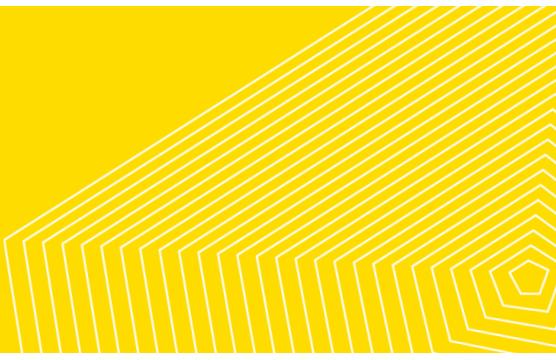




**UNSW**  
SYDNEY



UNSW Medicine and Health

MFAC1501: Foundations

**Student Guide, TP1 2025**

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## Welcome

Dear New Medical Students,

Welcome to Foundations and the start of your incredible journey in medicine! We're thrilled to have you join our UNSW medical community.

Your path ahead is exciting and challenging. You'll face moments of triumph and times that test your resolve but remember - we're here to support you every step of the way.

In Foundations, we'll help you:

- Master the art of being a medical student
- Explore the core sciences behind medicine
- Develop essential clinical, professional and academic skills
- Understand the Australian healthcare system
- Learn about Aboriginal and Torres Strait Islander health

You'll engage in lectures, tutorials, practicals, and our unique Scenario Based Learning. These diverse learning experiences will help you build the knowledge and skills to achieve UNSW's Graduate Capabilities.

We know you're all coming from different backgrounds, and that's what makes our community so rich; whether you're a local, rural, Indigenous or international student, based in Kensington, Port Macquarie or Wagga Wagga, you're now part of a family that will support and challenge you.

Remember, success in medicine comes from consistent effort, self-directed learning, and collaboration. But it's equally important to take care of yourself and enjoy the journey.

We're not just your teachers - we're your future colleagues. We can't wait to get to know each of you and watch you grow into the amazing doctors we know you'll become.

Welcome to the team. Let's make this an unforgettable start to your medical career!

Warmly,

*Linda, Felicita, Louise and the Foundations team*

## Staff involved in the course

### Course convenor – Associate Professor Linda Ferrington

School of Clinical Medicine, Rural Clinical Campus Port Macquarie

### Course convenor – Dr Felicita Jusof

School of Biomedical Sciences, Physiology

### Course co-convenor – Louise Breheny

School of Clinical Medicine, Office of Medical Education

Please address all queries for the Course Convenors to [medfoundations@unsw.edu.au](mailto:medfoundations@unsw.edu.au)

### Foundations Design & Implementation Group (DIG)

Dr Louise Metcalfe	Dr Susan Britton	Dr Amir Ariff
Catherine Marley	Joyce El-Haddad	Dr Shanzana Khan
Sophie Pitt	Dr Eric Adua	Dr Karim Burkhardt
Dr Tina Holmes	Dr Reza Shirazi	Dr Megan Kalucy
Dr Jessica Macer-Wright	A/Prof Anne Galea	Dr Vita Birzniec

### Medicine Education and Student Office

Elena Mankovskaia	<a href="mailto:MedTimetable@unsw.edu.au">MedTimetable@unsw.edu.au</a>	Timetable Manager
Phase 1 Admin	<a href="mailto:med_students@unsw.edu.au">med_students@unsw.edu.au</a>	Phase 1 Student Support
Cara Elvidge	c.elvidge@unsw.edu.au	Phase 1 Education Support Assistant (Port Macquarie)
Rochelle McPherson	r.mcpherson@unsw.edu.au	Phase 1 Education Support Assistant (Wagga Wagga)
Learning Resources	<a href="mailto:BMed.LR@unsw.edu.au">BMed.LR@unsw.edu.au</a>	eMed Map and Moodle Helpline

### Ethics Element Convenor

Dr Vicki Langendyk

Email: [v.langendyk@unsw.edu.au](mailto:v.langendyk@unsw.edu.au)

### Clinical Skills Element Convenor

Dr Kalli Spencer

Email: [kalli.spencer@unsw.edu.au](mailto:kalli.spencer@unsw.edu.au)

### Quality of Medical Practice Element Convenor

Dr Amir Ariff

Email: [amir.ariff@unsw.edu.au](mailto:amir.ariff@unsw.edu.au)

