng<br>conventio<br>ns used<br>incoheren<br>tly or<br>largely<br>absent. | Poor<br>engagem<br>ent with<br>essential<br>reading.<br>No<br>evidence<br>of wider<br>reading.<br>Reliance<br>on<br>inappropri<br>ate<br>sources,<br>and/or<br>indiscrimi<br>nate use<br>of<br>sources.<br>Heavily<br>reliant on<br>informati<br>on<br>gained<br>through<br>class<br>contact.<br>Inconsist<br>ent and<br>weak use<br>of<br>referenci<br>ng. | Engag<br>ement<br>with a<br>limited<br>range<br>of<br>mostly<br>relevan<br>t and<br>credibl<br>e<br>source<br>s.<br>Some<br>omissi<br>ons<br>and<br>minor<br>errors.<br>Refere<br>ncing<br>conven<br>tions<br>evident<br>though<br>not<br>always<br>applied<br>accurat<br>ely or<br>consist<br>ently. | Engag<br>ement<br>with an<br>appropri<br>ate<br>range<br>of<br>literatu<br>re,<br>includi<br>ng<br>source<br>s<br>retriev<br>ed<br>indepe<br>ndentl<br>y.<br>Some<br>over-re<br>liance<br>on<br>texts.<br>Refere<br>ncing<br>may<br>show<br>minor<br>inaccu<br>racies<br>or<br>inconsi<br>stencie<br>s. | Engage<br>ment<br>with a<br>wide<br>range of<br>literature<br>, includin<br>g<br>sources<br>retrieved<br>independ<br>ently.<br>Selectio<br>n of<br>relevant<br>and<br>credible<br>sources.<br>Very<br>good<br>use of<br>referenci<br>ng, with<br>no/very<br>few<br>inaccura<br>cies or<br>inconsist<br>encies. | Engage<br>ment<br>with<br>an<br>exten<br>sive<br>range<br>of<br>relevan<br>t and<br>credib<br>le<br>literat<br>ure.<br>Consi<br>stentl<br>y<br>accur<br>ate<br>applic<br>ation<br>of<br>refere<br>ncing. | Exception<br>al<br>engagem<br>ent with an<br>extensive<br>range of<br>relevant<br>and<br>credible<br>literature.<br>High-level<br>referencin<br>g skills<br>consistentl<br>y applied. |

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| <p><b>Knowledge and understanding</b><br/>(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.)</p> | <p>Major gaps in knowledge with unsatisfactory, uncritical understanding of the subject matter. Much irrelevant material. Substantial inaccuracies. Significantly flawed understanding of the main methods of enquiry in the discipline.</p> | <p>Fragmentary knowledge, with only superficial critical understanding. Some significant inaccuracies and/or irrelevant material. Incomplete or partially flawed understanding of the main methods of enquiry in the discipline.</p> | <p>Limited but adequate knowledge and 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.</p> | <p>Knowledge is reasonably detailed and 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.</p> | <p>Knowledge is reasonably extensive. 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.</p> | <p>Excellent, detailed knowledge and highly critical understanding of the well-established concepts and principles of the subject and the main methods of enquiry.</p> | <p>Exceptionally detailed knowledge and outstanding critical understanding of the well-established concepts and principles of the subject and the main methods of enquiry. May go beyond established theories.</p> |
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| <p><b>Cognitive and intellectual skills</b><br/>(Critical evaluation and analysis of concepts and principles; argument and judgement; the limits of their knowledge, and how this influences their analyses and interpretations.)</p> | <p>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.</p> | <p>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.</p> | <p>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</p> | <p>Some critical evaluation and analysis of concepts and principles, though descriptive in parts. An emerging awareness of the limits of their knowledge and ability to use evidence to support the argument though with some tendency to assert/ state opinion rather than</p> | <p>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.</p> | <p>Excellent critical evaluation and analysis of concepts and principles leading to logical, evidence-based, reasoned arguments and judgements. Explicit recognition of other stances and a strong awareness of the limits of their knowledge</p> | <p>Outstanding critical evaluation and analysis of concepts and principles. Uses evidence exceptionally well to connect ideas, and support highly logical and persuasive arguments and judgements. Evidence of independent thought and ability to 'see beyond the question', suggesting a clear grasp of the broader field and wider concepts. Perceptive recognition of the limits of their knowledge, and how</p> |
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|  |  |  | knowledge. | argue on the basis of reason and evidence. Mostly valid arguments and logical judgments. |  | edge. A capacity for independent thought and ability to 'see beyond the question', suggesting some grasp of the broader field and wider concepts. | this influences their analyses and interpretations. |
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| <b>Practical skills</b><br>(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 | 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 | 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 | 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 | An advanced application of a range of established methods, materials, tools and/or techniques. The context of the application is well considered, and insightful. Consistent, accurate and logical application of theory to practice, making | Exceptional levels of application and deployment skills using established methods, materials, tools and/or techniques. Consistent, accurate and logical application of theory to practice, making highly developed links between the two. Can identify routine and non-routine problems and propose quite sophisticated, creative solutions outside the context in which they were first studied. |
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|  |  | outside the context in which they were first studied. | n the two. Can identify problems and propose basic solutions outside the context in which they were first studied. | problems and propose mostly appropriate solutions outside the context in which they were first studied. | ate solution outside the context in which they were first studied. Evidence of some creativity. | g well-developed links between the two. Can identify problems and propose excellent, creative solutions outside the context in which they were first studied. |  |
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| <b>Transferable skills for life and professional practice</b><br>(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 | 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, | 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, | 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 | Can communicate professionally confidently and consistently in a suitable medium for the audience. Work is coherent, very fluent and is presented proficiently. Can work autonomously with initiative. Where relevant can work professionally | Can communicate with an exceptionally high level of professionalism, highly suitable for the audience. Work is exceptionally coherent, very fluent and is presented professionally. Can work exceptionally well within a team, showing leadership skills. Demonstrates exceptional skills for employment requiring the exercise of personal responsibility and decision-making and an appetite for further development |
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|  | others. Limited evidence of the skills for employment requiring the exercise of personal responsibility and decision-making. | 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. | 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. | exercise of personal responsibility and decision-making, with just occasional minor weaknesses. | ly within a team, showing leadership skills as appropriate, and meeting obligations. Demonstrates excellent skills for employment requiring the exercise of personal responsibility and decision-making and an appetite for further development. | nt. |
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THIS DOCUMENT IS ALSO AVAILABLE IN WELSH