MDM160 Developmental Paediatrics

Module Handbook

Monday 22nd – Friday 26th January 2024

Title	Name	Email Address
Module lead	Dr Paul Wright	paulwright@nhs.net
Module Administrator	Skye Madgwick-Miller	MScPaediatrics@bsms.ac.uk

Contents

Introduction

The module aims to cover aspects of developmental and community paediatrics that are important to clinical care but are often not addressed by traditional teaching. The module also aims to cover safeguarding comprehensively. It is envisaged that uniquely, the module emphasises the importance of service design so students are equipped to contribute to transformational change in their working environment.

The aim of this module is to enhance students' understanding of developmental paediatric conditions and safeguarding, whilst developing their understanding of integrated service design and delivery. It aims to:

- Enhance students' knowledge and clinical approaches to critical areas such as safeguarding, vulnerable children, child public health, and sleep

- Enable students to develop practical skills in how paediatric and child health professionals can organise clinics and their working day, whilst maintaining their wellbeing.

Learning Outcomes

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

- Demonstrate a systematic understanding of a condition frequently managed by developmental and community health care professionals and critically evaluate current approaches to management.
- Design an appropriate management pathway for children with a clinical condition frequently seen by developmental and community health care professionals.
- Apply specialised, professional problem-solving skills to complex and sensitive cases.
- Demonstrate a comprehensive understanding of safeguarding and recognise indicators for child abuse and neglect.
- Recognise and reflect on own role and responsibilities and those of others in safeguarding and promoting the welfare of children.
- Apply comprehensive understanding and professional skills related to developmental paediatrics to manage a case.

Module Structure and Timetable

MDM160 Developmental Paediatrics

The module will be delivered on campus in person with some remote sessions by delivered by expert speakers.

Please note: the timetable is subject to change. For the most up to date version of the timetable and module handbook, please refer to the MDM160 module area on My Studies.

Day One – Monday 22nd January 2024 – Checkland D510		
Session Time	**Lecture**	**Speaker**
9:00 – 10:00	Introduction to Module	Dr Paul Wright
10:00 – 11:30	Being a professional witness in court	Paul L'Estrange
11:30– 11:45	**Break**	
11:45 – 12:45	Group Session	Faculty
12:45 – 13:30	**Lunch**	
13:30 – 15:00	Immunisations	Professor Helen Bedford
15:00 – 15:15	**Break**	
15:15 – 16:15	Hearing and Visual Impairment	Dr Paul Wright

Day Two – Tuesday 23rd January 2024 – Checkland D132		
Session Time	**Lecture**	**Speaker**
9:00 – 10:00	Cerbral Palsy and Bone Health	Dr Sinead Doyle
10:00 – 11:00	Sleep and Cerebral Palsy	Dr Jessica Baskerville
11:00 – 11:15	**Break**	
11:15 - 12:15	Behavioural Interventions for Sleep (including normal sleep psychology)	Vicki Beevers
12:15– 13:15	Care Pathway Assessment	Faculty
13:15 – 14:00	Lunch	
14:00 – 15:30	Understanding Chromosome & Gene Disorders	Claire Andersen
15:30 – 15:45	**Break**	
15:00 – 16:00	Complex Commissioning	Susie O'Neill

Day Three – Wednesday 24th January 2024 – Checkland D511		
Session Time	**Lecture**	**Speaker**
09:00 – 10:15	NHS Long Term Plan & Integrated Services	Simon Lenton
10:15 – 10:30	Break	
10:30 – 12:30	Antenatal drug Use and Foetal Alcohol Syndrome	Dr Raja Mukherjee
12:30 – 13:30	Lunch	
13:30 – 15:15	Quality Improvement	Simon Lenton
15:15 – 15:30	Break	
15:30 – 16:30	Health Needs of Looked After Children	Dr Michelle Bond