### Student Support and Wellbeing

UNSW Medicine Student Wellbeing Advisor: <http://med.unsw.edu.au/student-wellbeing-advisor>

UNSW Psychology and Wellness: <https://www.student.unsw.edu.au/counselling>

Port Macquarie Wellness Support Advisor: Solange Villagran - [s.villagran@unsw.edu.au](mailto:s.villagran@unsw.edu.au)

Wagga Wagga Wellness Support Advisor: Esther Petrie - [e.petrie@unsw.edu.au](mailto:e.petrie@unsw.edu.au)

*Student Services*

<https://nucleus.unsw.edu.au/en/contact-us>  
<https://portal.insight.unsw.edu.au/web-forms/>

ECOE (Electronic Confirmation of Enrolment)  
Enrolment enquiries and help  
Recognition of Prior learning  
Program Leave/Discontinuation  
Internal Program Transfer  
Review of Results  
Standard letters (Jury Duty, Enrolment confirmation etc)  
Name badge pick-up

*Teaching Support*

[BMed.PM@unsw.edu.au](mailto:BMed.PM@unsw.edu.au)

Assignments  
Learning Plans/miniCEXs  
Exams – clinical and non-clinical  
Exam adjustments  
Special Consideration  
Results (eMED/MyUNSW)  
Special Study Plans  
eMED questions

***Medicine Computing Support Unit and IT Support***

Medicine IT Support	02 9065 8683
AV Support	02 3385 4888
IT Help Desk	02 9385 1333

# Student Support - I Need Help With...

**My Feelings and Mental Health**  
Feeling depressed, overwhelmed or not your usual self?



**Mental Health Connect**

[student.unsw.edu.au/mhc](http://student.unsw.edu.au/mhc)



**TalkCampus**

[student.unsw.edu.au/Talkcampus](http://student.unsw.edu.au/Talkcampus)

**Uni and Life in Australia**  
Stress, financial, visas, Accommodation & More



**Student Support**

Indigenous Student Support

M&H Education Support Manager, Indigenous



**UNSW (24/7) Mental Health Support:** [+61\(2\) 9385 5418](tel:+61293855418)

**Text support After Hours:**

[0485 826 595](tel:0485826595)

**Offshore**

**Call 24-hour Medibank Hotline:**

[+61 2 8905 0307](tel:+61289050307)

**Reporting Sexual Assault/Harassment**



**Equity Diversity & Inclusion (EDI)**

[unsw.edu.au/planning-assurance/safety/safer-communities/gendered-violence -](http://unsw.edu.au/planning-assurance/safety/safer-communities/gendered-violence-)

**Educational Adjustments**

To manage my studies and disability / health condition



**Equitable Learning Services (ELS)**

[student.unsw.edu.au/els](http://student.unsw.edu.au/els)

**Academic and Study Skills**



**Academic Skills**

[student.unsw.edu.au/skills](http://student.unsw.edu.au/skills)

**Special Consideration**

Because life impacts our studies and exams



**Special Consideration**

[student.unsw.edu.au/special-consideration](http://student.unsw.edu.au/special-consideration)

**Physical Health**  
Doctors visits, Vaccinations



**Health Service**

[student.unsw.edu.au/hsu](http://student.unsw.edu.au/hsu)  
**OR Bulk Billed GP**

# External Mental Health Support

## Lifeline

24/7 crisis support and suicide prevention services

**13 11 14**  
[Lifeline.org.au](http://Lifeline.org.au)

## Mental Health Line

24/7 professional help and advice  
Referrals to local mental health services

**1800 011 511**

## 1800RESPECT

24/7 support for people impacted by sexual assault, domestic violence and abuse.

