

# MDM159 Management of Long Term Conditions in Children

## Module Handbook

Monday 1 – Friday 5 November 2021

Title	Name	Email Address
Module lead	Dr Tom Ruffles	<a href="mailto:t.ruffles@nhs.net">t.ruffles@nhs.net</a>
Module Administrator	Kara Wheeler	<a href="mailto:MScPaediatrics@bsms.ac.uk">MScPaediatrics@bsms.ac.uk</a>

## Contents

<b>Introduction</b> .....	<b>4</b>
<b>Learning Outcomes</b> .....	<b>4</b>
<b>Module Structure and Timetable</b> .....	<b>5</b>
Day one: Monday 1 <sup>st</sup> November 2021 .....	6
Day two: Tuesday 2 <sup>nd</sup> November 2021 .....	7
Day three: Wednesday 3 <sup>rd</sup> November 2021.....	8
Day four: Thursday 4 <sup>th</sup> November 2021.....	9
Day five: Friday 5 <sup>th</sup> November 2021.....	10
<b>Teaching Staff</b> .....	<b>11</b>
<b>Teaching and Learning Strategies</b> .....	<b>13</b>
Study Support.....	13
Academic skills for students at University of Sussex .....	13
Writing and Advisory Skills .....	14
<b>Library and Computer Services</b> .....	<b>14</b>
<b>Reading List</b> .....	<b>15</b>
<b>Module Assessment</b> .....	<b>15</b>
<b>Anonymous Marking</b> .....	<b>15</b>
<b>Essay</b> .....	<b>16</b>
<b>Poster Presentations</b> .....	<b>16</b>
<b>Marking Grades for Written Assignments</b> .....	<b>17</b>
<b>Marking Grades for the MDM159 Poster Assessment Component</b> .....	<b>22</b>
<b>Presentation for Assignments</b> .....	<b>26</b>
General .....	26
Word Count .....	26
Appendices .....	26
References.....	26
<b>Module Regulations</b> .....	<b>27</b>
Cancellation of Module .....	27
Attendance .....	27
Submission of Assessments.....	27
Anonymous Marking .....	28
Late Submissions and Extensions.....	28
Results and Examination Board.....	29
<b>Examples of Distinction Work – Publication Policy</b> .....	<b>29</b>
<b>Plagiarism</b> .....	<b>30</b>
<b>Appendix I – Essay Submission Instructions</b> .....	<b>31</b>

<i>About Turnitin</i> .....	31
<i>Assignment Submission using Turnitin</i> .....	31
<i>Declaration</i> .....	32
<b>How to submit your work to a Turnitin assignment link</b> .....	<b>32</b>

## Introduction

This module will enable you to understand multi-disciplinary approaches to managing long term conditions in children and to develop insight into evidence-based practice, in the clinical, social and psychological aspects of management involved in these conditions. The module is clinically focused and non-disease specific. You will develop a critical understanding of the research, policies and practice relating to long-term conditions in various organisational contexts and you will have the opportunity to meet professionals from different disciplines and share best practice.

This module aims to:

- Enhance understanding of the multi-disciplinary approaches to managing long-term conditions in children
- Develop knowledge and skills in the different aspects of long-term care like accountability, communication skills, record keeping and promotion of dignity and health
- Analyse current thinking in long-term conditions management and discuss the difficulties faced by the children and their families living with long-term health conditions.

## Learning Outcomes

At the end of the module you should be able to:

- Demonstrate knowledge of the pathophysiology of long-term conditions which affect children
- Systematically describe and critically evaluate the principles of management of long-term conditions in children
- Reflect on the role of multidisciplinary teams in managing children with long-term conditions
- Apply knowledge to develop a case study and appropriate management plan for a child with a specific long term condition
- Demonstrate an awareness of the psycho-social impact of long term conditions on children and their families
- Prepare a poster presentation of a case study, creatively and to a standard appropriate for conferences

## Module Structure and Timetable

### **MDM159 Management of Long Term Conditions in Children (LTC)**

We are pleased to be able to deliver the Long Term Conditions module as a class room based course for 2021 having been fully online last year. We have updated the course on the basis of last year's excellent feedback and added several new lectures.

It is expected that the students review the preparatory information for each lecture in advance. The majority of the weeks lectures have a paired pre-recorded lecture (My Studies course page – Study materials > Module teaching materials) that covers the background information on the topic so that the live lecture can concentrate on Master's level discussion. Each lecture also has an advised reading list (My Studies course page – Reading list).

The majority of the classroom based lectures will involve the lecturer being present at the University for a face to face discussion, however we also have the capability for the lecturers to present online to the classroom through MS Teams. This flexible approach should mitigate for any travel or Covid-19 related disruption to the program.

We are fortunate to have a highly experienced group of lecturers from throughout Kent, Surrey, Sussex and London covering a broad range of disciplines and specialties. The module lead will be present throughout the week along with other faculty members to help ensure the program runs smoothly and to stimulate engagement.

