

Assessment Schedule – 2013**Scholarship Physical Education (93501)****Judgement Statement**

Descriptors	Outstanding Scholarship		Scholarship		Just below Scholarship	Below scholarship	
	8	7	6	5	4	3	2, 1, 0
Analysis and critical thinking	Divergent ideas surrounding the topic. Complexity. Appropriate use of references and relevant experience.	Slightly lower level of sophistication.	Critical evaluation mostly sustained. Theoretical, practical balance.	Critical evaluation not sustained. Theoretical, practical balance.	Some critical evaluation, but not consistent.	Little evidence of critical thinking and no critical evaluation.	2 = Relevant Scholarship subject knowledge, but no critical thinking, or evaluation. 1 = Minimal evidence of relevant Scholarship subject knowledge. 0 = No relevant Scholarship subject knowledge.
Integration, synthesis, and application of highly developed knowledge, skills, and understanding of complex situations	Depth of understanding and integration. Understanding of complexity. Divergent ideas.	Less complexity in argument may present as less convincing.	Addresses all aspects of the question and feels balanced.	Addresses all aspects of the question, although limited viewpoints may have been considered.	Not evident, or lacks balance (to the extent the questions are not really addressed).		
Logical development, precision, and clarity of ideas	Logical development of argument. Supports argument with further evidence.			May be issues with logic. May be some repetition of ideas.	Covers too many points, inadequately.	Questions not properly answered – recollection, explanation alone.	
Sustained perception and insight	Across a range of selected appropriate contexts. Depth in chosen contexts.		Depth in some areas. Breadth may overtake depth.		Breadth over depth.		

Sustained sophisticated integration and abstraction	Generalise to likely future outcomes.	Less sophistication and creativity.	Some development of ideas.
Sustained independent reflection and extrapolation	Provide scenarios based on personal reflection to illustrate a point.	Some personal reflection evidence in answer.	Little evidence of independent reflection.
Sustained convincing communication	Balanced response (theory and practice). Compelling argument. Clarity, precision, and creativity.	Clear argument.	May be issues with fluency.
			Many unsubstantiated assumptions and generalisations.

Evidence Statement

Question One

The candidate critically evaluates why **“a little knowledge can be a dangerous thing”** in the development of an outdoor education experience and / or physical activity programme, and supports their evaluation with appropriate examples from their own knowledge and experience of developing an outdoor education experience and / or physical activity programme.

Central to this question is the assumption that just because we know a little information, or have a degree of knowledge / education in an area, that we can be lulled into a sense of false security about the veracity of our understanding. This can equally be the case where we have access to a wealth of information quickly through the Internet, and customised apps for mobile devices, that can tell us what to eat, how to train, what exercises to perform, the weather at our GPS location, etc. Consequently, we believe the information we have at our fingertips, and have not been “critical consumers” of information, ie asking what it means, who designed it, how well they understood the subject matter, etc. This is often the case with lay people who take advice, or accept what they read or hear as valid, because it is what they want to hear, or because it makes their life easier. Once again, they are not “critical consumers” of knowledge because they lack the foundations of knowledge in the subject area themselves.

A critical evaluation could include consideration of:

- The inherent risks of assuming too much knowledge when goal-setting / planning, eg over-estimating the reality of the goal / objective against the physical, social, emotional / mental, and intellectual attributes they bring to it. For example, just because someone has had six lessons of kayaking on a particular stretch of river does not imply that they are ready to kayak any river – they merely have some of the associated skills – but are still not in possession of a wider range of knowledge associated with kayaking a river.
- The inherent risks of assuming sound knowledge in the designing / organising of a physical activity programme or experience could include ignorance / lack of knowledge of understanding of the individual / personalised application of FIDOSAR (in the case of a PEP or PIP), or a lack of understanding of weather patterns, river conditions, equipment requirements, and risk potential in outdoor education. These should be supplemented with examples.
- The concept of individualisation / personalisation, linking to the central statement that “a little knowledge can be a dangerous thing”. For example, candidates may highlight that the assumption of knowledge or reliance on pre-prepared programmes / templates / resources removes the ability to tailor something to the needs of the individual if the underlying knowledge to be able to do so is lacking, or does not exist in the first place.
- The concept that even though we have a little knowledge, this allows us to take risks (managed) because we recognise our limitations and learn from the mistakes or successes that accrue as a result. In this sense, having a little knowledge provides a starting point for a feedback loop, or critical thinking loop, in which we can learn more through the experience, rather than simply sitting back and saying, “I don’t know enough, so why bother”? A lot of good learning can potentially arise from having only a little knowledge, but having a strong desire to learn.
- The concept of a little knowledge not being a dangerous thing when considered within the context of a wider group. A little knowledge can add to the understanding of the group / team. For example, intimate knowledge of local weather conditions can compensate for a lack of knowledge of a particular skill, or organisational ability within an outdoor education group. Alternatively, having knowledge in one aspect of weight training can add to the collective knowledge of the topic, thereby increasing the understanding of others.
- The assumption that no one can be expected to know everything being better than only having a little knowledge because then people would be too afraid to engage in physical activity.

The candidate may use aspects of a physical activity programme, and use the same risk of assuming you know too much, or placing too much stock in the information produced.

Even having a lot of knowledge does not necessarily preclude errors or mistakes. There are sociocultural and biophysical aspects that come into play when we are unsure, are at risk, in danger, etc. Snap decisions can be made without due consideration, so in this sense, all the knowledge we have has counted for little.

How we address the issue is to:

- develop personal understanding
- become “critical consumers” of knowledge
- prepare to recognise our limitations and learn to accept that we do not know it all
- remember the importance of individualisation
- recognise that people are complex and they are coming to an activity for very different reasons – one size does not fit all
- keep an open mind and work on our knowledge deficiencies
- not underestimate the collective wisdom of the group.

Question Two

The candidate critically evaluates how an understanding of the factors influencing participation in youth sport and physical activity can lead to the development of strategies that encourage and support **“lifelong physical activity participants”**, and supports their evaluation with appropriate examples from their own knowledge and experience of involvement in physical activity.

Central to this question is the assumption that involvement in physical activity during childhood and adolescence by default suggests continuing involvement in sport / physical activity as an adult, and that it will impact positively on well-being as a consequence.

There needs to be consideration of personalising the evaluation. For example, considering what physical activity they have done and do now, why they do what they do, what has influenced them, and how their lives may change over the years after school (ie what the role of sport / physical activity will be in their lives and why, what will influence them, and why and how are they going to ensure physical activity may continue – if indeed this is what they want, and if it is – how will they strategise for physical activity to continue in their lives, given their changing lifestyles).

A critical evaluation could include consideration of:

- What we learn from involvement in physical activity as young people, ie leadership, winning with grace, losing with dignity, support, fair play, and how these are valuable tools for lifelong well-being.
- The negative consequences of involvement in physical activity, ie exclusion, lack of skills, not being wanted, being undervalued, etc, and how these consequences can impact on attitudes towards physical activity later in life (as adults).
- The role of family (ie what they are involved in, what they value, what they encourage), the role of friends, the role of the community and the environment (ie what primary / intermediate and secondary schools provide and encourage, the ease of participation at school as everything is organised, communicated, and practices happen on site), etc.
- How our well-being needs change as we move through the life cycle, ie our well-being needs in childhood and adolescence may be quite different when we are adults.
- What constitutes “involvement” as an adult in physical activity? “Direct” involvement such as being an active participant in a team, or individually in a sport, or physical activity, versus “indirect” involvement in physical activity as an adult, eg coach, administrator, volunteer, etc. Both have value to well-being.
- The factors that may account for the “low to moderate correlations” found in the research, ie age, gender, social expectation, time, money, family, health, etc.
- How active / direct physical participation could be enhanced in spite of the perceived / real influencing factors noted above. This may or may not involve a consideration of health promotion concepts.
- The modelling of positive behaviours from significant others is important.
- The habitualising or normalising of physical activity at a younger age in order to reap the benefits later in life, ie maintaining involvement and enjoyment in physical activity.
- The risks in using the past to predict the future. Candidates should understand the importance of considering individual needs when considering how involvement in the past influences our future needs. Different people have different motivations for choosing to be involved in physical activity or not. Individual differences cannot be addressed by broad means of increasing involvement.
- How adolescence is a time when there is a drop in sporting participation, but not necessarily physical activity. If we better understand those push / pull factors, we could keep people involved for longer.