**1800 737 732**  
[1800respect.org.au](http://1800respect.org.au)

## Beyond Blue

24/7 mental health support service

**1300 224 636**  
[beyondblue.org.au](http://beyondblue.org.au)

## headspace

Online support and counselling for young people aged 12 to 25

**1800 650 890**  
(9am-1am daily)

[Headspace.org.au/eheadspace](http://Headspace.org.au/eheadspace)  
(webchat)

## Mensline

24/7 counselling service for men

**1300 78 99 78**  
[Mensline.org.au](http://Mensline.org.au)

## Qlife

LGBTIQ+ peer support and referral

**1800 184 527**  
(6pm-10pm daily)

[Qlife.org.au](http://Qlife.org.au)  
(online chat 3pm-12 am daily)

## 13YARN

24/7 support service for Aboriginal and Torres Strait Islander people

**13 92 76**  
[13yarn.org.au](http://13yarn.org.au)

# Online Mental Health Resources

Useful resources to support mental health literacy and peer support

## Mind Hub

Links to curated resources for students

## This Way Up

iCBT (internet delivered Cognitive Behavioural Therapy) courses for a range of anxiety, depressive and related mental health conditions

## Black Dog

Evidence based mental health resources and support services

## Your Room

Evidence based information about alcohol and other drugs

## TalkCampus

University specific peer-to-peer support platform. Available in 26 different languages

## Reach Out

Anonymous online platform that enables young people to connect and learn together

## GambleAware

Information and support for problem gambling

## Butterfly Foundation

Information and support for disordered eating

## General information about the course

### How the course relates to other course offerings in the program

The Foundations course occurs in the first eight weeks of the first year of the undergraduate Medicine program. It provides the fundamental building blocks for your other courses (see the Phase 1 Guide: Structure of Phase 1).

### Course Objectives

#### (i) Learning methods and environments in the medical curriculum

The aim of many of the learning activities in the Foundations course is to provide you with exposure to the learning environments that you will encounter in the Medicine program. It will guide your approach to learning. Some of the learning activities will help you to develop skills in reflective learning, small group work, peer teaching, online learning, and self-directed learning. You will encounter key learning environments, including online learning environments (Moodle and eMed) as well as anatomy, microbiology, and biomedical laboratories. You will also experience the range of assessment tasks you will encounter in Phase 1.

#### (ii) The disciplinary basis of medical practice

Several learning activities will provide you with an insight into the way disciplinary knowledge both underpins, and is integrated within, effective medical practice. More specifically, they are designed to show the ways in which knowledge of health, disease, and disease management has been developed, arranged, and reorganised over time; and demonstrate the vocational diversity within the profession of medicine.

#### (iii) Aboriginal and Torres Strait Islander Health and Wellbeing

Through a Cultural Immersion Day and associated learning activities you will be introduced to aspects of culture and health for Aboriginal and Torres Strait Islander peoples. You will gain an understanding of Aboriginal and Torres Strait Islander history, culture and perspectives, share Aboriginal and Torres Strait Islander experiences of the health system, and explore your own potential for developing effective relationships with Aboriginal and Torres Strait Islander patients and their communities. The Foundations course explores how culture impacts on notions of health.

#### (iv) Scope of the health care system in Australia

The Foundations course will introduce you to issues of cost, equity, and health care access in Australia. You will start to understand health and illness in the broader context of the family, culture, and society. You will also consider your own health and wellbeing as a student and a future doctor. While medicine is often taught from an individual perspective reacting to illness, there are many broader aspects that relate to health in society, and health care delivery to a population.

#### (v) The Graduate Capabilities

The Graduate Capabilities are a list of desired attributes that you must develop throughout the Medicine program at UNSW. As such, they underpin teaching and learning activities and are the basis of the assessment system for each phase. There are different milestones in each of the capabilities that you will be expected to achieve by the end of each phase. A goal of the Foundations course is to introduce you to these graduate capabilities, as they pertain to Phase 1.

### Teaching strategies used and their rationale

The Foundations course will use a full range of teaching styles, consistent with the styles that will be used subsequently in the Medicine Program. Many of the teaching styles, such as small group tutorials and practical classes, may be familiar to you. There will be formal lectures, as traditionally used in higher education.

There will also be facilitated small group teaching sessions, known as scenario group sessions (SGs), which will involve 11 to 15 students and a facilitator. The facilitator will typically have specific expertise in one or more of the following content areas: medical practice, medical education, basic biomedical science, or in the social and behavioural aspects of medicine. You will have two SGs per week during Foundations. The goal of these sessions is to allow you to identify and pursue your own learning needs as they relate to the scenario, both as individuals

and as part of a small group. It is also a chance for you to integrate and apply knowledge you have gained in other learning activities while getting to know and work with some of your colleagues.

