



THE UNIVERSITY OF NEW SOUTH WALES

**Exercise Physiology
School of Medical Sciences
Faculty of Medicine**

COURSE: HESC3581 PHYSICAL ACTIVITY AND SPECIAL POPULATIONS

Lecture/problem based scenario: Tuesday 1.00 – 4.00 pm, LGO2

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Office hours: Monday 2.00-3.00 pm or by appointment

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HESC3581 COURSE INFORMATION

Physical Activity for Special Populations (HESC3581) is a 3rd year Exercise Physiology elective course worth six Units of Credit (6 UOC). The course is part of study for the degree of Bachelor of Science or Bachelor of Exercise Physiology. The course will build on the information you have gained in Physical Activity and Health (HESC3504) as well as Exercise Physiology (HESC2501). Concepts gained in courses such as anatomy, human physiology, biomechanics, and behavioural science will contribute to your learning in this course.

OBJECTIVES OF THE COURSE

This course examines the effect of physical activity on special populations. The impact of physical activity on a range of special populations are summarised (e.g., cancer, pregnancy, obesity). The course also covers lifestyle prescription for these special populations. The course will be particularly suited to students involved with lifestyle prescription focused on physical activity.

It is intended that at the end of the course you will be able to:

- describe the effects of physical activity on a range of special populations
- be able to prescribe lifestyle change programs for a range of special populations
- demonstrate an understanding of the major findings of meta-analyses conducted in the special population area

COURSE STRUCTURE and TEACHING STRATEGIES

This is a 6 unit course and consists of:

- 3 lectures/case studies per week

Students are expected to attend all scheduled activities for their full duration. Students are reminded that UNSW recommends that a 6 units-of-credit course should involve about 150-180 hours of study and learning activities. The formal learning activities are approximately 36 hours throughout the semester and students are expected (and strongly recommended) to do double the number of hours of additional study. The time spent reading the articles provided and designing lifestyle change programs will add to this time commitment.

Lectures will provide you with the concepts and theory essential for understanding how physical activity impacts on the health of special populations. In the lectures the aetiology of lifestyle diseases will be outlined and a description of the effects of exercise on risk factors will be given. Lectures will examine the current research regarding exercise and a variety of diseases and special populations.

To assist in the development of prescriptive skill, problem-based learning sessions (case studies) will be held. These sessions will allow students to engage in a more interactive form of learning than is possible in the lectures. The skills you will learn in your involvement in planning and implementing a lifestyle change program are relevant to your development as a professional exercise physiologist.

APPROACH TO LEARNING AND TEACHING

The learning and teaching philosophy underpinning this course is centred on student learning and aims to create an environment which interests, challenges, and enthralls students. The teaching is designed to be relevant and engaging in order to prepare students for future careers as Exercise Physiologists.

Although the primary source of information for this course is the lecture material, effective learning can be enhanced through self-directed use of other resources such as textbooks and Web based sources. It is up to you to ensure you perform well in each part of the course; preparing for classes; completing assignments; studying for exams, and seeking assistance to clarify your understanding.

STUDENT LEARNING OUTCOMES

HESC3581 will develop the following graduate attributes. These include skills, qualities, understanding and attitudes that promote lifelong learning that students should acquire during their university experience.

Graduate Attributes

- A. Research, inquiry, and analytical thinking abilities
- B. The capability and motivation for intellectual development
- C. Ethical, social, and professional understanding
- D. Effective communication
- E. Teamwork, collaborative, and management skills
- F. Information literacy – the skills to locate, evaluate, and use relevant information.

On completion of this course students should be able to:

1. describe the effects of regular physical activity on a variety of diseases
2. describe the effects of regular physical activity on a variety of special populations
3. demonstrate a basic knowledge of lifestyle diseases
4. demonstrate ability to design lifestyle programs for a range of special populations

Texts

Skinner, J. (2006). *Exercise Testing and Exercise Prescription for Special Cases*. Lea & Febiger, USA.

Williamson, P. (2010). *Exercise for Special Populations*. L.Wolters Kluwer, USA.

