THE UNIVERSITY OF NEW SOUTH WALES

Exercise Physiology Program
School of Medical Sciences
Faculty of Medicine

NEUROMUSCULAR REHABILITATION
HESC3592

COURSE OUTLINE

Units of credit: 6 Session 2 2011

Convenor: **Dr. Cindy Shin-Yi Lin**

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Course Staff

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Course Description:
This course provides the opportunity for students to understand the potential and limitations of exercise as a tool for clinical rehabilitation in humans with neurological disorders. Specific information about a range of neuromuscular disorders is provided, and students are encouraged to apply their knowledge to case studies and scenarios in order to develop the scientific and clinical attributes necessary to contribute effectively to a neuromuscular rehabilitation team. This course offers a mixture of traditional and interactive/case study approaches to learning and includes a practical component in the university's Lifestyle Clinic.
Course Pre-requisites:
ANAT3131, ANAT3141, SESC2451, NEUR3101

How the Course Relates to the Discipline:
This course aims to provide a holistic preparation for the management of exercise rehabilitation programs for patients with neurological disorders. The course will build upon your understanding of the role of the nervous system in the control of movement developed in Motor Control and Dysfunction, and upon the interview, assessment and exercise prescription skills developed in Movement Rehabilitation. You will be expected to apply and adapt knowledge gained throughout your degree to specific case studies and scenarios relevant to neuromuscular rehabilitation.

Course Aims OBJECTIVES:

1. An appreciation for the role of exercise physiologists in the treatment process of neurological patients, demonstrate benefits of physical activity for prevention and management of disease, injury and disability.
2. Knowledge and communication skills needed to communicate professionally with physicians, physiotherapists, and other allied health care professionals about the treatment of neurological patients.
3. Knowledge and practical skills relevant to specific neurological disorders to allow the design and management of appropriate exercise interventions
4. Access and evaluate the scientific and clinical evidence base for continued improvement of professional practice.
5. Perform comprehensive functional capacity evaluations, including physical fitness, posture and muscle balance, task-specific biomechanical analysis and motor control assessments.
6. Liaise with medical and other allied-health professionals for a multi-disciplinary approach to health care.

Student Learning Outcomes
This term is used to describe what it is that you should be able to do, explain or understand if you have learned effectively in the course. For each lecture, tutorial, practical and assessment item, the expected learning outcomes will be explicitly stated. The assessment in the course will be matched as closely as possible to the stated learning outcomes. That is, the assessment will test how well you have achieved the learning outcomes of the course. The general learning outcomes for the course as a whole are as follows:

- Be able to communicate a mature understanding of the pathophysiology of a range of neuromuscular disorders at a level sufficient for effective communication with health care professionals. An in-depth engagement with disciplinary knowledge in its interdisciplinary context

- Have an awareness of current and (potential) future neuromuscular rehabilitation approaches and an ability to perform independent RESEARCH to address questions related to the field that may arise in your future professional activities.
- Information literacy – the skills to locate, evaluate and use relevant information for objective decision making. Be competent in the administration and interpretation of basic functional, psychological and electrophysiological tests relevant for patients undergoing neuromuscular rehabilitation.
- The skills of effective communication: have the necessary skills and contextual knowledge to effectively interview and communicate with neurological patients.
- An appreciation of, and respect for, diversity: A respect for ethical practice and social responsibility. Be able to deliver safe and effective exercise programs for patients with neuromuscular disorders.

TEACHING STRATEGIES AND SUGGESTED APPROACHES TO LEARNING:

Lectures – This approach is used to present relatively large amounts of information at a time on specific topics throughout the course. PDF copies of the lecture notes will USUALLY (some guest lecturers may choose not to make their notes available) be available on Blackboard (see below in STUDENT RESOURCES section), so you should be able to think about and develop an understanding of the lecture concepts as they are presented, rather than writing voluminous notes. However, there will be information and explanations presented in lectures in addition to those covered in the notes that you should take down if they help you to understand the material. The lecturer will also try to allow some time for interaction and activities in each lecture to provide you with an opportunity to clarify or reinforce the ideas that have been presented. You should take these opportunities to think about the information that has been presented and ask questions to enhance your understanding.