## Approaches to learning

It is likely that you will adopt many different approaches to learning during various parts of the course. These will include:

- A *collaborative approach*, in which you will work with your colleagues in small groups to achieve identified tasks. This will involve the giving and receiving of feedback to peers on performance. These interactive activities are central to the learning process in this Phase of the program.
- A *self-directed approach*, in which you will identify the things you do not know and work out how you are going to learn them. This will involve the application of self-assessment through reflection. Several activities have been moved to a more time flexible, online format which will require a level of self-direction and organisation for you to complete these in a timely manner. A more traditional approach to learning takes place in lectures, tutorials, and practical classes.
- A *reflective approach*, in which you will think about how your learning has added to your prior understanding or body of knowledge or has changed your behaviour or practice.

**It is a requirement of the Foundations course that you actively engage in these different approaches to learning.**

## Expected learning outcomes, their association with teaching strategies and with approaches to learning

The desired outcomes of the Foundations course have been organised below in such a way as to correspond with the graduate capabilities. You should become familiar with these capabilities and the reasons why they are important to your future medical practice. The graduate capabilities statement also provides a focal point for assessment throughout the Medicine program.

### (i) Using basic and clinical sciences in the practice of medicine

In each teaching scenario you will be introduced to, and gain practice in, the following skills:

- identifying issues and learning needs arising from the scenario
- identifying the components of basic and clinical sciences necessary to understand the scenario
- generating questions, and undertaking research into questions raised
- acquiring knowledge related to scenarios through self-directed learning and teaching activities
- interpreting the scenario by integration of knowledge acquired in multiple disciplines
- recognising uncertainty in both the scientific foundation and in the practice of medicine

### (ii) Understanding the social and cultural determinants of health and disease

The following issues will be explored within the context of the scenario, cultural immersion and related activities:

- Aboriginal and/or Torres Strait Islander approaches to health and wellbeing and health care delivery
- the impact of non-biological factors on health and disease
- public health issues
- the health status and needs of particular groups
- alternative approaches to health care
- the role of health promotion
- Intersectionality in health

### (iii) Patient assessment and management

You will be able to explore, within the context of the scenario:

- the patient-centred model in health care
- the diversity and roles of health care disciplines
- the role and value of a multidisciplinary approach to health care
- An introduction to clinical skills.

**(iv) Effective communication with patients, team members, colleagues, and the community**

During Foundations you will experience and attempt to manage issues related to communication as they arise in small groups. Specifically, you will have opportunities to practice:

- communication skills in presenting medical knowledge
- communication skills in teamwork and in team presentations
- communication with Indigenous Australian communities
- written presentation skills, including methods of referring to the work of others
- verbal presentation skills

**(v) Working as a member of a team**

You will practice participation in a variety of team-based learning activities. Opportunities will be provided to begin to develop skills in the following areas:

- small group process skills
- group project skills
- peer education skills
- peer feedback skills

**(vi) Self-directed learning and critical evaluation skills**

You will begin to develop self-directed learning skills. These will include practice in the independent retrieval of information from text-based resources (books and journals), audio-visual and computer-based learning resources, and online data sources. You will also have opportunities to practice the assessment of the scientific credibility and utility of a resource.

The Foundations course will also encourage you to develop skills necessary for effective participation in the various learning environments to be encountered in Phase 1. These include basic science laboratories, such as the microscopy laboratory, the anatomy and pathology museums. Within each environment, you will be oriented to:

- an awareness of risks leading to unsafe conduct
- an awareness of ethical and legal issues related to appropriate conduct
- an understanding of the terminology related to the learning environments

**(vii) Understanding and applying ethical and legal principles**

You will be introduced to how ethical issues impact on clinical decision making and will identify and explore relevant ethical considerations, guidelines, and laws. In Foundations we will also discuss Professionalism as it relates to medical students (and doctors) and how this relates to things like your use of social media.

**(viii) Development as a reflective practitioner**

You will have opportunities to practice the skills of self-assessment, experiential learning, and portfolio writing.

**Student-centred and self-directed learning**

As indicated above, a key component of the Medicine program will be on the encouragement of student-centred learning activities, and on the development of student skills in self-directed learning.

A student-centred focus will arise from the work done by you in the SGs and through the relative freedom which you will have to identify and execute assignment tasks, both as individuals and in groups.

