Section A overview:
- Section A – 4 questions
- All multiple choice
- 5 minutes on this section
- Write the answers in answer booklet, not on question booklet
- Write the answer as the letter. E.g if the answer to Q1 is option C, write 1 = C
- Questions will be on roles and responsibilities in the theatre, staging types or staging positions

Roles and responsibilities:

Playwright: This is the name given to the person who writes the play.

Performer: A performer is an actor or entertainer who realises a role or performance in front of an audience.

Understudy: An actor who studies another's role so that they can take over when needed.

Lighting designer: The lighting designer is responsible for designing the lighting states and, if required, special lighting effects for a performance. The final design will result in a lighting plot which is a list of the lighting states and their cues.

Sound designer: The sound designer is responsible for designing the sound required for a performance. This may include underscoring, intro and outro music as well as specific effects. The final design will result in a sound plot which is a list of the sounds required and their cues.

Set designer: The set designer is responsible for the design of the set for a performance. They will work closely with the director and other designers so that there is unity between all the designs and the needs of the performance.

Costume designer: The person who designs the costumes for a performance. The costume department of a theatre is often called the wardrobe.

Puppet designer: The person who designs the puppets for a performance.

Technician: A person who works backstage either setting up technical equipment such as microphones or rigging lights before a production or operating technical equipment during a performance.

Director: A director is in charge of the artistic elements of a production. A director will often have the initial creative idea ('concept') for a production, will work with the actors in rehearsal, and will collaborate with designers and the technical team to realise this idea in performance.

Stage manager: The Stage Manager is in charge of all aspects of backstage, including the backstage crew. They will oversee everything that happens backstage before, during and after a performance. During the rehearsal period, the Stage Manager and their team will make sure that all props are found or made, scene changes are rehearsed and smooth, and all other aspects of backstage are prepared. They are also in charge of the rehearsal schedule.

Theatre manager: This is the person who is responsible for and manages the front-of-house team who deal with the audience during the production (for example, the box office manager, ushers and similar staff).

Staging positions:

Upstage right	Upstage centre	Upstage left
Centre stage right	Centre stage	Centre stage left
Downstage right	Downstage centre	Downstage left

Audience

Section A overview:
- Section A – 4 questions
- All multiple choice
- 5 minutes on this section
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- Write the answer as the letter. E.g if the answer to Q1 is option C, write 1 = C
- Questions will be on roles and responsibilities in the theatre, staging types or staging positions

Thrust stage:
The main feature of this stage is that the audience are on <u>three</u> sides

ADVANTAGES:
- Can have set / backdrop on the fourth side of the stage at the back
- The audience feel 'included' and an intimate atmosphere is created
- Having one end which is visible creates a 'back' to the stage

THINGS TO CONSIDER:
- Sight lines can still be an issue
- The audience on the right and left sides of the auditorium have each other in their view
- Box sets (where three sides of a room are constructed) cannot be used as this would block views for much of the audience
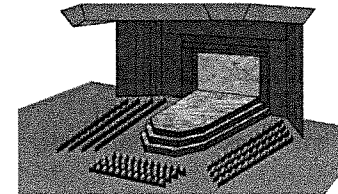
Traverse stage:

The main feature of this stage is where the audience sits on <u>two</u> sides
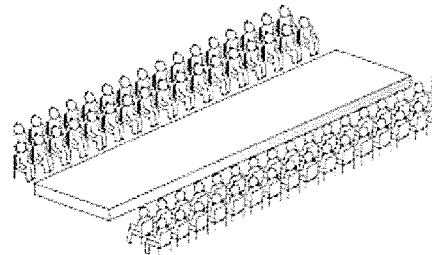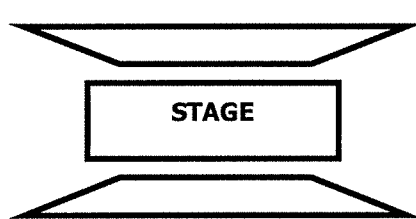
ADVANTAGES:
- The audience on either side can clearly see work that happens at both sides.
- Good if there is a play that shows two sides of a story / argument.
- Sometimes extreme ends of the stage can be used to create extra acting areas.

THINGS TO CONSIDER:
- Big pieces of scenery, backdrops or set can block sightlines
- The acting area is long and thin and can make some blocking challenging
- Actors must be aware of making themselves visible to both sides of the audience
- Lighting for traverse needs to be arranged carefully to avoid shining lights into the audience's eyes or light spilling onto them unnecessarily

En Promenade:

The audience stand or follow the actors through the performance. It may be site specific

ADVANTAGES:
- This is an exciting and interactive type of theatre
- Audience feel very involved

THINGS TO CONSIDER:
- The audience may find moving around the space difficult or get tired standing
- Actors need to be skilled at moving the audience around
- Health and safety risks

Proscenium arch:	In the round:
The main feature of this stage is where the audience faces <u>one</u> side of the stage	**The stage is positioned at the centre of the audience – i.e there is audience around the whole stage**

Proscenium arch:

The main feature of this stage is where the audience faces <u>one</u> side of the stage
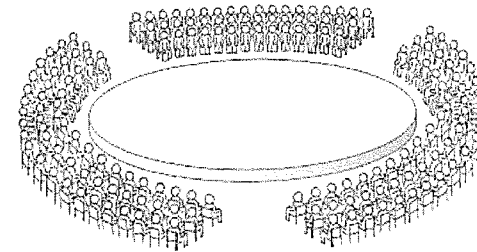

ADVANTAGES:
- The actors only have to think about facing one direction so work is easy to stage
- Backdrops and other pieces of set can be easily used
- Actors can be off stage and make surprise entrances
- The frame around the stage adds the effect of a fourth wall, giving the effect of a self-contained world
- There may be fly and wing space for storing scenery

THINGS TO CONSIDER:
- The actors can feel removed from the action
- Actors still need to make sure they don't look or speak upstage
- Some audience members may feel distant from the stage
- The auditorium could seem very formal and rigid
- Audience interaction may be more difficult

In the round:

The stage is positioned at the centre of the audience – i.e there is audience around the whole stage

ADVANTAGES:
- The audience is all around the action
- There are numerous exits and entrances in the audience
- Actor and audience are closer together and the audience feel part of the action
- Creates an intimate atmosphere

THINGS TO CONSIDER:
- There will always be some backs to the audience so skilful blocking / positioning is needed
- Large parts of set cannot be used as they will block the audience's view

Key themes of the play:	The plot:	Characters:
Key themes of the play: • **Superstition** - People at this period of time were very superstitious and truly believed that there would be a consequence to actions such as breaking mirrors etc. The narrator appears as a constant reminder to Mrs Johnstone that giving away her baby will have a consequence later on. • **Nurture v's nature** - A constant debate is raging about whether behaviour is innate or learnt through influence. Overall nurture seems to slightly over-ride nature through Edward's opportunities. This theme is epitomised by Mickey's exasperated cry, 'I could have been him!' • **Class** – a clear divide is made between all classes in the play and it could be argued that the people who attempt to cross the class divide (Edward and Linda) are who cause the deaths of Mickey and Edward. • **Friendship** - Friendship is explored through Many characters: Mr Johnstone, Mrs Lyons, Eddie, Linda and Mickey. Often however, friendships are broken and manipulated throughout the text and the depth of the brotherly friendship not only heightens the irony but deepens the tragedy of the ultimate betrayal. • **Fate, bad luck and destiny** - Destiny is often explored through the narrator who is the voice of judgement in the play. It is indicated that the death of the twins is fated from the beginning because of Mrs Johnstone's choice to give Eddie away. The song 'Shoes upon the table' is full of key metaphors related to the theme. • **Growing up** - Growing up is a key theme throughout the novel but also a source of great tension. The early years of childhood are portrayed as idyllic, teenage years awkward and adulthood ruinous. Growing up is also a source of tension for Mickey and Edward as Edward's delayed adulthood and immaturity at university initially causes the rift between them. • **Money and power** - Money and power go hand in hand in Blood Brothers. We see Eddie get his position at his Father's factory whilst Mickey works putting together boxes. Eddie uses his position as the Chairman of the housing committee to get Linda and Micky their house. Mickey is very aware he is different to Eddie "I'm in these shoes…" • **Love** - At the time when Blood Brothers was set sex outside of marriage was unaccepteable and women who found themselves pregnant had to marry, like Mrs Johnstone Linda marries Mickey despite being in love with Eddie her marriage is important and divorce was uncommon at that period of time.	**The plot:** Blood Brothers is a musical with book, lyrics, and music by Willy Russell. The story is a contemporary nature versus nurture plot, revolving around fraternal twins Mickey and Eddie, who were separated at birth, one subsequently being raised in a wealthy family, the other in a poor family. The different environments take the twins to opposite ends of the social spectrum, one becoming a councillor, and the other unemployed and in prison. They both fall in love with the same girl, causing a rift in their friendship and leading to the tragic death of both brothers. **The playwright:** Blood Brothers was written by Willy Russell. Liverpool was set between the 1950's and 1970's.	**Characters:** Mrs Johnstone Mickey Johnstone Mrs Lyons Mr Lyons Edward Lyons Linda Narrator Sammy Minor roles: Donna Marie, policeman, milkman, doctor **Margaret Thatcher:** She is alluded to throughout the play and subtly blamed for the difficulties of the working classes in the play, due to her political decisions to privatise and reduce public spending. She was known as 'Margaret Thatcher milk snatcher' for removing children's milk funding.