Case Study Tutorials (week 5, 7, 9, 11)
The case study tutorial (CST) is an active learning approach involving student centered activities of topics that demonstrate theoretical concepts in an applied setting. This approach is designed to not only enhance your learning experience but also to increase your enjoyment of the topic and hence, your desire to learn. Case study tutorials allow students to apply theoretical concepts, thus bridging the gap between theory and practice. **All** students will be required to come prepared for each of the 4 CST's and to contribute to the discussion by reading the case study and associated questions provided in the weeks prior to the tutorial. Some students will be designated 'warm callers' prior to the CST. Warm callers will/may be asked to initiate the discussion at various points – e.g.: provide a summary of Mrs X's symptoms; are there any contraindications to Mrs X increasing her activity levels?; please summarise Mrs X's previous treatment history, etc. All other students can receive a 'cold call' at any time during the tutorial and provide an answer to a question or issue being discussed and debated. The assessment of each CST will involve a practical component and hence unprepared students risk poor grading and worst still, a less than optimal learning experience. A CST learning format is highly relevant to professional development and competencies as it exposes students to issues relevant to Exercise Physiologists in clinical practice. Case studies also provide an opportunity for the development of key skills including communication, group work and problem solving and provide a motivating and enjoyable learning experience.

Independent study – There is insufficient time in the lectures, tutorials and practicals for you to develop a thorough understanding of the concepts covered in this course. In order for you to achieve the learning outcomes that will be assessed, material presented in the course must

be revised regularly. Students are also required to cover the readings and resources accompanying each lecture to enhance their understanding of lecture material and as a requirement for case study participation.

Assessments – These tasks have been chosen as tools to enhance and guide your learning as well as a way of measuring performance, and are therefore central teaching strategy in this course.

Practicals – The purpose of the practical components of the course is to help you to develop technical skills that will are important when dealing with neuromuscular patients. It is important to obtain hands-on experience with basic neurological and functional testing. You will be expected to do total of **20** hours of practical experiences (8 hours from case method tutorial, 10 hours from **4** practicals and 2 hours from attending lectures/grand rounds at hospital, signed off by the appropriate supervisors).

Functional tests and scales
There are a vast number of tests, questionnaires, and indices to assess functional capacity, memory, mood and activities of daily living in neurological patients. As an EP, you will need to be capable of selecting appropriate measures for individual clients. This will require an ability to appreciate the sensitivity of tests for particular contexts, levels of patient functioning. In this course, you will learn different functional tests and scales that have been designed to provide clinical information of relevance to EP practice in neurological patients.

Independent study – There is insufficient time in the lectures, tutorials and practical for you to develop a deep understanding of the concepts covered in this course. In order for you to achieve the learning outcomes that will be assessed, you will need to revise the material presented in the course regularly. You will probably also need to do additional reading beyond the lecture materials in order to learn effectively. Relevant additional resources will be cited in each lecture.