**Please note:** the timetable may be subject to change. For the most up to date version of the timetable and module handbook, please refer to the MDM159 module area on My Studies.

Day one: Monday 1<sup>st</sup> November 2021

Room: **329, Level 3, Watson Building, University of Brighton, Falmer Campus, BN1 9PH**

<b>Session time</b>	<b>Lecture title</b>	<b>Speaker</b>
<b>09:30 – 09:40</b>	Welcome and introduction	Course Faculty
<b>09:45 – 10:45</b>	Nutrition in Chronic Disease	Chris Smith
<b>10:45 – 11:00</b>	Break	
<b>11:00 – 12:00</b>	Clinical Psychology	Sally Harris
<b>12:00 – 13:00</b>	Lunch	
<b>13:00 – 14:00</b>	NICE Guideline Review	Course Faculty
<b>14:00 – 14:15</b>	Break	
<b>14:15 – 15:15</b>	Transition	Dr Alok Gupta

Day two: Tuesday 2<sup>nd</sup> November 2021

Room: **201, Level 2, Falmer Library, University of Brighton, Falmer Campus, BN1 9PH**

<b>Session time</b>	<b>Lecture title</b>	<b>Speaker</b>
<b>09:30 – 10:45</b>	Long-term ventilation	Tamsyn Hernandez & Helen Cranney
<b>10:45 – 11:00</b>	Break	
<b>11:00 – 12:00</b>	Epilepsy	Dr Nitin Maheshwara
<b>12:00 – 13:00</b>	Lunch	
<b>13:00 – 14:00</b>	Complex Neurology	Dr Sharmila Jeyasingh
<b>14:00 – 14:15</b>	Break	
<b>14:15 – 15:15</b>	Oncology – Longterm care & challenges	Dr Anne Davidson
<b>15:15 – 15:30</b>	Break	
<b>15:30 – 16:30</b>	Palliative Care (Virtual)	Dr Lizzie Bendle

Day three: Wednesday 3<sup>rd</sup> November 2021

Room: **329, Level 3, Watson Building, University of Brighton, Falmer Campus, BN1 9PH**

<b>Session time</b>	<b>Lecture title</b>	<b>Speaker</b>
<b>09:45 – 10:45</b>	Inflammatory Bowel Disease	Dr Assad Butt
<b>10:45 – 11:00</b>	Break	
<b>11:00 – 12:00</b>	Safeguarding	Dr Frances Howsam
<b>12:00 – 13:00</b>	Lunch	
<b>13:00 – 14:00</b>	Anorexia	Dr Jon Rabbs
<b>14:00 – 14:15</b>	Break	
<b>14:15 – 15:15</b>	Rheumatology	Dr Jon Rabbs
<b>15:15 – 15:30</b>	Break	
<b>15:30 – 16:00</b>	Assessment Discussion	Course Faculty



Day four: Thursday 4<sup>th</sup> November 2021

Room: **329, Level 3, Watson Building, University of Brighton, Falmer Campus, BN1 9PH**

<b>Session time</b>	<b>Lecture title</b>	<b>Speaker</b>
<b>09:45 – 10:45</b>	Cystic Fibrosis	Dr Tom Ruffles
<b>10:45 – 11:00</b>	Break	
<b>11:00 – 12:00</b>	Asthma	Dr Tom Ruffles
<b>12:00 – 13:00</b>	Lunch	
<b>13:00 – 14:00</b>	Congenital Cardiac Disease	Dr Poothirikovil Venugopalan
<b>14:00 – 14:15</b>	Break	
<b>14:15 – 15:15</b>	Functional Disorders	Dr Nikil Sudarsan
<b>15:15 – 15:30</b>	Break	
<b>15:30 – 16:00</b>	Parent perspective	

Day five: Friday 5<sup>th</sup> November 2021

Room: **329, Level 3, Watson Building, University of Brighton, Falmer Campus, BN1 9PH**

<b>Session time</b>	<b>Lecture title</b>	<b>Speaker</b>
<b>09:45 – 10:45</b>	Inherited Metabolic Diseases (Virtual)	Dr Hugh Lemonde
<b>10:45 – 11:00</b>	Break	
<b>11:00 – 12:00</b>	Diabetes	Dr Shankar Kanumakala
<b>12:00 – 13:00</b>	Lunch	
<b>13:00 – 14:00</b>	Chronic Kidney Disease	Dr Nabil Melhem
<b>14:00 – 14:15</b>	Break	
<b>14:15 – 15:15</b>	Allergy & Eczema	Prof Somnath Mukhopadhyay & Dr Jessie Felton
<b>15:15 – 15:30</b>	Break	
<b>15:30 – 16:00</b>	Feedback & close	Course Faculty