Marilyn Monroe:	Liverpool and the docks	Image:
- Born in 1926 and died in 1962 from an overdose of sleeping pills - Referenced throughout Blood Brothers – women at that period of time wanted to look like her, she was a cultural icon and a symbol of beauty and indulgence. - Used as an iconic motif by Russell - Parallels to Mickey – never knew her father, addiction to pills, both died - Mrs Johnstone sings about Marilyn when Mickey is depressed "treats his ills with daily pills like poor Marilyn Monroe."	Liverpool is the setting of the play and at the time was seeing a lot of decline as many workers were being made redundant due to the economic decline and privatisation of manufacturing. It I also a perfect area as, like in the play, there were many affluent and poor areas in the city.	This image is very important in the play. This signifies the boys 'pretending' to be blood brothers which is dramatic irony because the audience know they are indeed 'blood brothers.'

Education
- Although the 1945 Education act had made grammar schools free, working class children had to pass the 11+ to gain entry to the grammar schools. The pass mark was kept deliberately high. Few children were allowed the privilege of a grammar school education, and even if they gained a place, there was no guarantee that they would leave with qualifications, as the school leaving age was 15.
- Pupils at grammar schools studied academic subjects and took O levels. Some went on to take A levels, while others were under pressure from parents to leave school, get a job and bring money into the household.
- There were far fewer university places then, so most would go into employment after school.
- Children who failed the 11+ would go to a secondary modern school to be prepared for life in the trades. Boys would study practical skills like bricklaying, alongside academic work, and girls would learn how to cook. Many of these schools were under-funded.

Social Context
- Set in Liverpool which was a prosperous seaport in the 19th Century however by the 20th century it was a place of financial depression, high unemployment and strikes
- People disapproved of sex before marriage which is why Mrs Johnstone has to marry
- Divorce was uncommon
- Council houses were the homes of most working class people in the 1950s and 1960s. The terraced houses had a lot to recommend them, but they were also cramped and lacked inside toilets and bathrooms. They did not have central heating and were heated mostly by coal fires. Their inner city locations were often dirty and there was nowhere for children to play as they rarely had gardens.

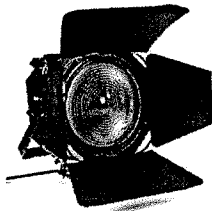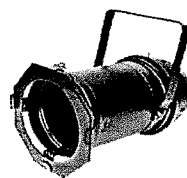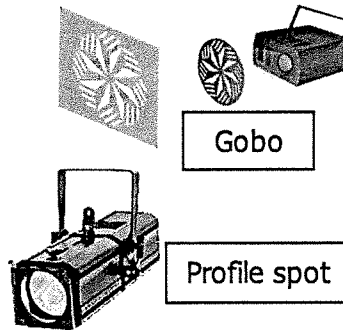| Blood Brothers Exam Overview:	Timings and marks:	Sound types
- Given an extract from the play - Part of the extract will include a highlighted section of text 4 questions - First question on design aspect – sound, props, costume, lights, set, - Second question on one specific line of the extract asking if YOU were the character how would you play that line vocally and physically and be able to say why - Third question asking how you would play one character from the extract with specific reference to the shaded part to create a specific effect, e.g. tension, comedy - Fourth question on how you would play a character from the extract vocally and physically. Must make reference to the extract, play as a whole, social context, playwrights intentions.	Q1. Design – 4 marks – **5 minutes** Q2. Specific line – 8 marks – **10 minutes** Q3. Shaded part of extract – 12 marks – **15 minutes** Q4 Whole extract and reference to play as a whole – **20 marks – 25 minutes**	**Diegetic** These are effects that are called for in the text as part of the performance. They are also known as 'spot' cues as they have to arrive precisely on time. Any sounds a character can hear on stage are diegetic, e.g a ringing phone which a character answers. **Non-Diegetic** Sound effects which are used to enhance a scene but are not realistically necessary to it. They are used to produce an effect on the audience. **Incidental sound** This is usually introductory pre-show or play-out music to create a mood or atmosphere. This can also be interval or scene change music **Soundscape** This refers to a soundtrack that runs continuously throughout a scene. It is designed to suggest and maintain a mood, atmosphere or place – often not noticed consciously by the audience but its effect is felt.

Lighting types:

Follow spot

Fresnel

Par Can

Profile spot

Gobo

Example lighting question: "You are designing the lighting for the scene where Mickey is in jail. Consider what lighting types you would use and why."

Sound tools:
Volume -The volume of sound (soft or loud) is a basic effect.
Direction (speaker placement) - This is especially important for diegetic sounds – the noise needs to appear to come from the source
Sound quality -Sound may be manipulated to create specific effects, e.g distortion could be used
Sound selection and creation - Sounds need to be very carefully selected to enhance the play's atmosphere

All Saints' Drama Department: **KS4 – Blood Brothers exam paper – 8, 12, 20 markers**

Blood Brothers Exam Overview:	**Timings and marks:**
- Given an extract from the play - Part of the extract will include a highlighted section of text 4 questions - First question on design aspect – sound, props, costume, lights, set, - Second question on one specific line of the extract asking if YOU were the character how would you play that line vocally and physically and be able to say why - Third question asking how you would play one character from the extract with specific reference to the shaded part to create a specific effect, e.g. tension, comedy - Fourth question on how you would play a character from the extract vocally and physically. Must make reference to the extract, play as a whole, social context, playwrights intentions.	Q1. Design – 4 marks – **5 minutes** Q2. Specific line – 8 marks – **10 minutes** Q3. Shaded part of extract – 12 marks – **15 minutes** Q4 Whole extract and reference to play as a whole – **20 marks – 25 minutes**
	Understanding of vocal and physical skills: Using the mouldy parmesan criteria Mouldy (**movement**), parmesan (**posture**), grates (**gesture** – use of hand movement to signal thoughts and feelings), itself (**interaction** between other characters), very (**vocal expressions** – the way you use your voice) **pitch** (low pitch or high pitch) **pause** (stops between speech) **projection** (use of how you project your voice loudly or softly), **pace** (speed of speech), flipping easily (**facial expressions**).

8 marker:	**12 Marker:**
The 8 mark question will give you one line from the extract in your examination paper and ask you how you would perform that line vocally and physically. **For example:** *You are playing the role of Mrs Lyons. How would you use vocal and physical skills to perform the line below and explain the effects you want to create* *"Are you always going to follow me?"* You must include **WHAT** you would do, **WHY** you would do it, **HOW** you would do it, have a good balance of vocal and physical skills and link points together, e.g a vocal point and physical point "If I was playing the role of Mrs Lyons on the line "Are you always going to follow me?" I would walk quickly and purposefully (movement) towards Mrs Johnstone, then point sharply and directly (gesture) towards her whilst clenching my jaw (face) and speaking in an aggressive tone of voice (pitch) to show my anger at Mrs Johnstone being in my life. I would project the words (projection) "follow me" very loudly to show my frustration and worry that Mrs Johnstone being around us provides a big risk that Edward might find out I am not his birth mother. I would say the line quickly (pace) to emphasise my growing paranoia that Mrs Johnstone is following us."	Using the same extract as the one used for the 8 mark question, you will be asked to perform a SPECIFIC character and create a **SPECIFIC** effect – e.g comedy, tension, frustration etc Again you must refer to a good balance of vocal and physical skills and **WHAT** would you do, **WHY** you would do it and **HOW** you would do it.
	Key themes / concepts: - Superstition - Nurture v's nature - Class - Friendship - Fate, bad luck and destiny - Money and power - Love - Education - Marilyn Monroe - Liverpool docks - Recession

20 marker:

The 20 marker requires you to comment on both the extract and the play as a whole. It is usually focused on a different character to that answered for the 8 and 12 marker.

