

MARK SCHEME for the October/November 2012 series

0420 COMPUTER STUDIES

0420/31

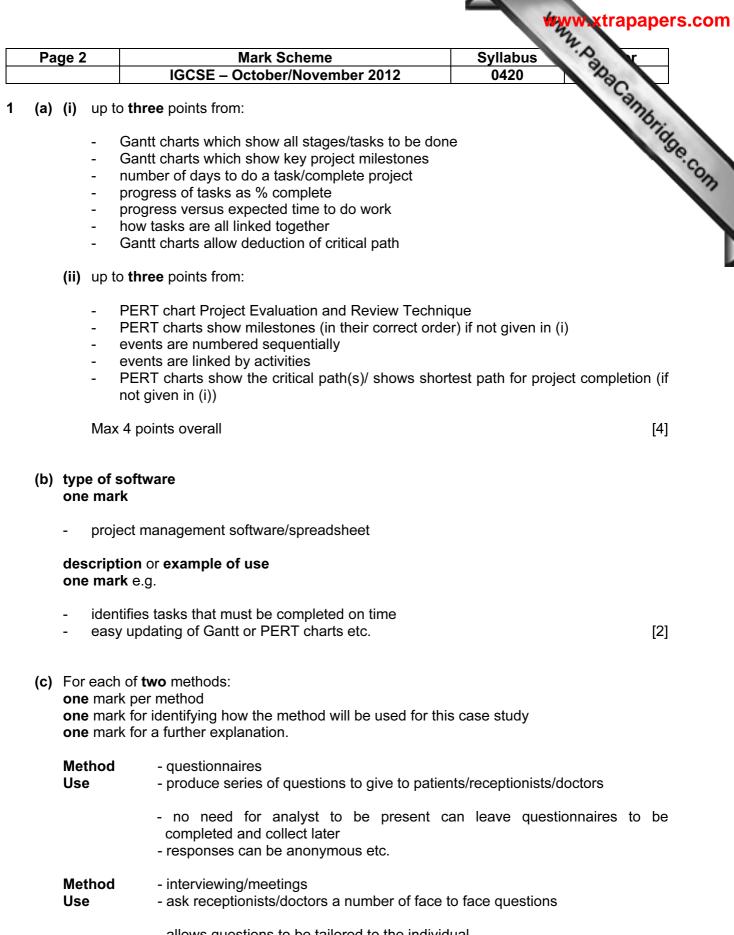
Paper 3, maximum raw mark 60

This mark scheme is published as an aid to teachers and candidates, to indicate the requirements of the examination. It shows the basis on which Examiners were instructed to award marks. It does not indicate the details of the discussions that took place at an Examiners' meeting before marking began, which would have considered the acceptability of alternative answers.

Mark schemes should be read in conjunction with the question paper and the Principal Examiner Report for Teachers.

Cambridge will not enter into discussions about these mark schemes.

Cambridge is publishing the mark schemes for the October/November 2012 series for most IGCSE, GCE Advanced Level and Advanced Subsidiary Level components and some Ordinary Level components.



- allows questions to be tailored to the individual
- allows follow up questions to be asked etc.

Page 3	Mark Scheme	Syllabus	
	IGCSE – October/November 2012	0420	100
Method Use	 document search gather information from documents appointment booking system 	/paperwork ι	ised in
	 allows procedures to be studied first hand allows close scrutiny of all paperwork/files e 	etc.	
Method Use	 observation (not doctors) watch receptionists doing their day for their appointments 		
	- gives first hand knowledge of how system w	vorke oto	101
•	f two items: per item of hardware		[6]
one mark p	f two items:		[6]
one mark p one mark p Item	f two items: ber item of hardware ber reason why it would be needed - Network Interface Card		[6]
one mark p one mark p Item Reason Item	f two items: ber item of hardware ber reason why it would be needed - Network Interface Card - to allow a computer to access the network - hub		

- offered both male and female
- confirm and try again
- navigation buttons
- clarity of instructions
- good layout

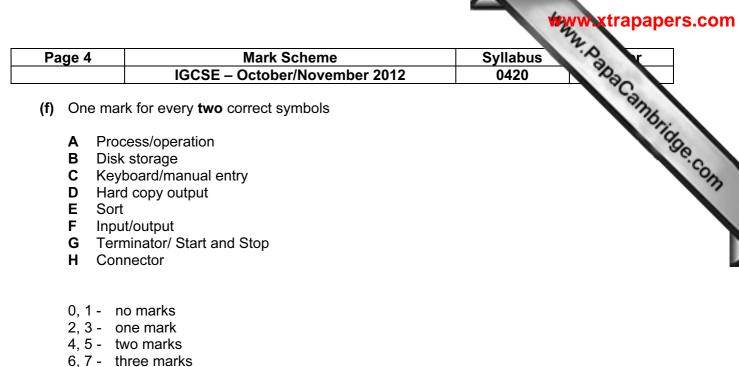
(ii) up to four points

- appropriate screen title
- offered all 31 days
- can see all days of the month clearly

If not given in (i)

- confirm and try again
- navigation buttons
- clarity of instructions
- good layout

Max 4 per screen, 8 in total



8 - four marks

[4]