Day Four – Thursday 25th January 2024 (Today is a long day with heavy content) – **Checkland E425**		
Session Time	**Lecture**	**Speaker**
08:30 – 09:30	Safeguarding	Dr Frances Howsam
10:00 – 10:30	**Break**	
10:30 – 11:30	Child Death (With context about what she does in her job)	Nicola Eschbaecher
11:30 – 12:30	Child Death Review Group Work	Nicola Eschbaecher, Dr Paul Wright and Dr Kamal Patel
12:30 – 13:30	**Lunch**	
13:30 – 14:30	Safeguarding Cases Workshop	Nicola Eschbaecher, Dr Paul Wright and Dr Kamal Patel
14:30 – 14:45	Break	
14:45 – 16:00	Medicines in Sleep	Dr Paul Wright

Day Five – Friday 26th January 2024 – Checkland D510		
Session Time	**Lecture**	**Speaker**
09:00 – 10:00	Autism diagnosis-including perspective on service delivery	Dr Ian Male
10:00 – 11:15	Autism in Girls	Craig McEwan and Molly Laybourne
11:15 – 11:30	Break	
11:30 – 13:00	Music in Healthcare	Jo White
13:00 – 14:00	**Lunch**	
14:00 – 15:15	Unaccompanied Asylum Seekers	Dr Paul Wright
15:15 – 15:30	**Break**	
15:30 – 17:00	Evaluation and Conclusion	Faculty

Teaching Staff

Name	Title
Claire Andersen	
Jessica Baskerville	Professor of Children's Health Institute of Child Health UCL
Professor Helen Bedford	Professor of Children's Health, Institute of Child Health, UCL
Vicki Beevers	CEO, The Children's Sleep Charity
Dr Michelle Bond	Named Dr for Looked After Children, Brighton and Hove
Dr Sinead Doyle	
Nicola Eschbaecher	Specialist Nurse for Child Death, Surrey
Paul L'Estrange	Solicitor, Law Society Children Panel McCormacks Law
Dr Frances Howsam	
Simon Lenton	Consultant Community Paediatrician, NHS
Dr Ian Male	Consultant Community Paediatrician, Haywards Heath
Dr Raja Mukherjee	Consultant Psychiatrist, Surrey and Borders Partnership
Dr Kamal Patel	Consultant Paediatrician (Critical & Emergency care), Royal Alexandra Children's Hospital, Brighton MSc Paediatrics and Child health Course lead
Dr Paul Wright	MSc Paediatrics and Child health MDM160 Module Lead Consultant Paediatrician in Neurodisability, Chailey

Teaching and Learning Strategies

Teaching methods will encompass:

- Pre-recorded lectures

- Interactive live group online Microsoft Teams sessions

- Group Discussion

- Workshops

- Student presentations

- Individual project work

- Self-directed learning

- Reflection

- Role play and simulations

- Audio-visual and e-learning

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): http://studentcentral.brighton.ac.uk

Study Support

Assistance with essay writing is available from Royal Literary Fund fellows. These writers offer one to one sessions on how to improve writing skills. Sessions can be booked via the link below: www.sussex.ac.uk/library/guides/rlf

Alternatively, the Royal Literary Fund website offers useful information on essay writing.

https://www.rlf.org.uk/resources/writing-essays/

Academic skills for students at University of Sussex

For practical help on academic English language skills, reading, research and study techniques Sussex offers workshops, tutorials and events. For more information and to book a place, click link below: http://www.sussex.ac.uk/skillshub/

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 Study Skills at The Library page.

Library and Computer Services

You will have access to the University of Brighton Falmer Library as well as the University of Sussex Library, where key textbooks for the course will be held. 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 and the University of Sussex Online Libraries and the University's virtual learning environment – My Studies. To get access to all available online library resources students will need to synchronise their Sussex and Brighton passwords. BSMS librarians offer training on finding and retrieving information, literature searching, online referencing, and can purchase books for your specific research area where possible. 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

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 is a key electronic source of learning materials from the course, including handouts, timetables and announcements. ***It is imperative that you learn how to access and use this vital system of communication.*** As part of Induction Day (on Thursday 10th September 2020), a pre-recorded "Introduction to My Studies learning platform" video is available on the BSMS Postgraduate Medicine page, My Studies. This video provides an overview of My Studies, Module areas, Panopto and Microsoft Teams. Please ensure you access this training.