## Teaching Staff

Name	Title
BENDLE, Lizzie	Consultant in Paediatric Palliative Medicine Paediatrician Evelina Children's Hospital, London.
BUTT, Assad	Consultant Paediatrician (Special Interest in Gastroenterology), Royal Alexandra Children's Hospital, Brighton.
CRANNEY, Helen	Senior Specialist Paediatric Physiotherapist (Respiratory and Long Term Ventilation) Evelina Children's Hospital, London.
DAVIDSON, Anne	Consultant Paediatrician (Special Interest in Oncology), Royal Alexandra Children's Hospital, Brighton.
FELTON, Jessie	Consultant Paediatric Dermatology, Royal Alexandra Children's Hospital, Brighton.
GUPTA, Alok	Consultant Paediatrician (Endocrinology & Diabetes), Darent Valley Hospital.
HARRIS, Sally	Paediatric Clinical Psychologist, Royal Alexandra Children's Hospital, Brighton.
HERNANDEZ, Tamsyn	Clinical Nurse Specialist (Paediatric Respiratory Long Term Ventilation) Evelina Children's Hospital, London.
HOWSAM, Frances	Consultant Paediatrician and Named Doctor for Children's Safeguarding, Royal Alexandra Children's Hospital, Brighton.
JEYASINGH, Sharmila	Consultant Paediatrician (Special interest Neurology), Royal Alexandra Children's Hospital, Brighton.
KANUMAKALA, Shankar	Consultant Paediatrician (Endocrinology & Diabetes), Royal Alexandra Children's Hospital, Brighton.
LEMONDE, Hugh	Consultant Paediatrician (Metabolic Medicine), Evelina Children Hospital, London

Name	Title
MAHESHWARI, Nitin	Consultant Paediatrician (Community Child Health), Bromley Healthcare
MELHEM, Nabil	Consultant Paediatrician (Renal medicine), Evelina Children's Hospital, London
MUKHOPADHYAY, Somnath	Chair of Paediatrics, Brighton & Sussex Medical School. Consultant Paediatrician (Respiratory & Allergy). Course Principal, MSc Paediatrics and Child Health.
PATEL, Kamal	Consultant Paediatrician (Critical & Emergency care), Royal Alexandra Children's Hospital, Brighton. Course lead MSc Paediatrics & Child health
RABBS, Jonathan	Consultant Paediatrician (Special interest eating disorders), Worthing Hospital. Director of West Sussex FEDS service
RUFFLES, Tom	Consultant Paediatrician (Respiratory), Royal Alexandra Children's Hospital, Brighton. Module Lead MDM159, MSc Paediatrics & Child Health
SEDDON, Paul	Consultant Paediatrician (Respiratory), Royal Alexandra Children's Hospital, Brighton. Cystic Fibrosis lead.
SMITH, Chris	Senior Paediatric specialist dietitian, Royal Alexandra Children's Hospital, Brighton.
SUDARSAN, Nikil	Consultant Paediatrician (Special interest Neurology), Royal Alexandra Children's Hospital, Brighton.
VENUGOPALAN, Poothirikovil	Consultant Paediatrician (Special Interest in Cardiology), Royal Alexandra Children's Hospital, Brighton.

## Teaching and Learning Strategies

Teaching methods will encompass:

- Pre-recorded lectures
- Interactive face to face group sessions
- Student presentations
- Individual project work
- Self-directed learning
- Reflection

Students will be expected to support their learning by the use and critical appraisal of primary sources of information such as peer-reviewed research articles and appropriate websites.

Course materials, including recorded lectures and reading lists will be [available on My Studies \(Student Central\)](#).

## Study Support

Assistance with essay writing is available from Royal Literary Fund (RLF) fellows. These writers offer 1-2-1 writing support sessions on how to improve writing skills. To book an appointment with an RLF fellow, [please visit the University of Sussex Skills Hub](#) page.

Alternatively, the [Royal Literary Fund website](#) offers useful information and resources on essay writing.

## Academic skills for students at University of Sussex

For practical help on academic English language skills, reading, research and study techniques, the University of Sussex offers workshops, tutorials and events. For more information and to book a place, [please visit the University of Sussex Skills Hub](#) page.

## Writing and Advisory Skills

The University of Brighton offers an online Writing Advisory Service that provides personalised feedback on written work. Details can be found via the [Study Skills at The Library](#) page.

## Library and Computer Services

BSMS students have access to the University of Sussex Library as well as the University of Brighton Falmer Library, where key textbooks for the course will be held - here is the [BSMS Library Link](#). You will be registered to use the Universities' computing facilities and receive a library card. A username and password will provide you with access to online resources to the University of Brighton – [My Studies](#). To access Sussex Library online resources and certain reading list items follow instructions [here](#).

BSMS librarians offer training on finding and retrieving information, literature searching, online referencing, and can purchase books for your specific research area where possible. For further information please see the library [induction video](#). Please contact us via the email below if you have any issues with accessing online library resources. To make an appointment or for general enquiries, email BSMS Librarians, Katie Street and Annemarie Frank on: [bsmslibrary@bsms.ac.uk](mailto:bsmslibrary@bsms.ac.uk).