Ehrman, J.K., Gordon, P.M., Visich, P.S., Keteyian, S.J. (2003). *Clinical Exercise Physiology*. Human Kinetics, USA

LeMura, L.M., von Duvillard, S.P. (2003). *Clinical Exercise Physiology*. Lippincott, Williams & Williams, USA

Bouchard, C., Blair, S.N., & Haskell, W.L. (2007). *Physical Activity and Health*. Human Kinetics, USA

Manuals available on Blackboard

Cardiac Rehabilitation Guidelines
Case Study Prescription Portfolio
Drug and Exercise Fact File Manual
Food for Health Dietary Guidelines
Lifestyle Manual
Psychological Inventory Directory
Smoking Manual

ASSESSMENT PROCEDURES

- 1. Full prescription write-ups** (50% of course grade). Five prescription write-ups shall be required. There will be a maximum of 10 pages for each prescription. Prescriptions have to be handed in two weeks after the last day of class. Examples for writing up are included in two Case Study Portfolios that can be accessed through Blackboard. See marking criteria (page 5) and description of special population write-ups (page 8).
- 2. Multi-choice Exam** (30% of course grade). A 90 question multi-choice exam containing questions about 27 key meta-analyses/reviews in the special population/exercise area (page 7). The exam also includes questions about drugs and exercise.
- 3. Drug and exercise fact file** (10% of grade). A one-page fact file in the form of a brochure that will consist of one side of A4 paper submitted by email to Sue Cheng in a PDF format. The fact file will describe one drug that is used by humans. Areas of information to include: usage information, dosage guidelines, side effects, precautions, and interactions (especially exercise). Drug fact files have to be sent to Sue Cheng one week before the last day of class. Students will have access to these fact files at the end of the course.
- 4. Case study questions** (10% of grade). Eight sets of case study questions shall be required. Answers have to be handed in at the start of each class before each case study is discussed. Answering the questions before each case study will prepare the student for active discussion. See description of case studies (page 9).

Marking criteria for the prescription write-ups

Criteria	High Distinction	Distinction	Credit	Pass
Introduction	Contains all points mentioned under Credit.	Contains most but not all points mentioned under Credit.	Contains a weak introduction. No background, no description of unique characteristics, no mention of special problems.	No introduction
Individual assessment stage	Outstanding individual assessment covering medical, physiological, psychological, and lifestyle.	Good individual assessment covering medical, physiological, psychological, and lifestyle.	Adequate individual assessment covering medical, physiological, psychological, and lifestyle.	Insufficient individual assessment.
Conceptual and education stage	Outstanding conceptual and educational program containing goals, concepts, and education.	Good conceptual and educational program containing goals, concepts, and education.	Adequate conceptual and educational program containing goals, concepts, and education.	Insufficient conceptual and educational program.
The program	An outstanding program containing daily diaries describing the chosen components of the program (e.g., aerobic, strength, flexibility). Containing specific details and appropriate exercises.	A good program containing daily diaries describing the chosen components of the program (e.g., aerobic, strength, flexibility). Containing specific details, and some inappropriate (or missing) exercises, however.	An adequate program containing daily diaries describing the chosen components of the program (e.g., aerobic, strength, flexibility). Generally lacking specific details, and some inappropriate (or missing) exercises, however.	A brief and superficial program.
Presentation	Excellent use of tables and outstanding presentation.	Good tables and good presentation.	Some tables and reasonable presentation.	No tables and poor presentation.

LECTURE OUTLINE – HESC3581 PHYSICAL ACTIVITY IN SPECIAL POPULATIONS

Tuesday (1.00 pm – 4.00 pm; three lectures weeks 1, 2, 11, and 12)

Week 1

Lecture Introduction (SB); Lecture Lifestyle Change Model (SB)
Lecture Case study (SB)

Week 2

Lecture Drugs & exercise (SB); Lecture Drugs & exercise (SB)
Lecture Depression & exercise (SB)

Week 3

Lecture Obesity[#] (SB); Lecture Fat loss, diet, exercise (SB); [#]Case Study Joan

Week 4

Lecture HIIE & health (SB); Lecture Nutrients & health[#] (SB); [#]Case study Jack