Time Table

Time	**Lecture** **Tuesday 12-1pm** Biomed E	**Lecture** **Friday 9-10am** Biomed E	**Case Method Tutorial** **Tuesday 2-3.30pm** BioMed E	**Practical** **Wednesday 9-11am, 11-1pm,** **Friday 10-12pm, 1-3pm** G01, G02 24 Arthur Street
Week 2 25th July	L1 – Introduction Neurorehabilitation	L2 – Role of EP in Neuromuscular disorders		
Week 3 1st August	L3 – Functional capacity and neuromuscular changes with aging	L4 – Gait analysis		Functional tests/scales
Week 4 8th August	L5 – Falls & Balance assessment	L6 – Stroke		
Week 5 15th August	L7 – Motor Neurone Disease	L8 – Falls prevention-Exercise prescription considerations	Aging	Clinical Gait analysis
Week 6 22nd August	L9 – Multiple Sclerosis	L10 – Peripheral neuropathy		
Week 7 29th August	L11 – Spinal Cord Injury	L12 – Parkinson's Disease	Multiple Sclerosis (MS)	Falls & Balance
Mid-session Break 3rd-11th September	Mid-session Break	Mid-session Break	Mid-session Break	Mid-session Break
Week 8 12th September	L13 – Hydrotherapy	L14 – Stroke Rehabilitation		
Week 9 19th September Assignment Due	L15– Symptom-specific Rehab	L16 – Rehabilitation for SCI	Stroke	Hydro-pool Wednesday **12-2pm,** **Friday 1-3pm**
Week 10 26th September	L17 – Longitudinal Rehab	L18 – Paediatric Rehab		
Week 11 3rd October	L19 – Fibromyalgia	L20 – Neuropsychology	Complex Regional Pain Syndrome (CRPS)	Dermatomes and Myotomes
Week 12 10th October	L21 – Cognitive Rehabilitation	L22 – Therapeutic technology		Clinical assessment
Week 13 17th October	L23 – Traumatic Brain Injury	L24 – Case studies		Clinical assessment

ASSESSMENT IN THE COURSE

Assessment of your learning in the course will be achieved through examinations, case study work and practical hours. The examination format tests your ability to apply and communicate knowledge to the management of neuromuscular disorders in a time-constrained context. These requirements are similar to those encountered when dealing with a client or patient in a face-to-face setting, communicating with a clinician or colleague, or during a job interview. The examinations will be designed to determine how well you have achieved the general learning outcomes that are outlined above, and the specific learning outcomes outlined in each lecture/practical/tutorial. The emphasis will be on the clinical application of theoretical knowledge, Clinical principles to hypothetical scenarios. The case studies will be concerned with developing your clinical developing skills with - detailed management plans for patients with specific neuromuscular disorders. This a fundamental skill required of an exercise physiologist practicing in neuromuscular rehabilitation. You will also be required to critique case study management plans designed by your peers. This will encourage sharing of ideas and knowledge as well as critical analysis and decision making concerning patient treatment plans.

CASE STUDY TUTORIALS – 2 case x 20% **40%**

There will be 4 case method tutorials

Week 5: Ageing
Week 7: Multiple Sclerosis (MS)
Week 9: Stroke
Week 11: Chronis Regional Pain Syndrome (CRPS)
*** Assessment inconsistent with the Movement rehabilitation unit**

Overview

There is considerable educational research demonstrating the efficacy of actively involving students in the learning process. A case study tutorial (CST) is an active learning strategy which is being implemented in the Faculty of Medicine UNSW. A CST is an interactive learning activity with the emphasis on student-centered as opposed to teacher-centered learning. This approach has been linked with increased student interest and motivation and permits better application of theoretical content to clinical practice. The CST format is also beneficial for encouraging key skills including group work, effective communication and presentation skills, problem solving, independent research, critical thinking and analysis and time management. For training practitioners, the CST provides an ideal format for developing their clinical reasoning and decision making skills.

Format

1. Students will be placed in a group of 5 and remain in their group for all 4 case studies. In each CST 6 groups will be actively involved in the discussion, with the remaining 6 groups being passive. Students will not be made aware which group is active or passive until the day of the CST. This will require all groups to be prepared.

2. CST preparation will require students to carefully read a detailed case study and the required readings before the CST. The case study abstract is followed by questions which students must address thoroughly to permit them to make a meaningful contribution to the discussion/debate. Thorough preparation will require within group collaboration.

3. During the CST students will be required to wear name badges at least 4cm x 4cm to assist the convenor to engage individual students in the discussion.