Skills in self-directed learning will also be developed in SGs. They will be further enhanced by the gaining of specific skills in information literacy and basic written communication. Using the portfolio, you will be encouraged to develop and demonstrate the capacity for effective self-reflection on your learning.

**Clinical Skills in Foundations**

You will be introduced to a range of key and fundamental concepts and skills in communicating with and examining patients in Foundations and will continue to develop these skills throughout all the courses in all

phases. In Foundations you will not have hospital clinical tutorials but there will be an orientation visit to your allocated hospital in week 8.

All communication (whether it is between you and a patient, you and your peers or you and any staff involved in your course) should include:

- An ability to demonstrate understanding of another person from that person's point of view – using appropriate listening, questioning and other communication skills.
- An ability to evaluate and reflect on your communication skills, including developing alternative approaches and strategies that would improve effectiveness of the process.
- An ability to demonstrate respect, caring and confidentiality.

More information about the Clinical Skills Element can be found in the Phase 1 Student Guide, the Phase 1 Clinical Skills Guide, and the [Clinical Skills Moodle](#) site (self-enrolment key: CS\_Student).

### Ethics in Foundations

In the Foundations course, we will introduce you to the variety of perspectives that can be used in approaching ethics and discuss several bioethics topics including the professional use of social media, which is important in terms of both professional development and protecting privacy of yourself and others. The ethics tutorial in Foundations will reinforce content from the ethics lectures and help you understand what kinds of things you will be learning and discussing in Medical Ethics. We will also touch on professionalism and personal ethics. It is important to highlight these issues early in your medical career. Further information on the Ethics element in Medicine can be found in the Phase 1 Guide and the Program Guide. Please also see the Ethics Cube (<https://ethics.med.unsw.edu.au/>) and ['Ethics in Medicine'](#) Moodle site (self-enrolment key: Ethics\_Student).

### Quality of Medical Practice (QMP) in Foundations

The Foundations course will introduce the basic skills of information literacy, taught in a series of face-to-face lectures and practical classes which are supplemented by online tutorials. This will teach you how to source, reference, and appraise high quality literature evidence at university level. You will also learn about the process of EBP and be introduced to the basic study designs in clinical research. Further information on the QMP element in Medicine can be found in the Phase 1 Guide and the Program Guide, as well as the [QMP Roadmap](#). Many of the important resources to assist your learning will be accessible via the [QMP module in Moodle](#) (self-enrolment key: QMP\_Student).

### Using AI in Medicine in 2025

AI technologies are revolutionising medical practice by aiding in diagnosis, prognosis, and treatment decisions. AI can analyse large datasets quickly and accurately, helping doctors make more informed decisions. UNSW is at the forefront of integrating AI into medical education, and throughout Phase 1 and the whole program, students will be keen to utilise AI to enhance their studies. Beginning in Foundations, it is important for students to understand appropriate use of AI in their learning and tasks and assessments.

### Responsible Use of Generative AI Tools

To assist you in responsibly utilising AI technologies during the Medicine Program, please see the following resources and guidelines from UNSW and the Australian Health Practitioner Regulation Agency (AHPRA):

- <https://www.student.unsw.edu.au/sites/default/files/uploads/group47/Responsible-Use-Generative-AI-Students.pdf>
- <https://www.ahpra.gov.au/Resources/Artificial-Intelligence-in-healthcare.aspx>
- **Transparency and Accountability:** Students must be transparent about their use of AI and take responsibility for their work. Any assistance from AI should be acknowledged according to institutional guidelines.
- **Educational Enhancement:** AI tools should be used to supplement learning and enhance educational outcomes, supporting critical thinking and clinical reasoning skills essential to medical practice.
- **Ethical Standards:** Students are expected to adhere to high ethical standards in their use of AI. This includes avoiding plagiarism, ensuring the accuracy of information, and maintaining professional integrity.
- **Patient Confidentiality and Data Security:** The use of AI must comply with guidelines such as AHPRA regarding patient confidentiality and data security.

### **AI in Assessment**

Students should always read assessment instructions carefully to understand what level of AI-use is permitted in any given assessable activity. Please note that what is permitted will vary across different assessments.