Week 5

Lecture Postprandial lipemia* (SB); Lecture Resist exercise & health[#] (SB); [#]Case study Ivan

Week 6

Lecture Corporate health* (SB); Lecture Cancer & exercise[#] (SB); [#]Case study Lenny
Julia

Week 7

Lecture Hypertension & exercise* (YB); Lecture HIV & exercise[#] (SB); [#]Case study Henry

Week 8

Lecture Type 2 diabetes & exercise[#] (SB); Lecture Pregnancy* (YB); [#]Case study Judy

Week 9

Lecture Paediatrics (SB); Lecture Smoking & exercise[#] (SB); [#]Case study John

Week 10

Lecture Chronic fatigue* (SB); Lecture Cardiac rehabilitation[#] (SB); [#]Case study Frank

Week 11

Lecture Thyroid dysfunction (SB); Lecture Vascular disease (YB)
Lecture Stress and exercise (SB)

Week 12

Lecture Dementia & exercise (SB); Lecture Sleep & exercise (SB)
Lecture Physical activity & special populations summary (SB)

*Five Lifestyle Prescription write-ups (see description on page 8)

[#]Case Study Lecture: eight case studies with a set of tables to be filled in and handed in before the Case Study Lecture (see page 9).

Lecturers: SB Steve Boutcher; YB Yati Boutcher.

WEEKLY READINGS

Week 2 - DRUGS, EXERCISE: Thavendiranathan et al. (2006). *Arch of Int Med*, 166, 2307-2313. (StatinsHeartDisThav.pdf). Salpeter et al. (2008). *Am J Med*, 121, 149-157. (MetDiabSalpeter.pdf).
DEPRESSION: Mead et al. (2009). *Coch Database of Sys Rev*. (DepExMeadMeta.pdf).

Week 3 – FAT LOSS: Boutcher (2012). Book Chapter. (BoutBarriers.pdf). Boutcher & Dunn (2009). *Obesity Reviews*, 10, 671-680. (BoutchDunnObeseReviews.pdf).

Week 4 – HIIE: Boutcher (2010). *Journal of Obesity* (BoutRevJO.pdf).
NUTRIENTS, HEALTH: Mente et al. (2009). *Archives of Internal Medicine*, 169, 659-669. (MenteCVDDiet.pdf). Vartanian et al. (2007). *Am J of Public Health*, 97, 667-675. (SoftMet.pdf).

Week 5 - LIPEMIA: Bravo et al. (2010). *The Open Translational Medical Journal*, 2, 1-13. (PostPrandBravo.pdf).
RESISTANCE EXERCISE: Braith & Stewart (2006). *Circulation*, 113, 2642-50. (ResistHealthBraith.pdf). Snowling et al. (2006). *Diab Care*, 29, 2518-2527. (DiabExSnowling.pdf).

Week 6 - CANCER & EXERCISE: Wolin et al. (2009). *Brit J Cancer*, 100, 611-616. (ColonExercise.pdf). Wolin et al. (2008). *Brit J Cancer*, 99, 995-999. (CancerWeight.pdf).

Week 7 - HYPERTENSION: Cornelisson et al. *Hypertension*, 46, 667-675. (HyperExCorn.pdf).
AIDS & HIV: O'Brien et al. (2005). *Coch Database of Sys Rev, Issue 4*. (HIVExerCoch.pdf). O'Brien et al. (2004). *Coch Database of Sys Rev, Issue 2*. (HIVResistExObrien.pdf).

Week 8 - MET SYNDROME: Grundy (2007). *Journal Clin Endo & Met*, 92, 399-404. (MetSynGrundy.pdf).
PREGNANCY: Kraemer et al. (2008). *Coch Database of Sys Rev, Issue 4*. (PregExCoch.pdf).

Week 9 - PAEDIATRICS: Robertson et al. (2008). *Paediatric Disorders*, 9, 65-77. (KidsDiabExAdolf.pdf).
SMOKING: Ussher et al. (2004). *Coch Database of Sys Rev, Issue 2*. (SmokExerUsher.pdf).