The BSMS library catalogue SABRE can be accessed via My Studies. See also Online Resources which link to databases and authoritative websites in the fields of medicine, pharmacy, nursing and other subject areas.

**My Studies will be the main method of communication for any changes to course location or timetable. Please check the site on a regular basis. Examples of assignments that achieved a distinction will be available for you to read on My Studies.**

## Reading List

You will be expected to access the considerable stock of journals held by University and Hospital Libraries. You may also use the University Computer Centre to access information on the Internet. Reading for the assignment will be covered in specialist journals related to the students' fields of study as well as texts relating to research methods. Examples of key texts can be [found under the Reading List section within the My Studies MDM159 module area](#).

## Module Assessment

The module assessment comprises of two components:

1. **Essay** (2,500 words) – critically evaluate the principles of management of long term conditions in children (75% weighting).
  - Essays are to be submitted electronically by the **submission deadline of 4.30pm on Tuesday 1<sup>st</sup> February 2022** via Turnitin on My Studies.
2. **Poster presentation** – present a case to illustrate your knowledge and application of a management plan for a specific long-term condition (25% weighting).
  - **Posters** are to be **submitted electronically by the submission deadline of 4.30pm on Date TBC** via Turnitin on My Studies.
  - **Poster presentations** are scheduled to take place **between Wednesday 19<sup>th</sup> and Thursday 20<sup>th</sup> January 2022**.

Please note, both assessment components must be passed in order to pass the module.

## Anonymous Marking

The essay will be marked anonymously in line with University regulations, in place since academic year 2019/20. To ensure the robustness of this process, please do not include your name or student number anywhere in the document (including the file name). You should save your work with the title **MDM159**. Turnitin identifies your submission with a submission ID (not by name or student number).

## Essay

We ask that before starting any assignment you read and familiarise yourself with the marking criteria, which can be found on the following pages. All University of Brighton Written assessments are marked online against the criteria.

The total word count for the essay is up to 2,500 words and must not be exceeded. Work will be marked up to the specified word limit; any words beyond this limit will not be marked. Tables and figures are not included in the main word count, but should have a maximum of 500 words in total and words beyond this limit will not be marked.

Referencing, bibliography and appendices are not included in the word count. Please show your word count on the front cover. As above, please do not include your name or student number anywhere in the document (including the file name).

## Poster Presentations

We ask that before starting your poster you read and familiarise yourself with the MDM159 poster marking criteria, which can be found on the following pages, after the Marking Grades for Written Assignments criteria. All MDM159 submitted posters are marked against this criteria.

Posters are to be submitted electronically via Turnitin in any of the following formats: PDF, Word Doc or PowerPoint. Please note, the file size limit is 100MB. For a full list of supported file types, supported web browsers and for further information on how to submit your assessment, please [visit the University of Brighton eSubmission: Turnitin blog](#). Posters can be either landscape or portrait and must include references.

You will be invited to present your poster to a two-judge panel online via Microsoft Teams. You will have 10 minutes to present, plus time for Q&A lead by the panel. Presentations will be recorded for marking verification purposes.



## Marking Grades for Written Assignments

The following schema is an indicative framework for the assessment of assignments. Course participants will be given a percentage mark, but the Division places great emphasis on individual written feedback, often supplemented by face-to face discussion of the work with the course tutor. Assignments are internally moderated and a sample sent to the external examiner for quality assurance purposes. **Please note the pass mark for all modules is 50%.**

Indicative percentage mark	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%
University Standard	Fail	Fail / Refer	Pass	Merit	Distinction	High Distinction
<b>Learning Outcomes &amp; Assessment Criteria</b>	Most have not been met	One or more have not been met	All met	All met fully at a good or very good standard	Achieved to a high standard and many at an exceptionally high level	All achieved to an exceptionally high level
<b>Understanding and Exploration</b>	Very limited understanding and/or exploration of major ideas with little or no insight and/or minimal research	Limited understanding and/or exploration of major ideas with very little insight and/or minimal research	Sound understanding and exploration, some insight and/or appropriate research	Good to very good understanding and exploration, some insight and/or thorough research. Some capacity to undertake further research	In-depth understanding, exploration, insight and/or research	Exceptional display of understanding, exploration, insight and/or research
<b>Accuracy &amp; Potential for Publication</b>	Several significant inaccuracies and/or misunderstandings – minimal or no evidence of knowledge and	Some significant inaccuracies and/or misunderstandings – gaps in understanding and/or knowledge	Some minor inaccuracies and/or misunderstandings – small but not significant errors	No significant inaccuracies, misunderstandings or errors	Potential for publication / exhibition and/or ability to undertake further research	Potential for publication / exhibition and/or ability to undertake further research