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 are:

- APPG. Initial report of the inquiry into the current picture of FASD in the UK Today. 2016. London, UK Parliament.

- Gregory G, Reddy V, Young C. Identifying children who are at risk of FASD in Peterborough: Working in a community clinic without access to gold standard diagnosis. Journal of Adoption and Fostering. 2015; 39(3): 225-34.

- Mukherjee RAS, Layton, M., Yacoub, E., Turk, J.T,... Autism and autistic traits in people exposed to heavy prenatal alcohol: data from a clinical series of 21 individuals and a nested case control study. Advances in Mental Health and Intellectual Disability. 2011; 5: 43-9.

- Mukherjee RAS, Hollins S, Curfs L. FASD is it something we should be more aware of? Journal Royal Society of Medicine Edinburgh. 2012; 42: 143-50.

- Mukherjee RAS, Wray E, Commers M, Hollins S, Curfs L. The impact of raising a child with FASD upon carers: findings from a mixed methodology study in the UK. Journal of Adoption and Fostering. 2013; 37(1): 43-56.

- Mukherjee RAS, Wray E, Hollins S, Curfs L. What does the general public in the UK know about the risk to the developing foetus if exposed to alcohol in pregnancy? Findings from a /uk mixed methods study. Child Care, Health and Development. 2014; 41(3): 467-74.

- O'Brien G, Yule W. Behavioural Phenotypes. 1995. Cambridge, MacKeith Press.

- BMA Board of Science. Fetal Alcohol Spectrum Disorders, a guide for healthcare practitioners update. 2016. London, British Medical Association.

- Nykjaer C, Alwan NA, Greenwood DC, Simpson NAB, Hay AWM, White KLM, et al. Maternal alcohol intake prior to and during pregnancy and risk of adverse birth outcomes: evidence from a British cohort. Journal Epidemiology and Community Health. 2014; 68(6): 542-9.

- Popova S, Lange, S., Shield, K., Mihic, A., Chudley,A.E., Mukherjee, R.A.S., Bekmuradov, D., Rehm, J. Comorbidity of fetal alcohol spectrum disorders: a systematic review and meta-analysis. Lancet. 2016; 387: 978-87.

- Preece PM, Riley EP. Alcohol, Drugs and Medication in Pregnancy. MacKeith, 2011.

- Sidebotham P, Fraser J, Fleming P, Ward-Platt M, Hain R. Child death in high-income countries. Lancet. 2014; https://doi.org/10.1016/S0140-6736(14)61372-6

- Patterns of child death in England and Wales. Lancet. 2014; https://doi.org/10.1016/S0140-6736(13)61090-9

- Mukherjee RAS. Fetal alcohol spectrum disorders. Paediatrics & Child Health. 2015; 25(12): 580-6.

- Wolfe I, Macfarlane A, Donkin A, Marmot M, Viner R. Why children die: death in infants, children, and young people in the UK: Part A. 2014. London, Royal College of Paediatrics and Child Health.

- Sidebotham P, Fraser J, Covington T, Freemantle J, Petrou S, Pulikottil-Jacob R..,. Child death in high-income countries 3: Understanding why children die in high-income countries. Lancet. 2014; 384: 915-27.

- Young S, Absoud M, Blackburn C, Branney P, Colley B, Farrag E,… Guidelines for identification and treatment of individuals with attention deficit/hyperactivity disorder and associated fetal alcohol spectrum disorders based upon expert consensus. BMC Psychiatry. 2016; 16: 324.

- Fraser J, Sidebotham P, Frederick J, Covington T, Mitchell EA. Child death in high-income countries 1: Learning from child death review in the USA, England, Australia, and New Zealand. Lancet. 2014; 384: 894-903.