Week 10 - FATIGUE: Norheim et al. (2011). *Rheumatology*, 50, 1009-1018. (FatigueNorheim.pdf).
CARDIAC REHAB: Taylor et al. (2004). *Amer J Med*, 116, 682-692. (MetaCardRehab.pdf).

Week 11 - THYROID: Jones et al. (2010). *American Journal of Medicine*, 123, 502-504. (ThyrSubJones.pdf).
VASCULAR DISEASE: Regensteiner et al. (2002). *Am J Med*, 112, 49-57. (PeriVasDisRevRegen.pdf).
STRESS: Chida and Steptoe (2010). *Hypertension*, 55 (CardReacHyperChida.pdf).

Week 12 - DEMENTIA: Heyn et al. (2004). *Arch Phys Med Rehabil*, 85, 1694-704. (DementHeyn.pdf).
SLEEP: Atkinson et al. (2007). *Physiology and Behavior*, 90, 229-235 (SleepHealthAtkin.pdf).

* Each of these twenty seven readings will have 3 multi-choice questions plus 9 drug/exercise questions for a total of 90 questions on the final multi-choice exam.

Special population prescription write-ups: to be handed in 2 weeks after last lecture

Scenario 1 - Postprandial lipemia

An overweight male of 49 years comes to you for specific advice about the kind of exercise he can do to help his postprandial lipemia problem. His waist circumference is 104 cm. He has abnormal lipid levels and is on a statin (Lipitor; 60 mg nightly) and over the last 5 years he has suffered from hypertension and is on an ACE inhibitor (Captopril; 30 mg, twice per day), a beta blocker (Metoprolol SR 50 mg per day), and a diuretic (bendrofluazide; 5 mg once per day). He has no weekly physical activity and is consuming an unhealthy processed food diet. His weight is 92 kilos with 32% body fat.

Scenario 2 - Corporate Health

A small company based in Sydney CBD is interested in lowering its health costs and improving the health and work efficiency of its workforce. The company has a small gym (6 m by 6 m) and all staff have email and internet facilities. The company has allocated 1.5 EP positions to the development of a wellness program and \$60,000 for initial equipment set up. The running cost budget for the first year is \$3,000. Currently, there is no exercise or other kind of equipment. There are 60 staff who have indicated they want to be part of the new wellness program. Design an exercise-based program for this company. What equipment would you purchase, what programs would you initiate, and what data would you collect to justify your existence after the first year?

Scenario 3 - Hypertension

An overweight male of 38 years comes to you for specific advice about the kind of exercise he can do to help his hypertension problem. His waist circumference is 104 cm. He has normal lipid levels but over the last 5 years he has suffered from hypertension and is on an ACE inhibitor (Captopril; 30 mg, twice per day), a beta blocker (Metoprolol SR 50 mg per day), and a diuretic (bendrofluazide; 5 mg once per day). He has no weekly physical activity but is now consuming a healthy plant based diet. His weight is 82 kilos with 28% body fat.

Scenario 4 - Pregnancy

A pregnant, untrained, relatively inactive woman of 33 years comes to you for specific advice about the kind of exercise she can do whilst pregnant. She is concerned about the type of exercise she can carry out without negatively affecting the health of her baby. Over the last couple of years she has increased her body fat and is keen to reduce her weight after giving birth. Her weekly physical activity involves walking her dog three times per week for 30 minutes. Her weight is 70 kilos with 35% body fat. She is interested in taking folic acid and fish oil as a supplement but wants advice about these supplements.

Scenario 5 - Fatigue and diabetes

An overweight female (42 years) is constantly fatigued and sleeps poorly. She is also a type 2 diabetic and is on metformin (700 mg, three times per day). She has dyslipidemia and is on a statin (Lipitor; 60 mg nightly). She has two children and two part-time jobs. Recently, she has increased her body fat and feels she has lost a lot of muscle mass. She has a poor diet with too many calories from processed foods. Her weekly physical activity involves 6 minutes of walking to the shop four times per week. Her weight is 80 kilos with 37% body fat. Write up a lifestyle prescription for this case study focusing on strategies to relieve fatigue and help with her insulin resistance and high blood cholesterol levels.