*"You are performing the role of Mickey. Describe how you would use your acting skills to **interpret Mickey's character** in this extract **and** explain why your ideas are appropriate both for this extract and the play as a whole."*

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20 Marker Blood Brothers

Paragraph 1
Explain what is happening in this extract - BRIEFLY
In this extract the character of _____ is_____ (explain what the character does in this extract)
At this point in the play I would want the audience to _____
Character's relationship with others in the selected extract (In this extract _____ relationship with _____ is _____ because_____. This is reinforced by _____

Paragraph 2
Choose a specific moment from the extract (in chronological order)
What you would do – choose 2 from this list – Movement, posture, gestures, interaction, vocal – pitch, pause, projection, pace, facial expressions
I would (explain what you would do) _____ Then explain HOW and WHY you would do it.
Comparison with another moment in the play as a whole (write briefly about another moment from the whole play NOT the extract where we see SIMILAR behaviour)
This is similar to when _____ where I would _____

Paragraph 3
Choose another specific moment from the extract (in chronological order)
What you would do – choose 2 from this list – DIFFERENT SKILLS FROM LAST PARAGRAPH - Movement, posture, gestures, interaction, vocal – pitch, projection, pace, facial expressions
I would (explain what you would do) _____ Then explain HOW and WHY you would do it.
Why you would do it:
Comparison with another moment in the play as a whole : (write briefly about another moment from the whole play NOT the extract where we see DIFFERENT behaviour)

This is different to when _____ where I would _____

Paragraph 4
Choose another specific moment from the extract (in chronological order)
What you would do – choose 2 from this list – DIFFERENT SKILLS FROM LAST TWO PARAGRAPHS - Movement, posture, gestures, interaction, vocal – pitch, pause, projection, pace, facial expressions
I would (explain what you would do) _____ Then explain HOW and WHY you would do it.
Why you would do it:

Paragraph 5
Choose another specific moment from the extract (in chronological order)
What you would do – choose 2 from this list DIFFERENT ONES TO LAST PARAGRAPH - Movement, posture, gestures, interaction, vocal – pitch, pause, projection, pace, facial expressions
I would (explain what you would do) _____ Then explain HOW and WHY you would do it.
Why you would do it:

Paragraph 6
Summary of character and significance in the play as a whole
Overall in this extract the character of_____ is significant because _____

| All Saints' Drama Department: **Key Stage 4 Theatre Review** |

Excellent band mark scheme for <u>Description</u>	**Opening paragraph** * Name of the play * Name of playwright * When you saw it and where you saw it * Summary of the plot in brief * Your opinion of the performance	**Structure** * Opening paragraph
• Uses drama vocabulary accurately and makes some interesting points • Answer the question • Mention all the HOW skills (mouldy parmesan) • Use precise moments • Write in detail	**Conclusion** * Summarise the question * Give an opinion on how successful each actor was/wasn't	* Minimum of 2 WHAT, HOW, WHY, GOOD PARAGRAPHS for Actor 1 * Minimum of 2 WHAT, HOW, WHY, GOOD PARAGRAPHS for Actor 2 * Conclusion
Excellent band mark scheme for Analysis & Evaluation • Picks interesting moments • Writes about links to characters and whole play • Writes about **impact** for an audience • Evaluates well • Well rounded argument (not all positive or negative) • Writes in detail • Uses specific examples	**Each paragraph** **WHAT** did they do? **HOW** did they do it? **WHY** did they do it? **WAS** IT ANY GOOD?	**Don't forget to evaluate!** Try to avoid 'good' Use these instead- Effective successful clear engaging skilful convincing thought-provoking

Understanding of vocal and physical skills: Using the mouldy parmesan criteria – remembering the mnemonic and showing these skills in writing-

Mouldy (**movement**), parmesan (**posture**), grates (**gesture** – use of hand movement to signal thoughts and feelings), itself (**interaction** between other characters), very (**vocal expressions** – the way you use your voice) **pitch** (low pitch or high pitch) **pause** (stops between speech) **projection** (use of how you project your voice loudly or softly), **pace** (speed of speech), flipping easily (**facial expressions**).

History   Year 11   Topic: Renaissance Medicine

Timeline

1.	1440	The Printing Press was invented by Johannes Gutenberg.
2.	1536	Dissolution of the monasteries in England, under the command of King Henry VIII.
3.	1537	Vesalius published his first work *Six Anatomical Tables*. It showed parts of the human body, labelled in four different languages.
4.	1543	Vesalius published his most famous book, *De Humani Corporis Fabrica*, or *On the Fabric of the Human Body*.
5.	1546	Henry VIII re-founded Saint Bartholomew's hospital in London, which was originally founded in 1123.
6.	1628	William Harvey published Exercitatio Anatomica de Motu Cordis et Sanguinis in Animalibus (Anatomical Exercise on the Motion of the Heart and Blood in Animals). This outlined how blood flows around the body.
7.	1653	Harvey's book was published in English.
8.	1660	The Royal Society met for the first time at Gresham College in London.
9.	1662	The Royal Society received its royal charter from King Charles II.
10.	1665	The Royal Society began publishing their journal *Philosophical Transactions*.
11.	1665-66	The Great Plague.
12.	1660s-70s	Thomas Sydenham worked as a highly respected doctor in London. He believed observing a patients symptoms was more reliable than relying on medical textbooks when diagnosing patients.
13.	1685	Charles II died. His physicians continued to use methods such as bleeding and purging to treat him, showing little change.

THE ROYAL SOCIETY

Key words

1.	Secular	Not religious or in any way connected to spiritual beliefs.
2.	Alchemy	An early for of chemistry. Alchemists tried to turn one material into another.
3.	Printing press	A machine used to print text or pictures. The letters were moveable so that many copies of the same text could be printed.
4.	Dissolution of the monasteries	Henry VIII split from the Catholic Church in 1533 and created the Church of England. In 1536 he got rid of religious institutions such as monasteries and confiscated their land.
5.	Circulation	The flow of blood around the body.
6.	Astrology	The study of the movements and relative positions of planets interpreted as having an influence on human affairs and the natural world.
7.	The Great Plague	Lasted from 1665 to 1666, was the last major epidemic of the bubonic plague to occur in England. The Great Plague killed an estimated 100,000 people—almost a quarter of London's population—in 18 months.
8.	Miasma	A name for 'bad air', that people believed was filled with harmful fumes, which caused illness.
9.	Quarantine	A place of isolation in which people who have been exposed to infectious or contagious disease are placed.
10.	Quack Doctor	Someone with no medical qualifications, who sold their services as a doctor or apothecary.
11.	Royal Society	An association founded in England by Charles II in 1660 to promote research in the sciences.
12.	Anatomy	the branch of science concerned with the bodily structure of humans, animals, and other living organisms, especially as revealed by dissection.

Key people

|		
1.	Andreas Vesalius	The most famous anatomist of the Renaissance period. He studied medicine in Paris in 1533, and went on to be a lecturer in surgery at Padua University. Vesalius was able to dissect human bodies as opposed to animals, and therefore found around 300 mistakes in Galen's work on the anatomy.
2.	William Harvey	Harvey was born in England in 1578. He studied medicine at both Cambridge and Padua University. In 1615 he became a lecturer of anatomy, and by 1618 was a royal doctor for James I. Harvey disproved Galen's theories of how blood flows around the human body. He proved that veins and arteries work together in one system to circulate blood around the body.
3.	Thomas Sydenham	Nicknamed 'the English Hippocrates'. He was a well respected London doctor in the 1660s and 1670s, and was very influential in moving British medicine away from the ideas of Hippocrates and Galen. He refused to rely on medical books for diagnosing patients, and felt that it was important to observe their symptoms.
4.	Charles II	Had a keen interest in science. The Royal Society was established in 1660, and in 1662 Charles II gave it a royal charter to show his support of the establishment.