4. Throughout the CST only 2 of the active groups will be involved at any one time in the discussion. The discussion will focus on primary aspects of clinical practice: exploration "What's going on", analysis "why is this happening" and decision making "what to do, how to

manage". All groups must be competent with discussing all aspects of the CST. The primary areas for discussion are:

Patient history: previous and current treatment, level of activity/function compared to pre-injury, yellow or red flags, beliefs about injury, medication, self-management and coping, aggravating and relieving factors, etc

Patient screening and self-reporting: self-perceived level of function and pain, psychosocial factors, beliefs and behaviours about physical activity pain and injury; pain self-efficacy, anxiety and distress, clinical decision making about the primary origins of pain, etc.

Physical Assessment: postural implications, ROM, palpation for hyperalgesia/allodynia and decisions on pain classification, patient specific tests of function, pain reporting and behaviour during the assessment, movement patterns, collate assessment information to decide on the best treatment approach

Exercise Prescription/Treatment Plan: Goal setting, appropriate exercise modalities, frequency duration and intensity, treatment approach, establishing exercise quota, exercise progression beginning mid and end program, problem solving difficulties,

5. The CST will commence with the convenor nominating 2 groups to introduce the case and engage in the first aspect of the discussion. At the completion of the discussion the convenor will nominate two other groups to lead further discussion. Groups can be called on to contribute at any time during the CST. A flow chart detailing the key findings of the CST will be mapped on a whiteboard during the CST.

6. The final stage in the CST is reviewing and reflecting on the key findings and clinical implications of the case study. During a CST exploring the critical issues relating to clinical practice is the role of the students with guidance by the convenor!

CASE STUDY TURORIALS Marking Criteria

Assessment

Each student's contribution during the CST will be assessed by an academic and their peers (passive group students and team members). The depth and relevance of each individual's contribution, and the mark allocated for participation, will depend on the level of preparation prior to the CST. Consequently, it is important that each member of the group is well prepared and a coordinated effort by each group will be required to ensure this is the case. Each group will also be required to prepare a summary report addressing several key issues which were discussed in the case study. The within group peer assessment will be completed via survey monkey after submission of the CST report. The marking criteria for the participation and the case study report are detailed in the course outline.

Possible Pitfalls with Case Study Tutorials

1. Late attendance by group members impacting on their contribution

2. Poor individual and group contribution to a CST through inadequate preparation resulting in a low grading for participation

3. Low grading for the CST report through poor understanding of the critical issues debated and discussed during the CST

Date: / /

Markers Name: ..... Group no .....

Student Name	Comments	Mark

Academic and passive group marking schema
Outstanding contributor (9-10%) Contributions in class reflect exceptional preparation. Ideas offered are always substantive; provide one or more major insights as well as direction for the class. Challenges are well substantiated and persuasively presented. If this group were not active, the quality of discussion would be diminished marked
Good contributor (7-8%) Substantive; provide good insights and sometimes direction for the class. Challenges are well substantiated and often persuasive. If this group were not active, the quality of discussion would be diminished
Adequate contributor (5-6%) Contributions in class reflect satisfactory preparation. Ideas offered are sometimes substantive, provide generally useful insights but seldom offer a new direction for the discussion. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive. If this group were not active, the quality of discussion would be diminished somewhat
Unsatisfactory contributor (3-4%) Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive; provide few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. If this group were not active, it would have little impact on the learning outcomes
Non participant (0-2%) This group has made minimal contribution during the case study. If this group was not in attendance, it would make no difference to the learning outcomes

Within group marking schema
Outstanding contributor (9-10%) Team members input was crucial to the groups level of knowledge, preparation and contribution to the CST and report
Good contributor (7-8%) Team members input made a substantial contribution to the groups level of knowledge, preparation and contribution to the CST and report
Adequate contributor (5-6%) Team members input was adequate to the groups level of knowledge, preparation and contribution to the CST and report
Unsatisfactory contributor (3-4%) Team member did not adequately contribute to the groups level of knowledge, preparation and contribution to the CST and report
Non participant (0-2%) Team members made little or no contribution to the groups knowledge, preparation and contribution to the CST and report