- (g) One mark per process, max 4
 - Checking patient number and password
 - Selection of doctor
 - Offering appointment
 - Selection of appointment
 - Sorting and printing out/displaying list of appointments for a doctor

One mark per input, max 2

- Patient Number
- Password
- Selection of Doctor
- Selection of appointment time/date

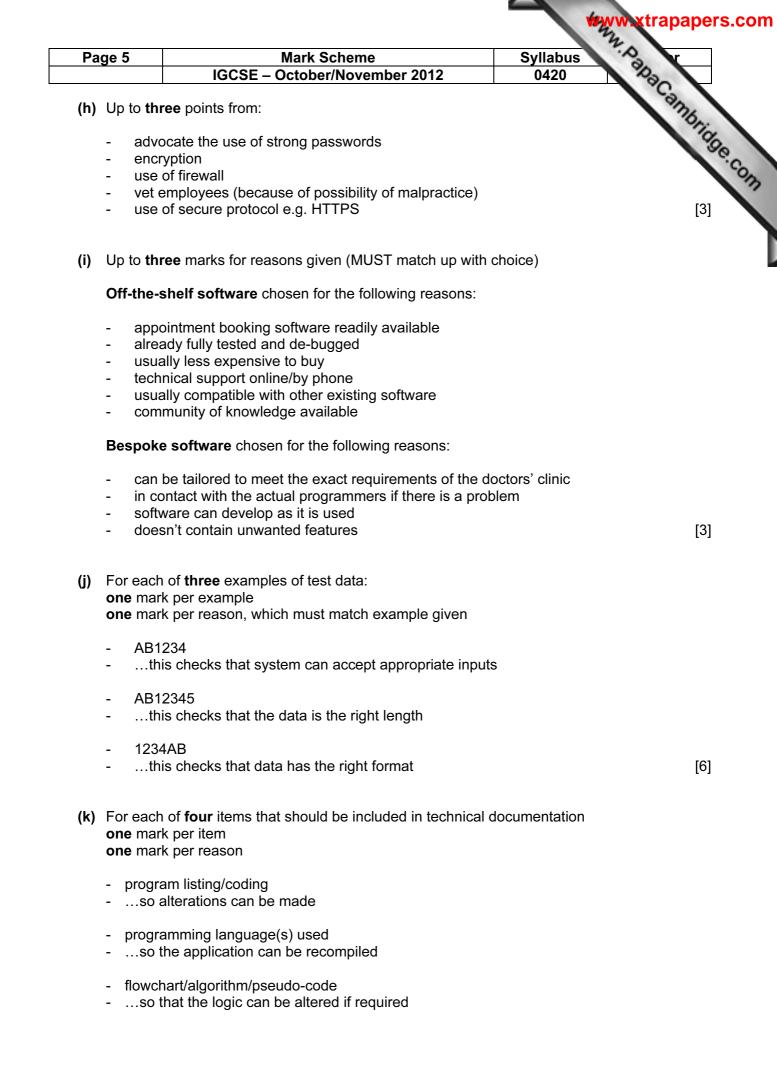
One mark per data store, max 2

- Patient file/database
- Appointment file/database
- Doctor file/database
- Database (only if none of the above were given)

One mark per output, max 2

- appointment (screen not paper)
- lists for each doctor (screen or paper)

[8]



` ag	je 6		Mark Scheme		Syllabus 🔪	N. S.		
		IGCSE -	- October/November 2	2012	0420	1020		
	Sveto	m flowchart				www.ktrapape		
•		jive overview of	whole system			76.		
						2		
		Flow Diagram						
•	to s	how movement	of data through the sys	tem				
,	- hardw	are requirement	ts/ allow example such	as memory r	eauirement			
		testing any alter	•	j				
			_					
•		are requirements testing any altera						
		tooting any atom						
		n "bugs" in the s						
•	so i	hey can be rem	oved					
	- list of	variables used (and their meaning/deso	cription)/data	dictionary			
		,	lon't spawn new errors	· ,	5			
	file et	ructures						
•			sizes can be checked					
			/testing (with results an		data used)			
•	so i	nat tests can be	re-run when alteration	s are made				
	- valida	tion rules						
	so t	hat any extra inp	outs can be subject to s	similar validat	ion			
,	- input/	output formats						
	•	•	es/alterations can follo	w the same f	ormat	[8]		
I) (One mai	k for each of tw	o methods					
			on given to a maximum	of two, which	n must match ch	nosen method		
	Direct changeover							
		-	tems side by side					
			rom new system					
	- less disruptive for receptionists/doctors							
•	 more likely to work since it will have been fully tested first 							
I	Parallel implementation							
,		•	s together side by side					
	-	-	-					
			eptionists/doctors since have old manual syst e			ared		

Pilot implementation

- adopt new system at one clinic -
- -
- can easily re-introduce old system if problems occur makes sure system fully works before adopting at another clinic -

Phased implementation e.g.

- part of system (e.g. patient arrivals) introduced initially for trials if it is OK, gradually introduce other parts of the new system -
- -
- -
- if a problem occurs, can stop using it any stage allows receptionists/doctors to gain confidence in its operation -