History　　　Year :　　11　　　　Topic :　Industrial Medicine 1750-1900

Timeline		
1.	1796	Jenner discovers Smallpox vaccination
2.	1799	Humphrey Davey discovers aesthetic properties of Laughing Gas (Nitrous Oxide)
3.	1842	Edwin Chadwick writes his report on living conditions
4.	1846	Use of Ether as an anaesthetic in surgery
5.	1847	James Simpson discovers chloroform as an anaesthetic
6.	1847	Ignaz Semmelweiss orders his students to wash their hands before surgery (but only after they had been in the morgue).
7.	1848	First Public Health Act
8.	1852	The government makes smallpox vaccination compulsory
9.	1854	Florence Nightingale improves hospitals in the Crimean war
10.	1854	John Snow makes the link between cholera and dirty water
11.	1854	Hannah Greener dies of chloroform overdose
12.	1857	Queen Victoria publicly advocates use of Chloroform after birth of her eighth child.
13.	1859	Nightingale publishes 'Notes on Nursing'.
14.	1861	Louis Pasteur's Germ theory
15.	1867	Joseph Lister begins using carbolic Acid spray in surgery- antiseptic.
16.	1870	John Tyndall gives a lecture linking Pasteur's, Lister's and his own work on germs
17.	1870's	Dr Henry Bastian continues to promote spontaneous generation
18.	1875	Second Public Health Act– compulsory
19.	1881	Robert Koch discovers the bacteria which causes anthrax
20.	1889	Isolation hospitals set up
21.	1895	William Rontgen discovers X-rays

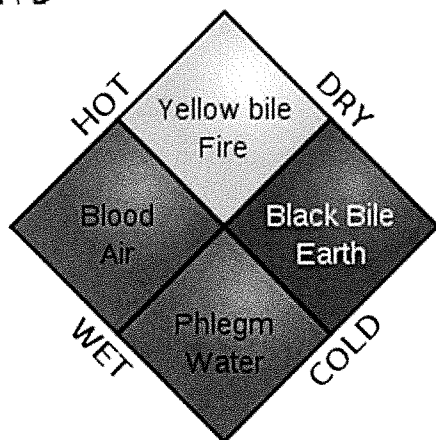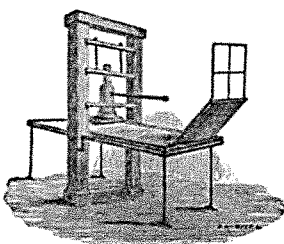| Key words		
1.	Anaesthetic	Drugs given to make someone unconscious before or after surgery
2.	Antiseptic	Chemicals used to destroy bacteria and prevent infection
3.	Bacteriology	The study of bacteria
4.	Spontaneous Generation	The idea that germs were caused as a result of decay
5.	Germ Theory	The idea that germs cause disease (or decay)
6.	Vaccine	A weakened version of a similar disease is injected to cause the body to develop immunity to that disease.
7.	Smallpox	A dangerous disease causing fever that was beaten by vaccination
8.	Cholera	A bacterial infection caused by drinking water
9.	Epidemic	A widespread outbreak of a disease
10.	Sanitation	Providing disposal of human waste and dispensing clean water to improve public health
11.	Chloroform	A liquid whose vapour acts as an anaesthetic and produces unconsciousness
12.	Medical Officer	A person appointed to look after the public health of an area
13.	Laissez-Faire	French term to 'leave be'. Governments attitude towards getting involved with the lives of the population.
14.	Aseptic surgery	Surgery where microbes are prevented from entering the wound in the first place rather than being killed by antiseptics.
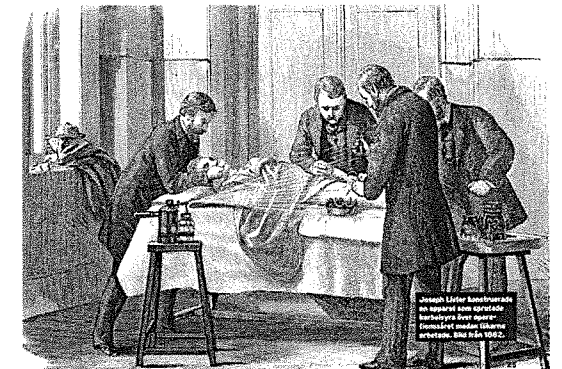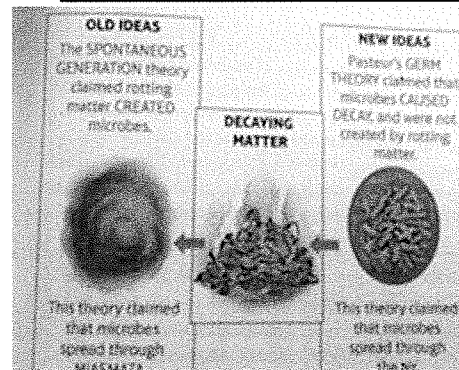
History　　　Topic　　Medieval Medicine 1250-1500

Timeline

1.	1348	The Black Death
2.	1440	Printing Press

Key individuals

1.	Hippocrates	Ancient Greek doctor who looked for natural causes of disease. He developed the Theory of the Four Humours, wrote the Hippocratic Oath and encouraged clinical observation.
2.	Galen	Doctor who worked in Ancient Rome. His ideas were the basis of medical training in the Medieval period. Developed the Theory of Opposites and drew detailed diagrams of the human anatomy.
3.	Johannes Gutenberg	Inventor of the Printing Press
4.	The Church	The Catholic Church controlled medical learning, it chose which books were copied and distributed. Supported the Theory of the Four Humours and strongly discouraged any criticism of it. Taught that disease was sent by God as a punishment for sin.

Key words

1.	Malnutrition	An illness caused by lack of food
2.	Famine	Food shortage, usually due to bad harvest
3.	Theory of the Four Humours	Developed by Hippocrates. The belief that everyone has four humours in their body (blood, phlegm, black bile, yellow bile) and when they become unbalanced, the person falls ill.
4.	Theory of Opposites	Developed by Galen. Treatment based on balancing the humours by giving the patient the 'opposite' of their symptoms e.g. too much phlegm, eat hot chilli's.
5.	Physician	Someone who practices medicine (doctor). A medieval physician went to university to complete a medical degree and would diagnose illness.
6.	Astrology	Studying the alignment of planets and stars. This was considered important when diagnosing illness
7.	Leprosy	Begins as a painful skin disease, followed by paralysis and eventually death.
8.	Supernatural	The belief that God/Gods were responsible for causing and curing illness
9.	Miasma	Bad air that was believed to be filled with harmful fumes.
10.	The Articella	Medical textbook used in European universities. Included some translated works of Hippocrates and Galen
11.	Blood letting	Removing some of a patients blood– common treatment for imbalanced humours.
12.	Purging	Give something to the patient to make them vomit or a laxative to clear out the digestive system.
13.	Apothecaries	Mixed and sold herbal remedies
14.	Regimen Sanitatis	Set of instructions provided by physicians to help a patient maintain good health e.g. take moderate exercise.
15.	Quarantine	Separating the sick from the healthy to stop the spread of disease.
16.	Hippocratic Oath	Doctors swore to respect life and prevent harm, doing the best for their patients. Created by Hippocrates.
17.	Clinical observation	Studying the symptoms, making notes, comparing with similar cases then diagnosing and treating. Encouraged by Hippocrates.
18.	Anatomy	Study of the human body.
19.	The Black Death	The bubonic plague killed about 1/3 of Britain's population.

History   Topic :   Modern Medicine 1900 to present.