CASE STUDIES ASSIGNMENT – End of MID-SESSION 20%

The class will be subdivided into groups of 5 or less to carry out the assignments. You will be assigned a unique (i.e. different from other group members) case study based on hypothetical patient/real case). You are to develop a holistic management plan for your specific case, and submit a written description/report. It is essential that you justify why you have chosen any specific tests/exercises. See marking criteria for additional information. This will be due after the mid-session break, **Monday of week 9, 19th September, 9am.**

ASSIGNMENT MARKING CRITERIA

	High Distinction	Distinction	Credit	Pass	Pass Conceded	Fail	Mark
Individual Assessment	Clearly written Concise Well justified and realistic outline of an appropriate assessment	Clearly written Concise Appropriate approach with good rationale	Acceptable written expression Reasonable approach with clear rationale	Some errors in written expression Reasonable approach with some rationale	Poorly written Reasonable approach with no rationale	Poorly written Questionable approach with no rationale	/20
Response to Exercise and Functional Considerations	Clearly written Concise Comprehensive and individually relevant	Clearly written Concise Individually relevant coverage of most points	Acceptable written expression More general coverage of most points	Some errors in written expression General coverage of some points	Poorly written General coverage of few points Some errors	Poorly written Poor coverage of relevant points Some errors	/10
Goals of Management Plan	Clearly written Concise Achievable and well justified goals for specific case	Clearly written Appropriate goals for specific case with good justification	Acceptable writing Reasonable goals for specific case with ok rationale	Acceptable writing Reasonable goals for specific case with weak rationale	Poorly written Reasonable goals for specific case with no rationale	Poorly written Questionable goals for specific case with no rationale	/20
Management Plan Including Rationale	Clearly written Concise Detailed plan tailored well to individual case with evidence based rationale	Clearly written Concise Appropriate plan for individual case, good rationale	Acceptable writing Reasonable plan for individual case with ok rationale	Acceptable writing Reasonable plan for specific case with weak rationale	Poorly written Reasonable plan for specific case with no rationale	Poorly written Questionable plan for specific case with no rationale	/40
Precautions and Indicators for Referral	Clearly written Concise Comprehensive and accurate consideration of risks/ complications	Clearly written Concise Accurate consideration of most risks/ complications	Acceptable writing Mostly accurate consideration of risks/ complications	Acceptable writing Consideration of some risks/ complications	Poorly written Cursory consideration of risks/ complications	Poorly written Errors in consideration of risks/ complications	/10

Learning Outcomes for the Research Assignment

- To develop and refine the ability to generate exercise based management plans in the neuromuscular rehabilitation field.
- To improve your ability to integrate information on a topic in neuromuscular rehabilitation from many sources
- To gain a detailed understanding of a specific scenario that could be encountered while practicing as an EP in the neuromuscular rehabilitation field
- To develop your ability to communicate effectively in a the format of a clinical report

Tips for Preparing your Assignment

- Make sure you tailor the management plan to your specific case. You will need to read and think about issues that are not strictly “neural”.

- Make sure you present the evidence base and rationale for your management plan.
- Treat the assignment as an opportunity to develop knowledge and skills that will be required in your future career. It might help to write the report as if it were a document for peers in a rehabilitation clinic or sporting organisation.
- Ensure that you read and quote ORIGINAL sources (journal articles) in addition to textbooks and review articles.
- Address the marking criteria!
- Make sure your writing style is appropriate for a scientific report. The meaning of each sentence should be clear in isolation, and the language should be as simple as possible to make your point.

MAKE SURE YOU DO NOT PLAGARISE THE WORK OF OTHERS!!!