- Ingrassia A, Turk J. The use of clonidine for severe and intractable sleep problems in children with neurodevelopmental disorders A case series. European Child & Adolescent Psychiatry. 2005; 14: 34-40.

- Turk, J. Melatonin supplementation for severe and intractable sleep disturbance in young people with genetically determined developmental disabilities: short review and commentary. Journal of Medical Genetics. 2003; 40: 793-6

- Turk, J. Sleep disorders in children and adolescents with learning disabilities and their management. Advances in Mental Health and Learning Disabilities. 2010; 4: 50-9.

- Turk, J. 2014. Use of medication in children and young people with intellectual disability and challenging behaviours. In M Lovell & Udwin (Eds), Intellectual

disabilities and challenging behaviour. ACAMH Occasional Paper 32 (Chap 4, pp. 36-44), London: Association for Child and Adolescent Mental Health.

- Kahneman D. Thinking, Fast and Slow. 2012. London: Penguin Books Ltd.
- Gladwell M. Blink: The Power of Thinking without Thinking. 2007. London: Penguin Books Ltd.
- Cropley M. The Off Switch: Leave on time, relax your mind but still get more done. 2015. London: Virgin Books.
- Womack JP, Jones JT. Lean Thinking: Banish Waste And Create Wealth In Your Corporation. 2003. Sydney: Simon & Schuster / Free Press.
- Blair M, Stewart-Brown S, Waterston T, Crowther R. Child Public Health. 2nd edn. 2010. Oxford: Oxford University Press.
- Trilling D Lights in the Distance: Exile and Refuge at the Borders of Europe 2018 Picador
- RCPCH. Safeguarding children and young people: roles and competences for health care staff. 2014. London: RCPCH.
- HM Government. Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. 2015. London: Crown Copyright.

Key resources and organisations:

- NICE Guidance and Evidence Summaries on Autism Spectrum Disorder, ADHD, melatonin on *www.nice.org.uk/guidance*
- Cardiff Child Protection Systematic Reviews *www.core-info.cardiff.ac.uk/*
- Myers Briggs-based resource such as *www.mindtools.com/pages/article/newCDV_51.htm*
- BAAF Parenting Matters series of books found *corambaaf.org.uk/bookskop/page/PMseries*
- British Association for Community & Child Health *www.bacch.org.uk*
- The National Autistic Society *www.autism.org.uk*
- Royal College of Paediatrics & Child Health *www.rcpch.ac.uk*
- American Academy of Paediatrics *www.aap.org/en-us/Pages/Default.aspx*

- British Association for Child and Adolescent Public Health *www.bacaph.org.uk*

- The Children's Sleep Charity *www.thechildrenssleepcharity.org.uk*

- The National Organisation for Foetal Alcohol Syndrome-UK *www.nofas-uk.org*

- Current UK asylum process and access to healthcare for children
  www.rcpch.ac.uk/improving-child-health/child-protection/refugee-and-unaccompanied-asylum-seeking-cyp/current-uk-asyl

- MindEd is a free educational resource on children and young people's mental health and wellbeing *www.minded.org.uk*

- UNIQUE website for chromosome disorders *www.rarechromo.co.uk*

- Local safeguarding board website e.g. *www.brightonandhovelscb.org.uk* *www.surreyscb.org.uk*

- Keeping Children Safe
  www.keepingchildrensafe.org.uk/sites/default/files/Emergency%20toolkit2.pdf

- Unaccompanied asylum seeking children *www.uaschealth.org*

- Green book for immunisations
  www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Module Assessment

The assessment comprises of two components:

1. **Essay** (2,500 words) – design a working pathway for a clinical diagnostic condition seen by developmental and community health care professionals **(75% weighting)**. **To be submitted electronically by 4.30pm on 29th April 2024 via Turnitin on My Studies**

2. **Interactive role play** – this will be focused on safeguarding **(25% weighting)**. **Role plays scheduled to take place between 13th and 14th March 2024.**

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 **MDM160.** 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).