Timeline

1	1896	First medical use of X-rays.
2	1909	Japanese scientist, Hata created the first 'magic bullet' named Salvarsan 606.
3	1911	National Insurance Act introduced.
4	1928	Alexander Fleming identified penicillin in his laboratory.
5	1929	Fleming published his findings
6	1932	Gerhard Domagk discovered prontosil.
7	1939	Florey & Chain revived Fleming's research into penicillin.
8	1941	Florey & Chain trialled penicillin on a human with some success.
9	1942	US pharmaceutical companies began to mass produce penicillin.
10	1942	Government introduced the diphtheria vaccination.
11	1948	The National Health Service was established.
12	1950	Government introduced the poliomyelitis & whooping cough vaccinations.
13	1950	British Medical Research Council prove there is a link between smoking and lung cancer.
14	1951	Franklin & Wilkins created images of DNA using x-rays.
15	1953	Crick & Watson discovered the double helix structure of DNA.
16	1956	Jonas Salk's polio vaccination was introduced in the UK.
17	1956	Clean Air Act introduced following London's Great Smog of 1952.
18	1956	First successful kidney transplant in the USA, between identical twins.
19	1957	John C. Sheehan creates a chemical copy of penicillin, this drug could now target different diseases.
20	1961	Government introduced tetanus vaccination.
21	1962	A more effective polio vaccination was introduced.
22	1963	First successful lung transplant.
23	1967	First successful liver and heart transplants.
24	1968	Government introduced measles vaccination.
25	1968	Another Clean Air Act was introduced.
26	1970	Government introduced rubella vaccination.
27	1984	The last case of someone contracting polio in the UK.
28	1990	Human Genome Project was launched.

Key words

1	Hereditary	A disease caused by genetic factors—it can be passed from parents to their children.
2	DNA	Deoxyribonucleic acid—carries genetic information, this information determines characteristics such as hair and eye colour.
3	Antibiotic	Any treatment that destroys or limits the growth of bacteria in the human body.
4	NHS	The National Health Service—launched by the government in 1948. Provided medical care for the whole population of Britain and was funded by National Insurance contributions.

Key people

1	Francis Crick & James Watson	Discovered the DNA had a double helix structure.
2	Franklin & Wilkins	X-ray photos of DNA .
3	Jonas Salk	Developed and discovered one of the first polio vaccinations.
4	Howard Florey & Ernst Chain	Worked together at Oxford University, and were pioneers in the mass production of penicillin.
5	Aneurin Bevan	The Labour Minister of Health between 1945-51. He oversaw the creation and implementation of the National Health Service in 1948.
6	Alexander Fleming	Discovered the bacteria 'penicillin'.
7	Paul Ehrlich	His laboratory discovered arsphenamine (Salvarsan), the first effective medicinal treatment for syphilis. He popularized the concept of a magic bullet.

Common technologies used to make a diagnosis.

Blood tests (since 1930s)	Blood pressure monitoring (since 1880s)	Endoscopes (since 1900s)
ECGs (since 1900s)	Blood sugar monitoring (since 1960s)	MRI scans (since 1970s)
X-rays (since 1890s)	Ultrasound scans (since 1940s)	CT scans (since 1970s)

	New technology	Treatment made possible
Medical treatments	Advanced x-rays	Can target and shrink tumours (radiotherapy).
	Smaller, cheaper machines	Dialysis and heart bypasses.
	Robotics	Better prosthetic limbs.
Surgical treatments	Microsurgery	Organ transplants.
	Laparoscopic (key hole) surgery	Can operate inside the body through a tiny cut = quicker healing.
	Robotic surgery	More precise operations such as brain surgery.

2.2.2 Data Types

The use of data types:
- Integer
- Real
- Boolean
- Character and string
- Casting

Its important to ensure that the correct data type is used when assigning them to a variable or constant.
By choosing the wrong data type it could cause an error in you program

Integer	Int	Whole numbers e.g. 1 or -1
Real/Float	Float	Numbers with decimal points e.g. 12.99
Character	Char	A single character e.g. a or A
String	Str	A group of characters together e.g. a full sentence
Boolean	bool	True or False

Casting is a process of converting data types.
Some languages do not allow you to multiply different data types together.
Some may allow it, but automatically 'cast' your type for you.

Example of casting:
```
if bool(valid) == True then
    result = int(num1) + float(num2) - int(num3)
else
    result = int(num1) - float(num2) + int(num3)
endif
print( region + " achieved " + str(result) )
```

2.2.3 Additional Programming Techniques

The use of basic string manipulation
The use of basic file handling operations:
- Open
- Read
- Write
- Close

Text files are used to store a variety of data:
- books and business documents
- logs of events
- lists of names
- tables of data with various numbers of columns and rows.

These text files can be manipulated using the programming techniques in the table below.

Strings (or text) are used a great deal in computer programs It is important to be able to **manipulate strings** e.g.
- find out how long a string is
- work with part of a string (a substring)
- change a string to all UPPER or LOWER case

Basic File Handling Operations	
myFile=open("....")	Opens the file
myFile.close()	Closes the file that is open
myFile.readLine()	Read a line from the file
myFile.writeLine()	Write a line to a file
myFile=("....")	Create a new file

Basic String Manipulation	
String.length	Obtains the length of the string in character
String.upper	Converts the string to all upper case
String.lower	Converts the string to all lower case
String.left[n]	Gets the left-most [n] characters of the string
String.right[n]	Gets the right-most [n] characters of the string

It is often necessary to join text strings together in a program to make a new text string. This is called **concatenation**.

fname = 'walter'
sname = 'white'
name = fname + ' ' + sname

Python provides the ability to slice strings.
Slicing characters from a string allows programmers to select any characters that they want from a string.
You can set the element you want to start the slice at, which element you want to finish at, and the increments or decrements you want. For example:
fname[0:5:2] = wle

2.2.3 Additional Programming Techniques

- **The use of records to store data**
- **The use of SQL to search for data**

There are three main ways that records are stored in computer systems

In text files	Stored on the secondary storage (hard disk/SSD/flash). Used to store data when the application is closed. Useful for small volumes of data. E.g. configuration files. Each entry is stored on a new line or separated with an identifier such as a comma or tab. Can require a linear search to find/read data which is slow (if there is no order to the data or record structure). Structured text files E.g. CSV, XML & JSON are popular for storing and exchanging data between applications
In Arrays	Stored in RAM. Used to store data when a program is running. Useful for small volumes of data an algorithm is using. Can be single or multi dimensional allowing for tables of data to be stored. Uses indexes to refer to data items. Efficient algorithms or linear searches can be used to find data
In databases	Often stored on remote servers. Often used to store data shared by many users, e.g. ticket booking system

---

Record Structure

When storing multiple bits of data about multiple objects of a similar type, we end up with **tables** or **2D arrays**.
Responses to questions about an object are stored are known as its **"property"** or **"attribute"** and stored in a **"field"**
A collection of fields forms a **"record"** which roughly corresponds to a row in a table.

A record can be created like this:

```
record students
    int student_number
    string student_name
    bool passed_test
endrecord
```

Data can be assigned using variables:

```
Student1=students(1,"Bob Jones", True)
Student2=students(2,"Steve Smith", False)
Student3=students(3,"Sally Roberts", True)
```

The whole record can be accessed using the variable name:

```
print(Student1)
```

(1, "Bob Jones", True)

or part of a record can be accessed:

```
print(Student3.student_name)
```

Sally Roberts

SQL is the language used to manage and search databases. It uses particular commands to search the data.

Command	Example	What is does
SELECT FROM	SELECT name, age FROM students	Displays the name and age of everyone in the students table
WHERE	SELECT name FROM students WHERE gender=male	Displays the name of everyone ion the students table who's gender is male
LIKE	SELECT name FROM students WHERE name LIKE "%Smith"	Displays the students' names that end with Smith.
AND	SELECT name FROM students WHERE gender=male AND attendance >90	Displays the students who are male and have an attendance of more than 90.
*	SELECT * FROM students	Selects all the fields from the students table

2.3.2 Testing

The purpose of testing
Types of testing:
- Iterative
- Final/terminal

Identify syntax and logic errors
Selecting and using suitable test data:
- Normal
- Boundary
- Invalid/Erroneous

Refining algorithms

Final Testing – The program goes is tested once at the end of development. Everything is tested in one go.
Iterative testing - a program is tested and then changes are made as it goes through the development cycle again. It may go through this process a few times to make sure it is exactly what the customer wants.

The purpose of Testing is to find bugs and find them as early as possible and make sure they get fixed.
To ensure the program meets the requirements of the customer.
An important part of computer programming which involves checking a program for errors.

Syntax errors are mistakes in the way that the code is written.
Syntax break the rules of the programming language.
Translators can only execute a program if it is syntactically correct.
Common syntax errors include:
- spelling mistakes
- incorrect use of punctuation
- use of capital letters.