The candidate may consider factors that influence participation in physical activity as adults, as we transition from childhood to adolescence to adulthood, such as:

- Age:
 - With age comes societal expectation that we are involved in less physical activity. SPARC (now SportNZ) studies show a drop in the amount of physical activity in the 25–60 year age group due to time, boredom, too much work, tiredness, wanting to relax in free time, rather than being actively involved in physical activity.
- Gender:
 - Considering differences in physical activity choices between males and females and the push / pull factors in operation here.
- Time:
 - As young people transition from school to work, or higher education, priorities change, and the time that was made available for involvement in school-organised physical activity is less. With employment comes a change in priorities, possibly away from physical activity involvement and more into relaxation.
- Cognitive:
 - As we age, our motivations for involvement change. For example, they may move away from elements of competition and being socially connected with teammates, and into personal health, or having no interest in physical activity.
- Technology:
 - Technology has made it easier to do less. Interesting to explore this idea with the current younger generation and reliance on technology as they age.

Generally, while we may be aware of the influencing factors on young people's involvement in sport and physical activity, the progression to adulthood comes with a number of unforeseen and unpredictable social, physical, emotional / mental, and environmental factors that negate the value of such an understanding. It would be better to understand the influencing factors as we transition from being teenagers into adults. The Dunedin Multidisciplinary Study has shown that there is no suggestion that being physically active as a young person increases or predicts physical activity involvement as an adult. However, not being involved is a stronger predictor. It is too complex to assume an understanding, and strategies that could address this would help the situation. It is expected that an Outstanding or Scholarship candidate would explore strategies for taking action to maintain or increase involvement in physical activity as adults. This would involve recognition of the complexity of the variables involved as we transition through life, and the importance of bringing it back to the personal, interpersonal, and societal factors that are acting as barriers and enablers to action. Consequently, there is a high degree of individualisation and personalisation of what could be done in order to value the place of physical activity as individuals transition from school to work, school to higher education, and then into adulthood / family life / work life, etc. The candidate may question the sustainability of such initiatives or strategies. For example, if we provide a range of opportunities in these teenage years, does it mean an increased likelihood of becoming a lifelong participant?

Question Three

The candidate critically evaluates, with respect to New Zealand society, the suggestion that **“far from being unfair, allowing performance-enhancing drugs in sport promotes equality”**, and supports their evaluation with appropriate examples from their own knowledge and research on the issue.

Central to this question is the consideration of the suggestion that allowing drugs in sport would promote equality (ie it is not simply an evaluation of the pros and cons of drugs in sport). A candidate who fails to come to a conclusion supporting, refuting, or partially agreeing with the suggestion, with a consideration of the impact on New Zealand society, has not fully addressed the question.