CLINICAL ASSESSMENT – Week 12, 13 10%

You will also be required to undertake a 30-min practical assessment involving an oral and clinical skills demonstration component based on the material presented in the CST's, laboratories, lectures and referred readings. The practical assessment is concerned with practical application of your knowledge and skills to daily clinical practice. The assessment will commence with a written brief detailing the relevant information and questions of the clinical aspect which will be assessed. Before commencing the oral assessment students will be given 10 min to study the written brief and organise their thoughts about the areas to be assessed. The oral assessment will involve communication to a type of patient with a neurological disorder followed verbal responses to questions posed by the examiner clinical assessment or treatment technique commonly used by an EP in musculoskeletal rehabilitation.

Clinical Assessment Marking Criteria

Oral Assessment - Marking Criteria	10%	**Demonstration - Marking Criteria**	10%
Verbal response		**Clinical skills**	
Provided correct and complete response to the question	4%	Demonstrated the required techniques with competency and a strong application to clinical practice	4%
Partially answered the question	2%		
		Demonstrated the required techniques with	2%
Inadequate response to the question	0%	confidence and moderate application to clinical practice	
Clinical Reasoning			
High level of clinical reasoning, knowledge and understanding demonstrated	4%	Demonstrated the required techniques poorly with little application to clinical practice	0%
Medium level of clinical reasoning, knowledge and understanding demonstrated	2%	**Clinical Reasoning** High level of clinical reasoning, knowledge and understanding demonstrated	4%
Low level of clinical reasoning, knowledge and understanding demonstrated	0%	Medium level of clinical reasoning, knowledge and understanding demonstrated	2%
Communication			
High level of communication and interpersonal skills demonstrated	2%	Low level of clinical reasoning, knowledge and understanding demonstrated	0%
Adequate communication and interpersonal skills demonstrated	1%	**Communication**	
		High level of communication and interpersonal skills demonstrated	2%
Poor communication and interpersonal skills demonstrated	0%		
		Adequate communication and interpersonal skills demonstrated	1%
		Poor communication and interpersonal skills demonstrated	0%

FINAL EXAMINATION – END-SESSION 30%

The purpose of this exam is to test your understanding of the concepts covered in the course during the ENTIRE COURSE. The format will be multiple choices, short answer, and long answer/essay questions. The exam will be held during the end of session exam period.

STUDENT RESOURCES

Blackboard

Information about the course and a number of electronic study resources can be accessed via the UNSW Blackboard system.
You can access the system from the following site:
http://lms-blackboard.telt.unsw.edu.au/webapps/portal/frameset.jsp

Lectures are recorded and available at:
http://telt.unsw.edu.au/lectopia%5Fdiy/

You can use Blackboard to download lecture notes, access your grades, find reference material in the course (such as this document), and communicate with the lecturer and your peers. Please see the lecturer if you would like more information to help you to make the most of this resource.

PRESCRIBED TEXT

Neurorehabilitation for the physical therapist assistant/ edited by Darcy Umphred, Connie Carlson. Thorofare, NJ: SLACK, c2006

SUGGESTED REFERENCE BOOKS (more will be listed in the lectures)

ACSM's resources for clinical exercise physiology: musculoskeletal, neuromuscular, neoplastic, immunologic, and hematolgoic conditions / American College of Sports Medicine ; [editors, Jonathan N. Myers, William Herbert, Reed Humphrey]. Philadelphia : Lippincott Williams & Wilkins, c2002.

Textbook of neural repair and rehabilitation: Volume 2, Medical Neurorehabilitation / edited by Michael E. Selzer ... [et al.]. Cambridge : Cambridge University Press, 2006.

Case studies in rehabilitation / Patricia A. Ghikas, Michele Clopper. Thorofare, NJ: Slack, c2001.

Movement disorders in neurology and neuropsychiatry / edited by Anthony B. Joseph and Robert R. Young. Boston: Blackwell Scientific Publications, 1992.