Indicative percentage mark	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%
University Standard	Fail	Fail / Refer	Pass	Merit	Distinction	High Distinction
	understanding of the subject					
<b>Adherence to Assessment Tasks</b>	Insufficient attention paid to several of the assessment criteria and some serious deviations from the specifications for the assessment task	Insufficient attention paid to some of the assessment criteria and some significant deviations from the specifications for the assessment task	Some minor deviations from the specifications for the assessment task, including word limit where appropriate	The specifications for the assessment task, including word limit where appropriate, have been adhered to	All specifications for the assessment task, including word limit where appropriate, have been adhered to	All specifications for the assessment task, including word limit where appropriate, have been adhered to
<b>Organisation, Structure and Presentation</b>	The work is too descriptive, poorly structured and the standard of presentation, including any subject-specific conventions where appropriate, is inadequate	The work is too descriptive, somewhat disorganised and unclear and the standard of presentation, including any subject-specific conventions where appropriate, is inadequate	The work is suitably organised and the standard of presentation, including any subject-specific conventions where appropriate, is sound	The work is well organised, coherent and the standard of presentation including any subject-specific conventions where appropriate, is good	The organisation, structure and standard of presentation of the work, including any subject-specific conventions where appropriate, are excellent throughout	The organisation, structure and standard of presentation of the work, including any subject-specific conventions where appropriate, are exemplary throughout

Indicative percentage mark	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%
University Standard	Fail	Fail / Refer	Pass	Merit	Distinction	High Distinction
<b>Communication to intended Audience</b>	No evidence of effective communication of work	Very little evidence of effective communication of work	Little evidence of effective communication of work	Evidence of effective communication of work	Evidence of effective communication of work to specialist and non-specialist audiences	Evidence of effective communication of work to specialist and non-specialist audiences
<b>Argument &amp; Evidence</b>	The work lacks supporting evidence or argument	Development of an argument is limited and often flawed	Ability to develop an argument but can lack fluency	Ability to present structured, clear and concise arguments	Convincing arguments that are likely to be at the limits of what may be expected at this level	Stimulating and rigorous arguments that are likely to be at the limits of what may be expected at this level
<b>Approach &amp; Execution</b>	The work has been approached and/or executed / performed inadequately	The work has been approached and/or executed / performed inadequately	The work has been approached and/or executed / performed in a standard way with limited evidence of originality	The work has been approached and/or executed / performed in a comprehensive way with some degree of originality	The work has been approached and/or executed / performed in an original way	The work has been approached and/or executed / performed in an original way

Indicative percentage mark	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%
University Standard	Fail	Fail / Refer	Pass	Merit	Distinction	High Distinction
<b>Contextualisation , Research and Synthesis</b>	<p>Failure to contextualise from sources</p> <p>Little or no evidence of analysis, synthesis, evaluation and critical appraisal</p>	<p>The context provided takes the form of description lacking any breadth, depth and accuracy</p> <p>Demonstrated limited ability to reach decisions and research appropriately</p> <p>Insufficient evidence of analysis, synthesis, evaluation and critical appraisal</p>	<p>Some contextualisation but with a heavy reliance on a limited number of sources and, in general, the breadth and depth of sources and research are lacking</p> <p>Evidence of study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence</p> <p>Some, but limited evidence of analysis, synthesis, evaluation and critical appraisal</p>	<p>Appropriate contextualisation, including relevant theory / literature / artefacts / performance</p> <p>Evidence of extensive study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence</p> <p>Evidence of high-quality analysis, synthesis, evaluation and critical appraisal</p>	<p>Insightful contextualisation, including relevant theory / literature / artefacts / performance</p> <p>Clear evidence of extensive study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence</p> <p>Evidence of high to very high-quality analysis, synthesis, evaluation and critical appraisal</p>	<p>Inspirational, innovative and authoritative - evidence of intellectual rigour, independence of judgement and insightful contextualisation, including relevant theory / literature / artefacts / performance</p> <p>Clear evidence of extensive study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence</p> <p>Evidence of very high-quality analysis, synthesis, evaluation and critical appraisal</p>

Indicative percentage mark	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%
University Standard	Fail	Fail / Refer	Pass	Merit	Distinction	High Distinction
<b>Problem Solving and ability to address Complexity</b>	<p>Little or no evidence of problem-solving skills</p> <p>Failure to address complex issues</p>	<p>Little evidence of problem-solving skills</p> <p>Barely addresses complex issues</p>	<p>Some evidence of problem-solving skills</p> <p>Some evidence of ability to address complex issues adequately</p>	<p>Good or at least competent problem-solving skills – suggests alternative approaches</p> <p>Ability to address complex issues competently – explores established knowledge</p>	<p>Excellent problem-solving skills – suggests alternative approaches</p> <p>Ability to address complex issues effectively – challenges established knowledge</p>	<p>Outstanding problem-solving skills – suggests alternative approaches</p> <p>Ability to address complex issues both systematically and creatively - challenges established knowledge</p>

## Marking Grades for the MDM159 Poster Assessment Component

Reminder of 5 Learning Outcomes for MDM159:

- Demonstrate knowledge of the pathophysiology of long-term conditions which affect children
- Systematically describes and critically evaluates the principles of management of long-term conditions in children
- Able to describe the role of multidisciplinary teams in managing children with long-term conditions
- Apply knowledge to develop a case study and appropriate management plan for a child with a specific long term condition
- Demonstrate an awareness of the psycho-social impact of long term conditions on children and their families

Indicative percentage mark	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%
University Standard	Fail	Fail / Refer	Pass	Merit	Distinction	High Distinction
<b>Learning Outcomes demonstrated</b>	Only 1 shown	At least 2 shown	At least 3 shown	At least 4 shown	All 5 shown	All 5 shown
<b>Poster layout</b>	Difficult to read (Font & size). Overcrowded. Poor flow of information (jumbled). Several significant inaccuracies or errors. No tables or charts. <3 references.	Difficult to read (Font & size). Overcrowded. Poor flow of information (jumbled). Some significant inaccuracies or errors. No tables or charts. <4 references.	Straightforward to read, not too overcrowded, reasonable flow of information which is logical. Some minor inaccuracies or errors– small but not significant. Use of tables or charts appropriately. ≥4 references	Easy to read (Font & size), well-spaced out, good flow of information which is logical. No inaccuracies, misunderstandings or errors. Good use of tables & charts to enhance understanding. ≥5 references.	Very easy to read (Font & size), good use of colours, very good flow of logical information, stimulating interest. Potential for publication. Excellent use of tables & charts to provoke further interest. ≥6 references.	Very easy to read (Font & size), good use of colours, very good flow of logical information, stimulating interest. Potential for publication. Excellent use of tables & charts to provoke further

Indicative percentage mark	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%
University Standard	Fail	Fail / Refer	Pass	Merit	Distinction	High Distinction
						interest. ≥6 references.
<b>Communication to intended Audience</b>	No evidence of effective communication of work. No take home message or conclusion.	Very little evidence of effective communication of work. No take home message or conclusion.	Little evidence of effective communication of work. Adequate take home message, but not original.	Evidence of effective communication of work, but not adequate to both specialist & non-specialist audience. Able to explain complex details in simple terms to unfamiliar audience. Good take home message.	Evidence of effective communication of work to specialist and non- specialist audiences. Answers questions very well. Able to explain complex details in simple terms to unfamiliar audience. Good take home message.	Evidence of effective communication of work to specialist and non- specialist audiences. Answers questions very well. Able to explain complex details in simple terms to unfamiliar audience. Stimulating & innovative take home message.
<b>Understanding &amp; Exploration</b>	Very limited understanding and/or exploration of major ideas with little or no insight.	Limited understanding and/or exploration of major ideas with very little insight.	Sound understanding and exploration, some insight.	Good to very good understanding and exploration, some insight.	In-depth understanding, exploration & insight	Exceptional display of understanding, exploration & insight
<b>Argument &amp; Evidence</b>	The work lacks supporting evidence or argument	Development of an argument is limited and often flawed	Ability to develop an argument but can lack fluency	Ability to present structured, clear and concise arguments	Convincing arguments that are likely to be at the limits of what may be expected at this level	Stimulating and rigorous arguments that are likely to be at the limits of what may be expected at this level

Indicative percentage mark	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%
University Standard	Fail	Fail / Refer	Pass	Merit	Distinction	High Distinction
<b>Approach &amp; Execution</b>	The work has been approached and / or executed / performed inadequately	The work has been approached and/or executed / performed inadequately	The work has been approached and/or executed / performed in a standard way with limited evidence of originality.	The work has been approached and/or executed / performed in a comprehensive way with some degree of originality.	The work has been approached and/or executed / performed in an original way.	The work has been approached and/or executed / performed in a highly original way.
<b>Problem Solving and ability to address Complexity</b>	Little or no evidence of problem solving skills. Failure to address complex issues	Little evidence of problem solving skills. Barely addresses complex issues	Some evidence of problem solving skills. Some evidence of ability to address complex issues adequately	Good or at least competent problem solving skills – suggests alternative approaches. Ability to address complex issues competently – explores established knowledge	Excellent problem solving skills – suggests alternative approaches. Ability to address complex issues effectively – challenges established knowledge	Excellent problem solving skills – suggests alternative approaches. Ability to address complex issues both systematically and creatively – challenges established knowledge
<b>Contextualisation</b>	Failure to contextualise from sources	The context provided takes the form of description lacking any breadth, depth and accuracy	Some contextualisation but with a heavy reliance on a limited number of sources and, in general, the breadth and depth of sources and research are lacking	Appropriate contextualisation, including relevant theory / literature / artefacts / performance	Insightful contextualisation, including relevant theory / literature / artefacts / performance	Inspirational, innovative and authoritative - evidence of intellectual rigour, independence of judgement and insightful contextualisation,



<b>Indicative percentage mark</b>	<b>0 – 39%</b>	<b>40 – 49%</b>	<b>50 – 59%</b>	<b>60 – 69%</b>	<b>70 – 79%</b>	<b>80 – 100%</b>
<b>University Standard</b>	<b>Fail</b>	<b>Fail / Refer</b>	<b>Pass</b>	<b>Merit</b>	<b>Distinction</b>	<b>High Distinction</b>
						including relevant theory / literature / artefacts / performance

## Presentation for Assignments

### General

All assignments should

- Have a title page stating the **module name and code, title of assignment and word count** (to enable anonymous marking, please do not include your name or student number).
- Be typed, double spaced in black print no smaller than point 11.
- Have margins of 3cm on each side of the page.