A critical evaluation could include consideration of:

- Arguments **for** the legitimising of drugs in sport and therefore promoting equality, eg:
 - What is “cheating”?
 - Are drugs in sport deliberate acts to cheat?
 - Where is the line between gamesmanship and cheating? For example, is tripping an opponent, or mentally getting to them, cheating?
 - Drugs in sport are simply an attempt to level the playing field in an already uneven or unequal environment. Some use drugs, technology, money, research funding, etc, while some do not have access to such things.
 - New Zealand society and society in general have created an environment that inadvertently promotes the use of drugs in sport. Vast sums of money for players, huge paydays for sporting performance, endorsements, sponsorships, pressure, promotion of sport as a way to escape the poverty trap, regional, national, and international expectation that teams and players do well, promotion of rivalries within the media, etc, all create an environment that increases temptation.
 - Most / all drugs in sport are legitimate, well-researched, well-funded attempts to level the playing field, given the environment that sport is currently being conducted in. For example, blood doping / EPO and hypoxia training came out of preparation for the 1968 Mexico Olympics, dianabol and other steroids from US attempts to keep up with what the Russians were doing in the 1960s. In retrospect, they have been banned, so does this mean the athletes were not cheating at the time? Can you cheat in retrospect?
 - Currently, there is lots of research into human genome mapping, where endurance, speed, and muscle laying down genes have been identified and isolated, and found to be modifiable in someone’s genetic make-up. This is not yet illegal, but will it be? Does that mean that at present it is not cheating?
 - Morally, when presented with the Goldman dilemma, many people would take a drug in order to win if it could not be detected and had minimal health side effects, ie 52 % of people would take the drug even if it killed them in 5 years’ time if it meant winning a Gold medal at the Olympics. This is what we are up against in sport – if you’re not – someone else certainly is.
 - Banning drugs from the perspective of the human health risk is a misnomer. Following that logic, sports such as boxing, mountain climbing, free-diving, base jumping, etc, should be banned as well.
 - The positive impact on New Zealand society from the “feel good” factor when teams and individuals perform well on the world stage. Losses generate considerable pessimism, while winning generates optimism.
 - Removal of the illegal drugs trade in sport would be eliminated if drugs were allowed in sport. Legitimate use has to be better than underground, clandestine use.
 - Where do we draw the line between drug use in sport and body modification? It is acceptable for a shooter to have their eyes lasered to get better vision, so how is that different to drug use in sport? Where is the line?
 - Drugs have been an integral part of sport for thousands of years.

- We already tend to suggest that, when someone does well in sport, “yes but they must be taking drugs”, so why not clear up any doubt and just allow them to?
- Arguments **against** the legitimising of drugs in sport to promote equality, eg:
 - Sport is never about being equal and equality. Sport is about winning and showing you are better than someone else. To suggest simply taking drugs means competition would be closer makes little sense.
 - The considerable personal health risks as a consequence of using drugs, and the wider implications for New Zealand society in terms of health care. There have been many cases of famous athletes who have lost their lives, or destroyed the lives of others, as a result of their drug taking, eg “roid rage”.
 - Just because you allow drugs in sport, doesn’t mean it would be equal, because then it would become a battle between who had the best pharmacologist, and less about the athlete themselves, and what they bring to competition.
 - Self-pride, self-esteem, and a sense of self-worth are eroded. New Zealand prides itself on “punching above its weight” as a result of hard work. We respect hard work and use the “tall poppy syndrome” for those who take shortcuts, or have it easy.
 - The considerable damage to the code and country as a result of open, or even partial drug use. For example, the Australian sporting landscape at present, and the tarnished reputation of cycling.
 - Times have changed since the Goldman dilemma in the 1980s and 1990s. In 2009, only 1% said they would take a drug to get a gold medal if it meant dying in 5 years’ time. If the drug had no death outcome, the number rose to only 12%. There seems to have been a considerable shift in people’s views around the use of drugs in sport. This signals a belief that drugs in sport are wrong, and therefore should not be legitimised.
 - The ruining of careers as a result of drug taking is a consequence that people have to accept. To say it is fair to use drugs in sport, but unfair to be caught – as the author of the statement suggests (at present) – is wrong.
 - Just because a few people are using drugs does not mean we should all be allowed to use them. A few people have more money than others, so should they give it away to make things equal?
 - Has the author of the statement ever lost a major sporting event to an athlete who has been using drugs when he has not?