Remember: Include an introduction describing the disease or condition. Use the Lifestyle Change Model to develop your case study. Describe what aspects of assessment you would carry out. Describe how you would educate your client about their disease or condition, and so forth. Be specific about the components of the lifestyle program.

Case studies - problem based learning scenarios (eight sets of questions to be researched before case study discussion)

Case study 1 Joan - Obesity

An overweight inactive women of 43 years comes to you for specific advice about the kind of exercise she can do to lose weight. She has dieted frequently in the past but has never been successful in keeping the weight off. Over the last 10 years she has increased her body fat and is keen to reduce her weight. She now suffers from dyslipidemia and is on a statin (Lipitor; 20 mg nightly). She also possesses high blood pressure and is on a daily calcium channel blocker (Verapamil; 80 mg, three times per day). She also takes anti postprandial medication in the form of orlistat (120 mg, three times per day), acarbose (an alpha-glucosidase enzyme inhibitor, 25 mg three times per day), and white kidney bean extract (an alpha-amylase enzyme inhibitor, 500 mg three times per day). She has no weekly physical activity apart from house chores on weekends. The only supplement she is taking is daily fish oil capsules (1.8 g per day). She has metabolic syndrome and has significant stress in her life and does not sleep well. Her weight is 80 kilos with 34% body fat and she has a poor diet. Research this case study and fill in the tables provided so you can discuss the scenario in class.

Case study 2 Jack - Nutrients

An overweight inactive man of 53 years comes to you for help with feeling lethargic and putting on weight. He suffers from dyslipidemia and is on a statin (Lipitor, 30 mg once per day). He also takes soluble fibre before each meal in the form of beta glucans to reduce postprandial lipemia. Over the last 10 years he has increased his body fat and is keen to reduce his weight. He has no weekly physical activity apart from garden chores on weekends. A dietary assessment reveals that he is constantly consuming processed sugar (soda, candy, etc) throughout the day. However, he enjoys his diet and feels it does not impact negatively on his health. His weight is 92 kilos with 30% body fat. How can this client change his lifestyle? Research this case study and fill in the tables provided so you can discuss the scenario in class.

Case study 3 Ivan - Resistance exercise

An inactive man of 66 years comes to you for specific advice about the kind of exercise he can do to improve his functionality and quality of life. He takes warfarin (10 mg, once per day), a statin (Lipitor, 40 mg once per day), and Lisinopril, 20 mg per day. Over the last 10 years he has decreased his body weight, however, he has put on abdominal fat, reduced subcutaneous fat, but lost muscle mass. He has no weekly physical activity. His weight is 68 kilos with 25% body fat. His physician has suggested that he consult with an EP so a resistance exercise program can be designed for him. Research this case study and fill in the tables provided so you can discuss the scenario in class.

Case study 4a Lenny - Prostate cancer

An overweight inactive man of 53 years comes to you for specific advice about the kind of exercise he can do whilst receiving radiation therapy treatment for prostate cancer. Since starting treatment six weeks ago he feels chronically tired and believes he is losing his muscle mass. His weight is 84 kilos with 22% body fat. Research this case study and fill in the tables provided so you can discuss the scenario in class.

Case study 4b Julia - Breast cancer

A moderately, overweight inactive women of 43 years comes to you for specific advice about the kind of exercise she can do whilst receiving chemotherapy (leucovorin, fluorouracil and oxaliplatin; FOLFOX) treatment for breast cancer. Since starting treatment one month ago she feels chronically tired and believes she is losing her muscle mass. She has no weekly physical activity. Her weight is 70 kilos with 26% body fat. Research this case study and answer the questions provided so you can discuss the scenario in class.

Case study 5 Henry - HIV

An HIV male patient, aged 32 years, is keen to incorporate regular exercise into his treatment (HAART regimen; kaletra and truvada). He is concerned about the type of exercise he can carry out without negatively affecting his health. Over the last couple of years he has increased his body fat and feels he has lost a lot of muscle mass. He constantly feels tired. His weekly physical activity involves 5 minutes of walking to the shop daily. His weight is 70 kilos with 16% body fat. Research this case study and answer the questions provided so you can discuss the scenario in class.