Handbook of neurorehabilitation / edited by David C. Good, James R. Couch, Jr. New York: Marcel Dekker, c1994.

Physical medicine and rehabilitation: principles and practice / editor-in-chief, Joel A. DeLisa ; editor, Bruce M. Gans ; managing editor, Nicholas E. Walsh. Philadelphia : Lippincott Williams & Wilkins, c2005. v. 1.

Physical medicine -- v. 2. Rehabilitation medicine ACSM's exercise management for persons with chronic diseases and disabilities/ American College of Sports Medicine ; senior editors J. Larry Durstine , Geoffrey E. Moore. Champaign, Ill. : Human Kinetics, c2003.

Exercise in rehabilitation medicine / editor-in-chief, Walter R. Frontera ; associate editors, David M. Dawson, David M. Slovik. Champaign, Ill. : Human Kinetics, c1999.

SUGGESTED REFERENCE JOURNALS

Journal of Neurology, Neurosurgery and Psychiatry, Brain, Annals of Neurology, Progress in Neurobiology, Stroke, Physical Therapy Archives of Physical Medicine and Rehabilitation

ADMINISTRATIVE MATTERS

For additional detail, refer to the STUDENT HANDBOOK

CONSULTATION HOURS

The lecturer will be available for consultation between 10-12 am on Monday, throughout the session. To meet with the lecturer outside these hours, please arrange an appointment via phone or e-mail.

UNIT ATTENDANCE

100% ATTENDANCE is expected at all lectures, laboratories and tutorials specified in the table above. Attendance at lectures, laboratories, and tutorials will be recorded (roll call) each lecture/tutorial each week. Students who are not in attendance for any reason other than medical, will be marked absent and will be awarded a grade of **FAIL** for the entire course. If absent for medical reasons, a medical certificate must be lodged with the lecturer within 7 days of the time period of the certificate's expiry. No consideration will be given after this time. If students attend less than 80% of tutorial and lecture classes, they will be refused final assessment and therefore FAIL the entire course. BOTTOM LINE: If you miss any laboratories, or more then 7 lectures and/or tutorials you will FAIL THE COURSE.

SPECIAL CONSIDERATION FOR MISSED ASSESSMENTS / EXAMS

Please note the following Statement regarding Special Consideration.

If you believe that your performance in a course, either during session or in an examination, has been adversely affected by sickness, misadventure, or other circumstances beyond your control, you should notify the Registrar and ask for special consideration in the determination of your results. Such requests should be made as soon as possible.

Special considerations sought outside the 3 day time period WILL NOT be accepted except in TRULY exceptional circumstances. It is intended that supplementary exams for the School of Medical Sciences in Semester 2, 2011 will be held in the week commencing Monday 5th December, 2011.

When submitting a request for special consideration you should provide all possible supporting evidence (eg medical certificates) together with your student number and enrolment details. Consideration request forms are available from Student Central in the Chancellery or can be downloaded from the web page linked below. Note that normally, if you miss an exam (without medical reasons) you will be given an absent fail. If you arrive late for an exam no time extension will be granted. It is your responsibility to check timetables and ensure that you arrive on time. Students who apply for consideration to Student Central must also contact the course convenor immediately. All applications for Special Consideration will be processed in accordance with UNSW policy:http://my.unsw.edu.au/student/atoz/SpecialConsideration.html If you miss an assessment and have applied for Special Consideration, this will be taken into account when your final grade is determined. You should note that marks derived from completed assessment tasks may be used as the primary basis for determining an overall mark.

Where appropriate, supplementary examination may be offered, but only when warranted by the circumstances.