Question Four

The candidate critically evaluates the use of performance analysis as a process to inform performance improvement, and supports their evaluation with appropriate examples from their own knowledge and experience of performance analysis.

Central to this question is the consideration of how performance analysis can be used to inform change, and what the limitations of that change are. The extract focuses the question primarily on biomechanics and functional anatomy, and its advantages / limitations. Other aspects of performance improvement may enter into the evaluation: skill-learning theories, principles and methods of training, psychology, nutrition, etc.

Why do we do performance analysis?

- To identify errors in performance with a view to correcting them.
- To identify issues in terms of efficiency of execution that may be addressed.
- To identify issues in terms of sequencing and timing of muscle groups, force summation, range of motion, generating too little or not enough momentum, control of movement, injury prevention, etc.
- As a starting point for a wider analysis of what it means to be a successful / improving athlete.

A critical evaluation could include consideration of:

- Biomechanics and anatomy being very “clean” in terms of identifying errors / issues, but the application of learning theories to address them being very complex.
- Biomechanics and anatomical analysis being seen only as a potential starting point – not the definitive “fix”.
- Whether we need to fix a technique that we term “not classical”, yet is highly effective. For example, many high-profile people have had their actions remodelled and achieved less success than before.
- The recognition that improving performance based on biomechanics and functional anatomy may take a long time, and may result in the athlete regressing while they develop new recall and recognition schemas / progress through stages of learning, etc.
- The need to be very skilful in identifying and understanding biomechanical and anatomical errors because the potential risks are high (an outstanding candidate may, for example, link this idea back to Question One and the statement, “a little knowledge can be a dangerous thing”).
- Technocentricity, ie the body as a machine. Because we have found a mistake, we should fix it to make the machine more efficient. Do people want to be more efficient, or are they happy the way they are?
- Athletes being complex, ie there is more to it than simply identifying issues, and then correcting them. Coaches need to factor in: time, money, motivation, does the athlete want to change, can they accept the potential losses in performance in order to gain, is there a guarantee of gain, what is their background, etc.
- Whether we are looking to make changes to the athlete for purely selfish reasons, ie to get more years out of the athlete for personal, regional, national, international gain?
- Skill analysis as one small part of a much wider process in order to bring about performance improvement.
- The situation where an athlete has very few (if any) technical weaknesses being identified through performance analysis. Does this mean then that they cannot improve any further? This ignores the role of psychology, nutrition, and technology in performance improvement.
- Drugs bringing about improvements in performance without the need for biomechanical or anatomical analysis (an Outstanding candidate may, for example, link this idea back to Question Three and the statement regarding drugs in sport).

Question Five

The candidate critically evaluates the extent to which leadership of the health promotion process can influence the intended outcome, and supports their evaluation with appropriate examples from their own knowledge and experience of health promotion and leadership.

Central to this question is the candidate recognising the different styles that are needed at different stages of the process (ie why it is a collaborative process).

As an example, the candidate should define and explain:

- what a leader is
- leadership, eg contemporary leadership principles, leadership styles, and strategies (may include examples from L2).

The candidate must be able to adopt a position in respect to how the quality of the leader or leadership impacts on the intended outcome.

The candidate should consider the value of leadership in EACH of the different steps along the model, and consider which style / strategy / principle would be required at EACH step of the process, ie any combination of:

- identifying an issue
- developing knowledge and insight
- developing a vision
- understanding the situation
- planning
- acting
- reflecting and evaluating.