### Word Count

**The word count is up to 2,500 words and must not be exceeded.** Work will be marked up to the specified word limit, any words beyond this limit will not be marked. **Tables and figures are not included in the main word count, but should have a maximum of 500 words in total.** Words beyond this limit will not be marked. Referencing, bibliography and appendices are **not** included in the word count. Please show your word count on the front cover.

### Appendices

One or two appendices may be submitted with the work to support or give detailed illustration of a particular model or framework. However, marks will not be awarded for these supplements.

### References

Vancouver is Brighton and Sussex Medical School's official standard style of referencing. This system is the one most commonly used in other medical schools and medical journals. Vancouver offers simplicity, sympathy to the flow of language and facilitates accurate word counts which do not include citations.

To facilitate efficient and accurate referencing, the bibliographic software Endnote is provided on University of Brighton PCs for students and staff. This allows the creation of bibliographies in Microsoft Word, the searching of bibliographic databases and the organisation of references in a searchable database. For guidance on Vancouver styles see the [Cite Them Right](#) available in the BSMS Library area on My Studies.

## Module Regulations

### Cancellation of Module

The University reserves the right to cancel modules for any reason it deems sufficient and to alter programmes without notice. In the event of such cancellations, the full fee will normally be refunded.

### Attendance

It is expected that students will watch and attend 100% of the pre-recorded and interactive sessions respectively. In the event that you are not able to attend for all or part of a module day please contact the Module Administrator in advance explaining the reason for your absence. Please note that you are required to attend for a minimum of 80% of the taught module sessions. If you are unable to meet this requirement you will not be able to take the assessment.

### Submission of Assessments

**Assignment Submission Deadline: Tuesday 1<sup>st</sup> February 2022 by 4.30pm**

Please submit your assignment **electronically** to the Turnitin Assignment link on My Studies by the above deadline. The electronic submission box is closed at the above-mentioned time. It is **strongly recommended that you submit your document a few days prior to the deadline** in order to avoid any last-minute problems. Please submit just one document and make sure you read and follow the submission instructions contained in **Appendix 1 – Essay Submission Instructions**.

Please note: hard copies and submissions via email will not be accepted.

### **Poster Submission Deadline: Date TBC by 4.30pm**

Please submit your poster **electronically** to the Poster Submission Point portal link on My Studies by the above deadline. The electronic submission box is closed at the above-mentioned time. It is **strongly recommended that you submit your document a few days prior to the deadline** in order to avoid any last-minute problems. Please submit just one document and make sure you read and follow the submission instructions contained in **Appendix 1 – Essay Submission Instructions**.

Please note: hard copies and submissions via email will not be accepted.

### **Poster Presentations: between Wednesday 19 and Thursday 20 January 2022**

You will be invited to present your poster on either of the above dates, between the hours of 9am and 1pm. Poster presentations will take place online via Microsoft Teams and will be recorded for marking verification purposes.

### [Anonymous Marking](#)

The essay will be marked anonymously in line with University regulations, in place since academic year 2019/20. To ensure the robustness of this process, please do not include your name or student number anywhere in the document (including the file name). You should save your work with the title **MDM159**. Turnitin identifies your submission with a submission ID (not by name or student number).

### [Late Submissions and Extensions](#)

Work submitted within 2 weeks after the deadline for submission (**late Submissions**) may be accepted for the consideration of the Area Examination Board. Late work may be marked and feedback provided to the student. The mark for that component will then be capped at the minimum pass mark of 50%.

If the work is submitted more than 2 weeks after the deadline for submission, it should not be accepted, and will be considered a non-submission, and a result of 0 N will be recorded.

Please note that students who have already been referred and are resubmitting are **not** permitted to submit late.

**Extensions** to submission dates are only given in exceptional circumstances where evidence is provided and must be agreed in advance with your course leader and granted for a maximum period of one week.

If you wish to apply for an extension to the submission of assignment dates, you should contact programme administrator Kara Wheeler via [MScPaediatrics@bsms.ac.uk](mailto:MScPaediatrics@bsms.ac.uk) to obtain the relevant forms and consult your Student Handbook for guidance on the procedure.

A submission box for agreed extensions and late work will be available for a period of one to two weeks respectively after the final deadline.

## Results and Examination Board

Your provisional results will be available on My Studies Tuesday 1<sup>st</sup> March 2022; results will need to be presented to our Examination Board on Thursday 24<sup>th</sup> March 2022 before being finalised.