Logic errors: a logic error is a bug in a program that causes it to operate incorrectly.
Logic errors may not make a program terminate or crash.
Logic errors usually produce unexpected results.
Logic errors may not always be easy to spot.

What is an error? An error in a program is sometimes called a Bug.
This is because Grace Hopper discovered a moth in a computer which was stopping it from functioning correctly.
Bugs cause the program to run incorrectly and are usually caused by an error in the coding.
Not all errors will stop a program from running.

Runtime errors cause programs to crash even if there appears to be nothing wrong with the program code.
They are only detected once the program is executed.
Examples could be:
- running out of memory
- dividing by zero.

```
stocklevel = input("Enter stock level")        Logic Error
    if stocklevel >= 5 or < 25 then             Will still run but wont
                                                give expected result

            print(Not in demand)
    else                                        Syntax Error
            print(In demand)                    will not run as rules
    endif                                       of the language are
                                                broken
```

When testing the program it is important to use a range of test data:
- normal
- boundary
- invalid/erroneous

Invalid/Erroneous will cause the same error – it will be **rejected** by the program.
Normal and boundary data will be **accepted** by the program.

Normal – Data that is correct
Boundary – The minimum/maximum values of the data that could be entered for example for teenagers 13 and 19.
Invalid– Values higher or lower than the expected range, for teenagers greater than 19.
Erroneous - incorrect values that the program should not accept such as entering 'Dave' in an age field.

Refining algorithms: Now that you understand what invalid and erroneous data is, you should create programs that do not accept these values.
- Writing code which anticipates a range of possible inputs.
- Those inputs could be invalid data or erroneous data.
- Making sure "bad" data doesn't crash the program.
- Making sure prompts to the user are descriptive and helpful.
- Making sure only data of the correct "data type" are entered.
- Checking and handling missing or blank data

One common option is to use simple exception handing commands available in most languages.

2.5.1 Languages

Characteristics and purpose of different levels of programming language:

- High-level languages
- Low-level languages

The purpose of translators
The characteristics of a compiler and an interpreter

HIGH LEVEL LANGUAGES are languages that are easier for the programmer to understand as they are closer to human language this helps the programmer because:
- Easier to find error
- Uses English like keywords
- One instruction translates into many machine codes instructions

LOW LEVEL LANGUAGES are used for writing device drivers and programs that interact with hardware.

All programs are executed in machine code – this means that any program now written in machine code needs to be translated into this form.

Software called **TRANSLATORS** is used to convert High Level Languages or Assembly Language into machine code. There are two types of translator – **COMPILERS** and **INTERPRETERS**.

SOURCE CODE is the language the program was written in. When this is compiled into **OBJECT CODE** it creates an **EXECUTABLE** file that can run on any computer without the use of a compiler.

	Languages	Syntax	Translation	Hardware dependent?	Example
Low level	Machine Code	Data and instructions made up of 1s and 0s	Does need to be translated	YES (unique to each processor type)	11000101 11011011
	Assembly Language	Mnemonics/ symbols	One statement translates to one machine code instruction	YES (unique to each processor type)	MOV1 #5B #6A LDA1 #6A
High level	Python, JAVA, C++, Visual Basic	Resembles human language	One statement translates into many machine code instructions	NO – transferrable and usable on any computer	print("Hello World")

2.5.2 The Integrated Development Environment

Common tools and facilities available in an Integrated Development Environment (IDE):
- Editors
- Error diagnostics
- Run-time environment
- Translators

Integrated Development Environment (IDE):
- Editor (for writing the code)
- Error Diagnostics (such as de-bug facilities)
- Run-Time Environment
- Translators

IDE's allow the programmers to **WRITE, EDIT, EXECUTE** and **TRANSLATE** their code.

The **EDITOR** allows the programmer to enter/edit code and may provide tools like auto-indenting, colour coding variables and commands, and adding line numbers.
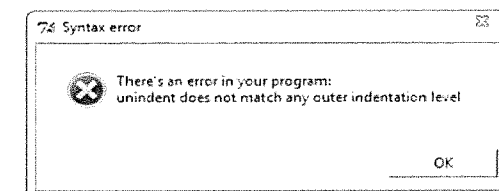
The **RUN –TIME ENVIRONMENT** shows what happens when the code is executed

ERROR DIAGNOSTICS identify any errors picked up during the compilation process – the IDE will also **TRANSLATE** the code.

```
sample.py - C:/Users/Rishit/Desktop/python programs/sample.py
File   Edit   Format   Run   Options   Windows   Help
a = 0
        a < 10:
        a = a + 1
        a > 5:
            print(a,   "  ",  5)
            a <= 7:
            print(a,   "  ",  7)
        :
            print("Neither test was true")
```

```
Syntax error
    There's an error in your program:
    unindent does not match any outer indentation level
                                                    OK
```

R093: Creative iMedia in the media industry

4.1 Distribution Platforms

Description:
Once a product has been finalised the product will need to be distributed. Distribution methods and platforms are the way the product is going to be access/sent to the audience.

Distribution consideration

Before you can make any decisions about how a product is distributed there are some things that need to be considered
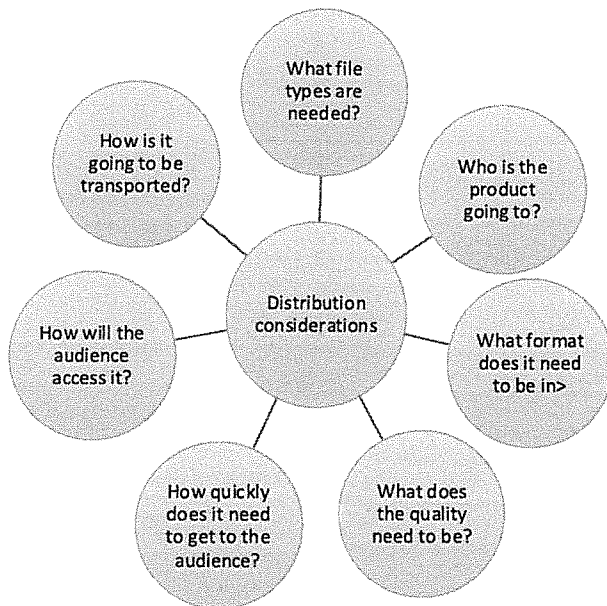
Online Platforms

There are three online distribution platforms they are:
- Apps
- Multimedia7
- Web

Apps

Quick and easy to update
Potentially easy to access
Can be used anywhere
Only requires phone or tablet
Easy to interact
Consumers must have the app downloaded
Limited size limited to app shape
May need internets

Multimedia

Allows a range of content
Great interactivity
Content may need sending to the customer
May need internet for external links

Web

Easy to access using the internet
Search engine can be used to search items
Moving content is easy to embed
Quick to upload and update
Specific sizes and dimensions often needed
Requires internet
Content can be lost with other content available
May require coding
File sizes and types can effect upload and download

Physical Platforms

There are four physical platforms for distribution
- Computer
- Interactive TV
- Kiosks
- Mobile devices

Computer

Can show products with complex levels of interactivity	Can be monitored
Will show most media products	Expensive so not all can have one
Internet not always needed	Not always portable
Powerful with few limits	Relies on being set up properly

Interactive TV

Access to apps and channels	audience
Highly interactive	Not portable
Fast delivery	Too much choice
Content sent to the interactive TV	Expensive to buy
Content matched to the	

Kiosks

Can be set up in key areas	Can have multiple users
Easy for consumers	Target audience is limited
To use	Generally not portable
Highly interactive	Needs maintenance
Can process many files	May not have sound

Timescales

Mass audience	Range of compatible files
Fast moving tech	Huge competition
Highly interactive	Relies on internet/Bluetooth
Portable	Limited memory
May have accessories	Different OS requires
Quick distribution	different setup

Physical Media

There are three physical media distribution methods:
- CD/DVD
- Memory stick
- Paper based

CD/DVD

Audiences can keep physical copies
Does not require the internet
Can be sent to the target audience and shops for sale
Expensive to produce
Takes time to make
Fixed space for content
Requires a player
Flimsy and fragile

Memory stick

Small so easy to transport
Physical copy
Does not need internet
Often large amounts of memory
Allows the user to share and transfer files
Requires a computer of TV to work
File compatibility can be a problem
Content can be erased or overwritten
Easily lost

Paper based

Physical canopies have a visual impact	Expensive to produce
Print quality	Often some wastage
Professional looking	Costly to store and transport
Can be placed in a range of locations	Difficult to track impact

4.1 Distribution Platforms

Description:
Once a product has been finalised the product will need to be distributed. Distribution methods and platforms are the way the product is going to be access/sent to the audience.