Role Play

The details for the MDM160 role play assessment are to be confirmed.

For the most up to date information on the role play assessment and most recent version of the module handbook, please refer to the MDM160 module area on My Studies.

Marking Grades for carepathway assignment

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 University Standard	0 – 39% Fail	40 – 49% Fail / Refer	50 – 59% Pass	60 – 69% Merit	70 – 79% Distinction	80 – 100% High Distinction
Learning Outcomes & Assessment Criteria- It is clear for each activity or intervention in the pathway the following 5 features- 'who, what, when, where and why'	Most have not been met. Only 1 feature demonstrated	One or more have not been met. Only 2 features demonstrated	All met. 3 features demonstrated.	All met fully at a good or very good standard. 4 features demonstrated	Achieved to a high standard and many at an exceptionally high level all 5 features demonstrated,	All achieved to an exceptionally high level. All 5 features demonstrated and the activity/intervention includes supporting self-management .
Understanding and Exploration An attempt to define what 'best practice' should look like	Very limited understanding and/or exploration of major ideas with little or no insight and/or minimal research. No attempt to define best practice	Limited understanding and/or exploration of major ideas with very little insight and/or minimal research. Less than 75% key elements included.	Sound understanding and exploration, some insight and/or appropriate research. More than 75% of key elements included.	Good to very good understanding and exploration, some insight and/or thorough research. Some capacity to undertake further research. All key elements included.	In-depth understanding, exploration, insight and/or research. All key elements included and at least one new insight.	Exceptional display of understanding, exploration, insight and/or research. All key elements included & two or more new insights
Accuracy & Potential for Publication	Several significant inaccuracies and/or misunderstandings – minimal or no evidence of knowledge and understanding of the subject	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
Adherence to Assessment Tasks Explicit statement of the goals	Insufficient attention paid to several of the assessment criteria and some serious deviations from the specifications for the assessment task. No reference to goals	Insufficient attention paid to some of the assessment criteria and some significant deviations from the specifications for the assessment task. Incomplete statement of the goals.	Some minor deviations from the specifications for the assessment task, including word limit where appropriate. Includes all 4 of the following ; clinical condition outcomes (at least 1), impact on staff, impact on CYP, impact on families/parents	The specifications for the assessment task, including word limit where appropriate, have been adhered to. As per Pass, plus impact on one of the following ; social determinants of health or service organisation or finance.	All specifications for the assessment task, including word limit where appropriate, have been adhered to. As per pass plus impact on two of the following ; social determinants of health or service organisation or finance	All specifications for the assessment task, including word limit where appropriate, have been adhered to. As per pass plus impact on all three of the following ; social determinants of health or service organisation or finance.
Organisation, Structure and Presentation	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

Communication to intended Audience The ICP is intuitive to use & is easy to follow.	No evidence of effective communication of work. Not at all easy to follow.	Very little evidence of effective communication of work. Less than 75% of pathway is intuitive to use and easy to follow	Little evidence of effective communication of work. More than 75% of pathway is intuitive to use and easy to follow	Evidence of effective communication of work. 100% of pathway is intuitive to use and easy to follow	Evidence of effective communication of work to specialist and non-specialist audiences. 100% of pathway is intuitive to use and easy to follow and even if you have never seen it before.	Evidence of effective communication of work to specialist and non-specialist audiences. 100% of pathway is intuitive to use and easy to follow and even if you