Full details of the BSMS Postgraduate Taught Examination and Assessment Regulations (PGTEAR) can be found on the university web page.

If you receive a 'fail' result and are permitted to repeat the module (for which you will incur a charge with attendance) your result for this repeat will be capped at 50%.

## Examples of Distinction Work – Publication Policy

Please note, if you receive a distinction mark for your assignment we may post the assignment on My Studies for future cohorts as an example of good work. If you do not wish to have work posted on My Studies please contact your Programme Administrator to opt out.

## Plagiarism

**BSMS takes plagiarism extremely seriously.** It is a matter of **academic integrity and probity**. Plagiarism is the act of taking the work or ideas from another and passing it off as your own.

Work that you submit must be free from any form of plagiarism. This includes taking passages directly from a journal, book or the internet, copying work from another student on your course, another student who studied the module previously, or another person studying elsewhere or ghost writing.

Plagiarism can also come in the form of **self-plagiarism** if you use your own old essays, reports or publications when writing a new one without referencing them properly. If you are using any of your previous work when writing an assignment you should reference it with the same level of care that you would any other source.

For those students registered with a professional regulatory body (or seeking to be in the future), such as the General Medical Council or Nursing and Midwifery Council, academic plagiarism can have significant professional consequences with regulatory bodies taking a very keen interest in cases where, for example, a doctor's probity is called in to question.

Further information about plagiarism and academic misconduct, and related penalties can be found in the BSMS Postgraduate Taught Examination and Assessment Regulations (PGTEAR).

Additional resources on plagiarism, including resources on avoiding plagiarism, can be found on both the [University of Brighton Study Skills at The Library](#) page and the [University of Sussex Skills Hub](#) page.

The University of Brighton is registered with the JISC Plagiarism Detection Service (TurnitinUK). The Service complies with UK Data Protection Law.

BSMS reserves the right to use the TurnitinUK Plagiarism Detection Service and students' work submitted for assessment purposes **will automatically be submitted** to the Service for checking.

You will be able to view your Originality report prior to the final deadline for submission (see Appendix 1).

By clicking submit, a student declares their understanding that:

- The work is original, of their own construction and not plagiarised from other sources;
- Anonymity has been maintained by using a pseudonym for any patient/client referred to and have not named Trusts or clinical areas, and;
- Failure to comply with above declaration may result in a referral or fail.

**A Plagiarism Awareness Pack can be found under the MDM159 assessment area on My Studies and all students are advised to read this information.**

## Appendix I – Essay Submission Instructions

### About Turnitin

Turnitin is a Web-based service that can find and highlight matching or unoriginal text in a written assignment. Turnitin checks any papers submitted against its database of materials to look for matches or near matches in strings of text. Turnitin then generates an Originality Report. The Originality Report summarises and highlights matching text.

### Assignment Submission using Turnitin

Before you submit your assignment.....

- Don't forget it's always a good idea to keep a backup copy of all your work, whether you're submitting online or not.
- The front cover of your document **must include**: module code and title, assignment title and word count, please **do not** include your name or student number.
- Please name your file **MDM159**, Turnitin will recognise that the assignment belongs to you but to ensure anonymity the marker will not see any identifying information so please do not include your name/student number in the file name or the assignment itself.
- Turnitin accepts the following file types: PDF, Microsoft Word, WordPerfect, HTML, RTF, Open Office (ODT), Google Docs and plain text. Zip (compressed) files are not acceptable.
- Your file should not be larger than 40MB.

- Turnitin [portals] will not accept submission of multiple files; please submit just one file [per portal]. Any additional documents should be included as an appendix within your main file.
- To avoid any last-minute technical problems with submission, we strongly advise you to submit your assignment well before the deadline.
- You can submit your assignment multiple times up to the deadline. Your final submission before the deadline will be the one which is counted. We recommend that you take advantage of this to avoid any problems with last-minute submission!
- If you do have technical problems with submitting your assignment, try:
  - Submitting in a different file format – we recommend PDF if you have problems with a different file type.
  - Using a different internet browser – we recommend Firefox. In particular, students have in the past experienced problems with submitting using Safari.
- If neither of these solves the problem, please contact the University of Brighton IT Service Desk ([ServiceDesk@brighton.ac.uk](mailto:ServiceDesk@brighton.ac.uk) / 01273 64 4444) or the Programme Administrator.

## Declaration

By clicking submit, you confirm that you have read, understood and agreed the following declaration:

- a) the work is original, of your own construction and not plagiarised from other sources;
- b) anonymity has been maintained by using a pseudonym for any patient/client referred to and have not named Trusts or clinical areas, and;
- c) failure to comply with above declaration may result in a referral or fail.

## How to submit your work to a Turnitin assignment link

For an up to date guide on how to use Turnitin, please [visit the University of Brighton eSubmission: Turnitin - Information about how to submit your work](#) library page with instructional videos.