A critical evaluation could include consideration of:

- The leadership style / strategy / principle best suited to the overall health promotion process and why this would be the case
- The nature of the group and the intended goals / outcomes
- The more important parts of the model (as above), where the impact of the leader can be the most detrimental and / or the most valuable. For example, a transactional leader or autocratic leader would give out punishment / lead from the front (ie “my way or the highway”), and may not take on board the reflection / evaluation part of the model. This style of leader does not want to be seen to be changing their mind / not being right, or having their position undermined by others. Conversely, a transformational or collaborative leader needs this reflection and evaluating part to guide them in their decision-making, because they recognise they need to get the best out of the group.
- A collaborative process being important (when developing a vision) to get the best out of the skill set of the group to develop a shared vision for where they want to head.
- The many parts of the model requiring collective and collaborative processes, and therefore requiring the leadership styles that lead to this occurring (ie not stifling ideas / skills that individuals within the group contain).

- The barriers that stop people leading using leadership styles that maximise the qualities / skills of the group. For example, time-consuming to have a robust discussion, need processes in place where individuals within the group feel they are listened to, or an inexperienced leader with a difficult task outside of the expertise of the group, etc.
- The fact that success / failure of the intended outcome is relevant to specific groups and is open for discussion / judgement, ie who determines success / failure of the venture?
- The one-off isolated initiatives may initially increase participation in physical activity within a group, but that increase may not be sustainable if the leader has not allowed the group to be involved.
- The assumptions about contemporary leadership principles, and how these are applied, to draw coherent and insightful conclusions about their relevance and suitability for physical activity contexts.
- Whether or not the person leading the critical action process supported or hindered their hoped outcomes.
- The differences between leadership and management (ie leadership versus management).
- The impacts of leadership and leading on the outcomes. For example, the stifling influence of a manager versus a collaborative / distributive leader (ie managers can be very policy driven and forget about the vision when making decisions and look for the quick fix).
- The fact that good leadership does not need to rely solely on the efforts of one person.
- The fact that different leadership styles may be required at different stages of the taking action process. For example, identifying the issue: creating the vision / aims, developing knowledge and insight, inspiring / empowering others through critical and creative thinking may require a certain leadership style, whereas moving through the process to planning and acting, may involve more management of groups and the implementation of the initiative to increase physical activity.
- The fact that a leader requires emotional intelligence to be more collective / collaborative / distributed / situational in nature, and this means they are required to be more self-aware, motivated, have empathy for people, and good social skills. They also need to be personally accountable for the group, know their values / code of ethics, and be calm in pressure situations.

The candidate must include examples where they reflect on their experience of leadership in health promotion, and leadership in other contexts, such as sports teams, or the leadership of schools or clubs that they have been involved in. This includes examples where they have seen leadership that has been meaningful, or brought about change. They should include relevant research on leadership throughout for the essay.

The candidate may conclude that no one person actually fulfils the requirements to be a perfect leader, and that it requires an adaptive person able to be a **situational leader**, who relies on utilising the expertise of the people around them, ie action by people that understand where they are heading and how they will get there.

Contemporary leadership styles include, but are not limited to:

- Transactional leadership:
 - Understand followers' needs and use incentives to enhance loyalty and performance, and to maintain the status quo.
- Transformational leadership:
 - Inspire people to perform beyond basic expectations and to commit to the organisational vision. Dependency is discouraged, and the followers are encouraged to exercise leadership.
- Collaborative leadership:
 - Act collaboratively as a group to solve agreed upon issues, using supportive and inclusive methods to ensure that all people affected by a decision are part of the

change process.

- Distributed leadership:
 - Share power, roles, and responsibilities (ie not about delegation), and find the best path / action by tapping into the expertise, ideas, and effort of everyone involved.
- Situational leadership:
 - Effect task-relevant leadership (ie there is no single “best” style of leadership), and adapt their leadership style to the maturity / experience of the individual or group they are attempting to lead or influence.

Provision for individual voice and empowerment.

Leadership strategies could include:

- communication skills
- group management
- self-management
- developing partnerships
- developing or providing motivation
- goal-setting
- action-planning
- planning of fall-back or back-up strategies.

Leadership styles could include:

- Autocratic
- Democratic
- Laissez-Faire
- Bureaucratic (this is more of a “manager” who does things according to policy or procedure).