Argument & Evidence Evidence base	The work lacks supporting evidence or argument. No evidence base	Development of an argument is limited and often flawed. Evidence base inadequate	Ability to develop an argument but can lack fluency. Evidence bases is critically evaluated & justified (≥2 errors).	Ability to present structured, clear and concise arguments. Evidence base critically evaluated & justified to high standard with up to 1 error.	Convincing arguments that are likely to be at the limits of what may be expected at this level. excellent critical evaluation of evidence base and no errors	Stimulating and rigorous arguments that are likely to be at the limits of what may be expected at this level. Excellent critical evaluation of evidence based & new insight demonstrated.
Approach & Execution Puts patient at the centre of activities/actions/outcomes within the pathway	The work has been approached and/or executed/performed inadequately. Patient centred in less than 25% of activities.	The work has been approached and/or executed/performed inadequately. Patient centred in 25-50% of activities	The work has been approached and/or executed/performed in a standard way with limited evidence of originality. Patient centred in 50-75% of activities	The work has been approached and/or executed/performed in a comprehensive way with some degree of originality. Patient centred in 75-90% of activities	The work has been approached and/or executed/ performed in an original way. Patient centred in 100% of activities	The work has been approached and/or executed/performed in an original way. Patient centred in 100% of activities and including more than one in an innovative way.
Contextualisation, Research and Synthesis Demonstrated understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	Failure to contextualise from sources Little or no evidence of analysis, synthesis, evaluation and critical appraisal Not demonstrated understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	The context provided takes the form of description lacking any breadth, depth and accuracy Demonstrated limited ability to reach decisions and research appropriately Insufficient evidence of analysis, synthesis, evaluation and critical appraisal. Inadequately demonstrated understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	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 Evidence of study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence Some, but limited evidence of analysis, synthesis, evaluation and critical appraisal Adequately demonstrated	Appropriate contextualisation, including relevant theory/literature/artefacts/ performance Evidence of extensive study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence Evidence of high quality analysis, synthesis, evaluation and critical appraisal Extensively demonstrated	Insightful contextualisation, including relevant theory/literature/artefacts/ performance Clear evidence of extensive study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence Evidence of high to very high quality analysis, synthesis, evaluation and critical appraisal Entirely demonstrated understanding of the patient and family characteristics	Inspirational, innovative and authoritative - evidence of intellectual rigour, independence of judgement and insightful contextualisation, including relevant theory/literature/artefacts/ performance Clear evidence of extensive study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence Evidence of very high quality analysis, synthesis, evaluation and critical appraisal Entirely demonstrated understanding of the patient and family characteristics which impact

			understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	which impact on access and use of healthcare for the condition chosen	on access and use of healthcare for the condition chosen
Problem Solving and ability to address Complexity The pathway demonstrates an attempt to improve the communication within the team and with CYP and with Parent/Carer.	Little or no evidence of problem solving skills Failure to address complex issues Does not demonstrate an attempt to improve the communication within the team and with CYP and with Parent/Carer	Little evidence of problem solving skills Barely addresses complex issues Inadequately demonstrates an attempt to improve the communication within the team and with CYP and with Parent/Carer within team or parent/carer.	Some evidence of problem solving skills Some evidence of ability to address complex issues adequately Demonstrates well an attempt to improve the communication within the team and with CYP and with Parent/Carer within team or parent/carer.	Good or at least competent problem solving skills – suggests alternative approaches Ability to address complex issues competently – explores established knowledge Well demonstrated attempt to improve the communication within the team and with CYP and with Parent/Carer	Excellent problem solving skills – suggests alternative approaches Ability to address complex issues effectively – challenges established knowledge Well demonstrated attempt to improve the communication within the team and with CYP and with Parent/Carer and with innovation	Outstanding problem solving skills – suggests alternative approaches Ability to address complex issues both systematically and creatively - challenges established knowledge Well demonstrated attempt to improve the communication within the team and with CYP and with Parent/Carer and with innovation

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 Assignments

Essay Deadline: Tuesday 29th April 2024 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.

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 **MDM160**. 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 Skye via 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 25ᵗʰ June 2024**; results will need to be presented to our Examination Board on Thursday 18ᵗʰ July 2024 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 MyStudies 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 of 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 Universities of Brighton and Sussex's websites:

https://blogs.brighton.ac.uk/ask/avoiding-plagiarism/

http://www.sussex.ac.uk/skillshub/?id=386

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 MDM160 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 **MDM160**, 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 / 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 view the following webpage with instructional videos:

http://libguides.brighton.ac.uk/esubmission/turnitin