Distribution consideration

Before you can make any decisions about how a product is distributed there are some things that need to be considered

Topic 1. 1 Types of Care Settings

Health care: the service of providing medical care, preventative screening and treatment for illness, disease, disability or injury. Examples include:
- **Hospital** : an institution providing medical and surgical treatment and nursing care for sick or injured people
- **GP surgery**: location where a general practitioner (doctor) will see patients
- **Dental Practice:** A type of GP practice but specializes in dental care (teeth)

Primary Care – the first point of contact you are likely to have in the NHS, for example when you go to the doctor.

Secondary Care – is specialist treatment or care such as psychiatry usually given in hospital or clinic referred from a primary care service provider.

Social care: the service of providing a wide range of different types of care. The main areas of social care are: domiciliary care in service users' homes and providing protection or support services for adults and children in need or at risk. Examples include:
- **Community centre**: a place where people from a particular neighbourhood can meet for social events, education classes, or recreational activities
- **Day centre**: a place providing care and recreation facilities for those who cannot be fully independent.
- **Residential home**: a term used to describe the general care and support provided in a standard care home
- **Retirement home**: a house or flat in a group or block designed for the needs of old and retired people

Service user: A person who accesses health and social care services from service providers. Example: A elderly person attends a appointment at a hospital.

Care provider: this is an organisation acting as a direct provider of health care services.

Domiciliary care: the range of services put in place to support an individual in their own home. Example: A district nurse helps the service user to cook and clean within their home.

Topic 1.2 The rights of service users Part A

Choice: choice gives service users control and options over their lives and promotes independence. It also ensures that they receive care ad treatments that meet their needs.

Confidentiality: limits access or places restrictions on sharing certain types of sensitive information, such as medical records, so that it is kept private and available only to those who need to be aware of it.

Consultation: the process of discussing an issue with another person in order to receive their thoughts, advice or opinion, so that a decision can be made that is acceptable and appropriate for all involved.

Equal: Fairness. Equal treatment means being given the same opportunities and choices as everyone else.

Fair: Fair treatment means being able to have full access to those opportunities and choices, as well as receiving the correct type of care that meets service user needs

Law: These are passed by Parliament, and state the rights and entitlements of service users. If someone breaks the law, they can be prosecuted by being taken to court. Example: Care providers follow the legislation of the NHS.

Equality Act (2010): A law intended to prevent discriminatory practice, to ensure service users are treated fairly.

Equality Act Protected Characteristics: nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex

Topic 1.2 Part B the rights of service users

Abuse: the intentional harm done to another person through mistreatment or ill-treatment or failing to act to prevent harm. Example: A nurse opens the window on a ward and removes the service users blanket making them cold and their health deteriorating.

'Need-to-know' basis: Information is only shared with those directly involved with the care and support of the service user. Example: A care provider only shares information of a service user with another care provider who is involved within the service users care.

Safeguarding: Actions taken to protect service users by ensuring a safe and healthy environment where the risks of danger, harm or abuse are reduced. Example: It is important that patients remain confident that their personal information is kept safe and secure.

Manual Handling: Using the correct procedures when physically moving any load by lifting, putting down, pushing or pulling. Example: Transferring a client from a chair to a bed.

Topic 1.3 The benefits to service users' health and wellbeing when their rights are maintained.

Empowerment: is when you feel in control of your life. Giving someone the authority or control to do something. The way a health or social care service provider encourages a service user to make decisions and to take control of their own life. Example: They allow the service user to control their care and what care they want to receive.

Self- reliant: Able to do or decide things by yourself, rather than depending on other people for help. Example: A service user decides what they treatment they want rather than the care provider.

Self- esteem: How much a person values themselves and the life they live. Example: High self-esteem is associated with people who are happy and confident. A service user with low self-esteem experiences feelings of unhappiness and worthlessness.

Self-respect: valuing yourself.

Trust: Service users must be able to feel that service providers are trustworthy, they thy will not harm them and that they have their best interests at heart. Example: A service user who lacks trust may not continue with the care they are receiving. This could have negative effects on their physical and mental health and well-being.

Physical health: physical health describes the condition of your body. This includes whether you have a illness, injury or a health condition. Example: The physical health of n elderly woman has deteriorated due to her falling and breaking her hip.

Mental health: The state of health of somebody's mind. Example: Someone who has a lost a close family member mental health may decline due to grief they will go through.

Respect: Where you consider other people's feelings and you treat them in a courteous way. Example: A care provider respects the decisions a service user makes about their care.

Topic 2.1 Part A: Person-centred values and how they are applied by service providers

Person-Centred: key principles that underpin the work of those providing care and support in health and social care services such as respecting and empowering individuals.

Equality: This means treating people fairly and valuing them for who they are. Everyone should be provided with the same rights and opportunities, and this should not be affected by their age, ability, gender, culture or religion.

Individuality: This value means recognising that each person has their own identity, needs, wishes, beliefs and values. These individual differences must be considered and taken account of when providing care and support.

Personalised care: This means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs.

Privacy: the right that someone has to keep their personal life or personal information secret or known only to a small group of people.

Dignity: being respected and treated with care. This value involves having regard for the feelings, opinions and wishes of others. By respecting and valuing the service user's rights, views and needs, the service provider supports their self-esteem and makes them feel valued.

Partnership: This involves different professionals, services and agencies working together to provide the most effective care for a service user requiring treatment or support.

Diversity: appreciating the differences between people and treating people's values, beliefs, cultures and lifestyles with respect.

Sexuality: Sexuality includes a person's gender identity, body image and sexual desires.

Topic 2.1 Part B: Person-centred values and how they are applied by service providers

The six C's: Key principles which should inform every health and social care service provider's practice and enable them to provide person-centred care.

Care: Means a service provider will do all they can to provide appropriate treatment or support that will maintain or improve a service user's health and well-being.

Compassion: Providing care and support with kindness, consideration, respect and empathy. It is also having consideration for the service user receiving care or treatment as well as being able to put yourself in the patients situation and show understanding.

Competence: refers to the ability of a service provider to provide high quality, effective care through applying their knowledge, skills, understanding and expertise to meet a service user's care needs.

Communication: essential to developing good relationships with service users, their families and also with colleagues. It is important to be able to listen carefully and speak in a way that service users receiving care and support can understand.

Courage: is being brave: being able to speak up when having concerns, doing the right thing and also trying something new such as a new way of working.

Commitment: when a service provider is dedicated to providing care and support to meet the service user's need.

Topic 2.2 Benefits of applying the person-centred values

Valuing diversity: Accepting and respecting individual differences such as faith, diet, sexuality, ethnicity and customs. Example: Receiving appropriate care that meets their needs and do not experience discriminatory attitudes.

Nutrition: the process of providing or obtaining the food necessary for health and growth. Example: Eating a healthy diet so health and diet is positive.

Standardisation: Healthcare standardisation is the specifications of rules, guidelines or characteristics for designing products or carrying out activities. Example: Care providers with follow standardisations to make sure they follow all of the rules when caring for a service user.

Quality of Care: degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Example: the quality of care within hospitals should be high as they should improve the health of the service users.

Quality of life: a multi-dimensional concept that includes domains related to physical, mental, emotional and social functioning. Example: providing hospital patients with appropriate nutritional meals, providing help to eat and drink and discussing treatment.

Topic 2.3 Effects on service users' health and wellebeing if person-centred values are not applied

Physical effects: relate to the service user's body. Example: a nursing home resident suffers with coeliac disease- this causes unpleasant symptoms if gluten is consumed. If they are not given gluten- free food, it will lead to a deterioration of their digestive health.

Intellectual effects: Relate to the service user's thought processes such as thinking skills, understanding, learning, reasoning, comprehension and knowledge. Example: If a young adult who has learning difficulties is not given support and learning activities matched to their special needs, their learning will not progress and they will not reach their potential.