Case study 6 Judy - Metabolic syndrome

An inactive woman (53 years) comes to you for advice about the kind of exercise she can do after she has been recently diagnosed with metabolic syndrome. She experiences menopausal symptoms such as hot flushes and discomfort and has elevated cholesterol levels (6.8 mmol/L). She suffers from hypertension and is on an ACE inhibitor (Captopril; 20 mg, twice per day), a beta blocker (propranolol 50 mg twice per day), and a diuretic (bendrofluazide; 5 mg once per day). Her quality of sleep has been dramatically reduced. She has no weekly physical activity apart from house chores. Her weight is 80 kilos with 37% body fat. Research this case study focusing on strategies to increase quality of sleep, to influence postmenopausal symptoms, to improve cholesterol levels and fitness, and to reduce her metabolic syndrome risk factors.

Case study 7 John - Smoking

An overweight male of 34 years comes to you for specific advice about the kind of exercise he can do to help give up smoking. He has been smoking for 16 years and has not been successful in giving it up. He is taking blood thinning medication (warfarin; 5 mg once per day). He feels his health has deteriorated and feels unfit and weak. He is inactive and has a poor diet. His weight is 76 kilos with 28% body fat. Research this case study and answer the questions provided so you can discuss the scenario in class.

Case study 8 Frank - Cardiac rehabilitation

An overweight male of 54 years comes to you for specific advice about the kind of exercise he can do to help him avoid another infarct. He suffered a mild myocardial infarction which did not result in any permanent damage to the heart or other organs. Over the last 10 years he has suffered from hypertension and dyslipidemia and is on candesartan (an angiotensin II receptor antagonist; 10 mg once per day) and a statin (Lipitor, brand name atorvastatin; 40 mg per day). He is also taking blood thinning medication (warfarin; 7 mg once per day). He is also a Type 2 diabetic and is taking daily metformin 700 mg, three times per day). He has no weekly physical activity but he is now consuming a healthy plant based diet. His weight is 92 kilos with 36% body fat. Research this case study and answer the questions provided so you can discuss the scenario in class.

Remember: Be prepared. Do some research into the area of the client. Think about the Lifestyle Change Model to develop your case study. Plan what aspects of assessment you would carry out. Think how you would educate your client about their disease or condition, and so forth. Fill in the tables for each Case Study using the Case Study Form and hand in the completed tables before each Case Study lecture.

COURSE EVALUATION AND DEVELOPMENT

Each year feedback is sought from students about the courses offered in HESC and continual improvements are made based on this feedback. The Course and Teaching Evaluation and Improvement [CATEI] Process of the UNSW is the way in which student feedback is evaluated and significant changes to the course will be communicated to subsequent cohorts of students.

GENERAL INFORMATION

Exercise Physiology is part of the School of Medical Sciences and is within the Faculty of Medicine. Steve and Yati's offices are located at 4 Arthur Street. General inquiries can be made to Sue Cheng at the Reception, located on the 2nd Floor of the Australian Graduate School of Business Building (office hours are 9.00 am - 5:00pm).

Professor Nick Hawkins is Head of SoMS and appointments may be made through his Administrative Assistant in Room MG149 in Wallace Wurth Building. The School Student Advisor **Ms Carmen Robinson** (9385 2464) is able to provide additional information on any courses offered by the School.
Email: carmen.robinson@unsw.edu.au

OFFICIAL COMMUNICATION BY EMAIL

All students in the course HESC3581 are advised that e-mail is now the official means by which the School of Medical Sciences at UNSW will communicate with you. All email messages will be sent to your official UNSW e-mail address (e.g. z1234567@student.unsw.edu.au) and, if you do not wish to use the University e-mail system, you **MUST** arrange for your official mail to be forwarded to your chosen address. The University recommends that you check your mail at least every other day. Facilities for checking e-mail are available in the School of Medical Sciences and in the University library. Further information and assistance is available from DIS-Connect, ph. 9385 1777. Free e-mail courses are run by the UNSW Library.