CONDUCT IN LABORATORY CLASSES

All students must come prepared for active participation in laboratories. No open footwear is permitted, runners or cross trainers are the most appropriate. Students should be wearing clothing that is suitable for exercise such as shorts or track pants, with T-shirt or light sweater. Students who do not have suitable attire and do not have a legitimate reason for not participating (eg. medical complaint or injury) may be refused entry to the class and will then be marked absent. Students are permitted to bring bottled water into the laboratory. No consumption of food is permitted in class. Class activities must comply with the NSW Occupational Health & Safety Act 2000 and the Occupational Health & Safety (OHS) Regulations 2001. Students must adhere to the UNSW OH&S guidelines for laboratory safety. It is expected that students will conduct themselves in an appropriate and responsible manner in order not to breach OHS regulations. Further information on relevant OHS policies and expectations is outlined at:
http://www.ohs.unsw.edu.au/ohs_hazards/laboratory.html .
http://www.hr.unsw.edu.au/ohswc/ohs/ohs_policies.html

PENALTIES FOR LATE SUBMISSION OF ASSIGNMENTS

In cases where an extension has NOT been granted, the following penalties will apply:
For assignments submitted after **9:00am** on the due date, a penalty of 50% of the maximum marks available for that assignment will be incurred. A further 25% of the maximum possible allocated marks (i.e., a total of 75%) will be deducted from assignments which are two (2) days late. Assignments received more than two (2) days after the due date **will not be allocated a mark,** however, these assignments **must** still be submitted to pass the unit.

Academic Honesty and Plagiarism

The School of Medical Sciences will not tolerate plagiarism in submitted written work. The University regards this as academic misconduct and imposes severe penalties. Students who submit the work of others as their own will fail the unit and risk expulsion from the university. It is your responsibility to ensure you understand what constitutes plagiarism and eliminate it from your submissions.

What is Plagiarism?

Plagiarism is the presentation of the thoughts or work of another as one's own.* Examples include:

- direct duplication of the thoughts or work of another, including by copying material, ideas or concepts from a book, article, report or other written document (whether published or unpublished), composition, artwork, design, drawing, circuitry, computer program or software, web site, Internet, other electronic resource, or another person's assignment without appropriate acknowledgement;
- paraphrasing another person's work with very minor changes keeping the meaning, form and/or progression of ideas of the original;
- piecing together sections of the work of others into a new whole;
- presenting an assessment item as independent work when it has been produced in whole or part in collusion with other people, for example, another student or a tutor; and
- claiming credit for a proportion a work contributed to a group assessment item that is greater than that actually contributed.†

For the purposes of this policy, submitting an assessment item that has already been submitted for academic credit elsewhere may be considered plagiarism.
Knowingly permitting your work to be copied by another student may also be considered to be plagiarism.

Note that an assessment item produced in oral, not written, form, or involving live presentation, may similarly contain plagiarised material.
The inclusion of the thoughts or work of another with attribution appropriate to the academic discipline does *not* amount to plagiarism.
The Learning Centre website is main repository for resources for staff and students on plagiarism and academic honesty. These resources can be located via:
www.lc.unsw.edu.au/plagiarism

The Learning Centre also provides substantial educational written materials, workshops, and tutorials to aid students, for example, in:

- correct referencing practices;
- paraphrasing, summarising, essay writing, and time management;
- appropriate use of, and attribution for, a range of materials including text, images, formulae and concepts.

Individual assistance is available on request from The Learning Centre.
Students are also reminded that careful time management is an important part of study and one of the identified causes of plagiarism is poor time management. Students should allow sufficient time for research, drafting, and the proper referencing of sources in preparing all assessment items.
* Based on that proposed to the University of Newcastle by the St James Ethics Centre. Used with kind permission from the University of Newcastle
† Adapted with kind permission from the University of Melbourne.

Course Evaluation and Development

The emphasis of HESC 3592 is on the clinical and practical application of theoretical knowledge. Student feedback concerning HESC 3592 is welcome and taken seriously. A Course and Teaching Evaluation and Improvement (CATEI) survey will be provided in the final weeks of the course to formally gather student feedback.