Emotional effects: Relate to the service user's feelings. Examples: An elderly woman attends a day centre. She is a vegetarian but at lunch is expected to eat the same meal as others, just without the meat. This is unfair treatment and is likely to upset her as she is not being treated as well as the others. She might develop low self-esteem as she feels she is not important enough to be given a proper vegetarian meal. She could also feel embarrassed that she is being a nuisance, expecting a 'special' meal.

Social effects: relate to the service user's relationships with others. Example: if staff at a day centre do nothing about other young adults laughing at a girl who has a birthmark on her face, the girl may lack friends, become isolated and withdrawn and refuse to attend.

Malnutrition: lack of proper nutrition, caused by not having enough to eat, not eating enough of the right things or being unable to use the food that one does eat.

Dehydration: the lack of water or the abnormal loss of water.

Self- confidence: a feeling of trust in one's abilities, qualities and judgement.

Disempowered: to deprive of power, authority or influence. Example: A service user is too worried to put their own opinions across for their care plan as they feel a lack of power.

Topic 3.1 The importance of verbal communication skills in health and social care settings

Communication: exchanging of information by speaking, writing or using some other medium.

Effective: successful in producing a desired or intended result.

Interpersonal skills: the ability to communicate or interact well with others.

Verbal communication: is the exchange of information between people using speech.

Non-verbal communication: the ways in which people convey information about their emotions, needs, intentions, attitudes and thoughts without the use of verbal/spoken language.

Clarity: This involves service providers being able to share information with other staff or with service users in a clear and accurate way that can be easily understood.

Empathy: Ability to understand and share the feelings of another person, understand another person's way of thinking and imagine what it would be like to be in that person's situations.

Jargon: Specialist or technical language, or terms and abbreviations that are difficult for non-specialists to understand. Example: Care providers use complex technical words that service users do not understand.

Patience: This involves giving a service user the time to say or do what they need to, being supportive, not rushing them and not making them feel pressured.

Tone: Is how your voice is heard. Example: the tone of your voice should be calm and not rushed. A varied tone of voice will come across to others as friendly and interested.

Volume: How loudly or quietly you need to speak depends on the situation. Example: raising your voice may be appropriate in a noisy environment.

Pace: how quickly you are speaking.

Topic 3.2 the importance of non-verbal communication in HSC

Eye contact: the state in which two people are aware of looking directly into one another's eyes.

Facial Expressions: These can act as positive and negative responses to a situation such as raining eyebrows, frowning and moving your mouth. Example: a service user could use facial expressions to show a service provider they have a question.

Gestures: Involve hand movements. Example: drumming fingers on a surface or twiddling thumbs show signals of impatience.

Position: To be placed in a particular way. It is better for effective communication if people are at the same level as the service provider speaking to them. Example: it is important when speaking to someone in a wheelchair to lower yourselves to their level so they feel respected.

Personal space: the physical space immediately surrounding someone, into which intrusion can feel threatening or uncomfortable. Personal space differs between cultures and between service users. Some people feel uncomfortable if others are close, whereas other people find it acceptable.

Posture: the position in which someone holds their body when standing or sitting. Health and social care staff need to be approachable by service users and so it is important that they use open body language.

Topic 3.3 the importance of active listening in HSC settings

Active listening: Having an open, relaxed posture, making eye contact and looking interested, nodding agreement, showing empathy, reflecting feelings, clarifying and summarising to show understanding of key point.

Topic 3.4 the importance of special methods of communication in HSC

Advocate: is someone who speaks on behalf of a service user who is unable to speak up for themselves. Example: an advocate for a child could be a parent.

Braille: method of communication used by visually impaired or blind people. Consists of dots which are read by touch.

British sign language: involves using the hands and fingers to make visual signs. This is used by people who have impaired hearing and by other people to communicate with them.

Interpreter: An individual who will convert a message from one language to another and speak it. Example: An interpreter may change a language of a service user into English for the care provider to understand.

Makaton: a system that uses a combination of speech, gestures and pictures to communicate.

Voice activated software: allow users to write text, use the internet, send emails and use applications by using their voice rather than a mouse or a keyboard. Example: someone with cerebral palsy may have difficulties with fine motor skills, which makes handwriting and using a keyboard challenging. They would benefit from using voice-activated software to help with communication.

Topic 3.5 The importance of effective communication in health and social care settings

Reassurance: the action of removing someone's doubts or fears. Example: a care provider reassuring a mother before their child goes into an operation.

Patronise: treat in a way that is apparently kind or helpful but betrays a feeling of superiority. Example: Repeating words to a service user when they still don't understand.

Space for you to add additional terms

Topic 4.1 Safeguarding. Protecting service users and service providers in health and social care settings

Safeguarding: Refers to the actions taken to protect a service users health and well-being

Disclosure: When a service user tells you directly or indirectly through their behaviour, that they are, or have been abused

Vulnerable: A word to describe someone who is less able to protect themselves from harm or exploitation due to, for example, mental health problems, learning disability or physical impairment

Disability: A physical impairment or weakness that affects an individual's ability to do daily activities

Physical disability: A condition that affects and limits the way a person moves and their ability to perform physical activities

Learning disability: A reduced ability to think and make decisions, as well as difficulties with everyday activities

Impairment: diminishment or loss of function or ability

Safeguarding policy: A set of regulations that states a care settings way of working and procedures to follow regarding safeguarding

Designated safeguarding lead: The person in an organisation or service that has a responsibility for safeguarding

Duty: Legal or moral responsibility

Disclosure and barring service: Service that works closely with the police and helps prevent unsuitable people from working with vulnerable service users. Types of DBS checks:
Standard check: checks for criminal convictions, cautions & reprimands
Enhanced check: additional check of any information held by police that is relevant to the role being applied for

Topic 4.2 Infection prevention

Hygiene: Practices that keep yourself and your surroundings clean, in order to prevent illness and the spread of disease

Infection: What happens when germs (pathogens) invade the body and cause disease or illness

Anti-bacterial: Types of items designed to prevent the growth or spread of bacteria

Disinfect: To clean something with chemicals to kill bacteria

Hazardous waste: Waste with properties that make it dangerous to health or the environment

Sharps: Examples include used needles and cannulas; these can cause injury by a needle or sharp edge pricking or cutting skin

Personal Protective Equipment (PPE): Clothing or equipment that can prevent the transfer or germs from one person to another

Disposable: Items that should only be used once and replaced for each new task

Surgical: Items used when carrying out procedures to protect the service provider and the patient from infection

Topic 4.3 Safety procedures and measures

Safety procedure: A set of processes that is followed, such as a fire drill of carrying out risk assessment

Safety measure: A particular action, such as putting up a 'Wet floor' sign

First aid: The immediate treatment provided for a service user who has an accident or is suddenly taken ill. It is a legal requirement that all care settings and service providers must have enough trained first aiders available.

Risk assessments: Checks that are needed to make sure that equipment is safe and that the care setting building itself is safe. They are put in place to identity dangers such as: potential accidents, trip hazards, risky activities that require more than the usual amount of staff supervision.

Evaluation: Making a judgement and determining the value of something relating to a service user or provider.

Hoist: using equipment to raise or lift someone

Procedure: a series of actions conducted in a certain order or manner

Measure: a plan or course of action taken to achieve a particular purpose

Moving & Handling Techniques: Service providers in health and social care settings will often need to move large items of equipment and assist service users with their movement. Staff must be trained in moving and handling for the safety of both themselves and the service users. Examples include: Assisting a service user with a physical disability to get out of bed/bath/chair.

Topic 4.4 How security measures protect service users and staff

ID Lanyards & Staff Uniform: Staff wearing ID and wearing uniform make it easy to spot unauthorised service providers, ensuring the safety of both other service providers and service users.

Key Holder: Within a care setting or service only certain members of staff will have access to keys for different areas of the site. There will be a list of authorised staff who have keys for certain areas, this means that the location of each set of keys is known.

Line Manager: A service provider with direct responsibility for a group of particular employees

Concern: Something that can cause worry or has a degree of importance relating to services users & providers.

Restricted Access: An electronic swipe card or security pad with a pin will prevent unauthorised people from entering the setting, as only those with the correct card or pin will be able to enter.

Restraint: Measures or conditions that keeps someone or something under control. For example, in care settings security aids are designed to prevent service users from causing themselves harm and keeping vulnerable service users safe.