ATTENDANCE REQUIREMENTS

Attendance at practical classes/demonstrations is compulsory, and must be recorded in the class roll ON THE DAY OF THE CLASS. It is your responsibility to ensure that the demonstrator records your attendance and no discussions will be entered into after the completion of the class. Satisfactory completion of the work set for each class is essential. It should be noted that non attendance for other than documented medical or other serious reasons, or unsatisfactory performance, during the session may result in an additional practical assessment exam or ineligibility to pass the course.

Online Teaching Resources

Lecture notes, laboratory questions, additional readings, marks, announcements etc. will be placed on WebCT: <http://vista.elearning.unsw.edu.au/>. You will need to click through the "UNSW" at the left, then click the "Log on" button and enter your Unipass credentials (zStudentNo. and password). After logging on to WebCT, look for the course HESC3581. You should have access to it if you are properly enrolled. It is advisable to check this website regularly to access materials and check for announcements.

HANDWRITING

Students whose writing is difficult to understand will disadvantage themselves in their written assessment. Make every effort to write clearly and legibly. Do not use your own abbreviations. You are advised to hand in word processed assignments.

SPECIAL CONSIDERATION

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 or for any other reason, you should notify the Student Central and ask for special consideration in the determination of your results. Such requests should be made as soon as practicable after the problem occurs. **Applications made more than three days after an examination in a course will only be considered in exceptional circumstances.***

*When submitting a request for special consideration you should provide all possible supporting evidence (eg medical certificates) together with your registration number and enrolment details. Consideration request forms are available from the Student Centre in the Chancellery and from Course Offices. In exceptional circumstances further assessment may be given. **If you believe you might be eligible for further assessment on these grounds, you should contact the Course Authority or the relevant Course Office as soon as possible.** Please refer to UNSW Student Gateway @ www.student.unsw.edu.au for further details regarding special consideration.*

MISSED EXAMS

If in any circumstances you unavoidably miss an examination, you must inform the Registrar and also contact the relevant Course Office immediately. 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 with sufficient time.

PLEASE NOTE that if you miss any examinations for medical reasons you must lodge a medical certificate with New South Q within **3 DAYS** (refer to UNSW Student Gateway @ www.student.unsw.edu.au for further details). Your request for consideration will be assessed and a deferred exam may be granted. You cannot assume you will be granted supplementary assessment. The deferred exam may include an oral element.

MEDICAL CERTIFICATES

Students who miss practical classes due to illness or for other reasons must submit a copy of medical certificates or other acceptable documentation to the course coordinator **Dr. Steve Boutcher in 4 Arthur Street**. Certificates should be lodged no more than seven (7) days after an absence. Certificates lodged after seven days will not be accepted. The following details must be attached: Name, Subject number, Group number, Date of the class, Name of class/es missed.

STUDENT SUPPORT SERVICES

Those students who have a disability that requires some adjustment in their teaching or learning environment are encouraged to discuss their study needs with the course coordinator prior to, or at the commencement of, their course, or with the Equity Officer (Disability) in the Equity and Diversity Unit (**EADU**) **9385 4734**. Issues to be discussed may include access to materials, signers or note-takers, the provision of services and additional exam and assessment arrangements. Early notification is essential to enable any necessary adjustments to be made.

STUDENT RIGHTS AND RESPONSIBILITIES

Refer to UNSW Student Gateway @ www.student.unsw.edu.au

PLAGIARISM

The School of Medical Sciences will not tolerate plagiarism in submitted written work. The University regards this as academic misconduct. Evidence of plagiarism in submitted assignments, etc. will be thoroughly investigated and may be penalised by the award of a score of zero for the assessable work. Evidence of plagiarism may result in a record being made in the Central Plagiarism Register and the Faculty Students Ethics Officer being notified.

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 permission from the University of Melbourne.

APPEAL PROCEDURES

Refer to UNSW Student Gateway @ www.student.unsw.edu.au.

GRIEVANCE RESOLUTION OFFICER

In case you have any problems or grievance about the course, you should try to resolve it with the Course Coordinator (Dr Steve Boutcher ph: 9385 2877) or the Head of School, Prof Nick Hawkins. If the grievance cannot be resolved in this way, you should contact the School of Medical Sciences Grievance Officer, Dr P. Pandey (9385 2483, P.Pandey@unsw.edu.au).

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