- **Responsible Use:**
- UNSW recognises there are ethical and responsible uses of AI and Generative AI tools (such as ChatGPT and Copilot) that can support student learning. However, when it comes to submitting your assessments it is also important to understand the university adopts a firm approach to ensuring you complete the work that is expected and that this demonstrates you have met learning outcomes assigned within your courses.
- **Inappropriate Use of Tools:**
- It is important that students are aware of what tools use generative AI and may be inappropriate in an assessment. <https://www.student.unsw.edu.au/assessment/ai>.
- **How does Turnitin's AI detection tool work?**
- All teachers marking assessments submitted through either Moodle Turnitin Assignment or Inspera now have access to [Turnitin's new AI detection tool](#). This provides teachers with an estimated percentage of text that has similarities to AI generated or AI paraphrased text (text that was originally written by AI but then rewritten to avoid detection). The document will include highlights of the relevant passages that the detector has flagged.
- This is not always conclusive evidence that a student has inappropriately used generative AI, however, this will be a flag for a teacher to further review a student's submission

### **Citing AI Use**

When AI is used for assignments, it must be appropriately cited. Students are responsible for any inaccurate, biased, or unethical content generated by AI. The AI Declaration template for use in Medicine assignments and projects is provided in the Phase Guide and in this Foundations Student Guide under the 'Assessment' section.

### **Supporting Student Learning**

Medical students are intelligent and capable, and we know that you have the raw materials to succeed in medicine. You are also human. We know from experience that students do struggle sometimes and for all sorts of reasons, whether it be a pre-existing learning challenge, health problems, family or practical problems with housing, finances etc. The transition to medicine can be hard sometimes, particularly for students who are doing lots of new things at once.

Two important principles will help you succeed in medicine throughout your professional career:

1. Prevention is better and much easier than cure.
  - a. Engage at the beginning in healthy learning habits and engage with the learning resources that are available below.
2. Ask for help when you need it. It is a sign of strength and professionalism to ask for help – whether it be about a topic that you are struggling to understand or an issue with your personal life that is getting in the way of your progress. You won't look like an idiot for asking for help, only for NOT asking.

### **Mentoring**

As a medical student you are part of a medical community. Medicine is almost always practiced in a team context – usually a multidisciplinary team where people with different expertise come together to provide the best outcomes for patients. Throughout your career in medicine (which starts now) you will seek advice from others and will be sought out for advice. Mentoring is an extension of that medical community of practice. You might already have people in your life who you identify as mentors or advisors – people you look up to and who you turn to for assistance, advice or support or guidance. Throughout your course we encourage you to take opportunities to be mentored and to provide mentoring. The UNSW Faculty of Medicine and Health has a formal mentoring program which offers different opportunities at different stages of your studies. Please see your course Moodle site for further information (<https://moodle.telt.unsw.edu.au/course/view.php?id=87974#section-17>).

### **Data Insights for Student Learning and Support project – Academic Success Monitor (ASM)**

This year Foundations Course will be part of a UNSW trial of a new digital monitoring system that is embedded in Moodle and aims to enable early identification of students at academic risk using machine learning technology. You will receive more information about this exciting project early in the term.

### **Student Temperature Check**

In addition to the digital monitoring system, we will be introducing an additional ‘temperature check’ for you and your Scenario Group Facilitators to use to help you to keep track of your progress. It is a simple system that encourages you to ‘take your own temperature’ by reflecting on how well you are keeping up with your studies and what if any barriers are affecting your progress. It provides avenues for you to seek help to address any of these barriers whether they be practical (money, housing), personal (family problems, illness) or academic (e.g. learning challenges).

### **Timetable**

Consult eMed Timetable for the details of teaching session dates, times, and locations. NOTE: Any changes will be notified through the eMed Timetable to your UNSW student email. **Rural students note that your timetable will be uploaded to your Teams site, and any changes will be communicated to you via TEAMS.** It is imperative that you ensure you have access to Teams, and that you monitor your UNSW email, as changes at rural sites do occur more frequently than metro. Please also keep this in mind when organising employment; the timetable is subject to change.

It is your responsibility to frequently check the Timetable for assigned classes and any changes. Ignorance of classes, which are scheduled in the Timetable, is not an acceptable excuse for non-attendance.

You can only attend classes to which you are allocated. You may not attend hospital sessions, practicals, or other classes at different times or locations to those in your timetable. Staff may ask you to leave if you are not in the correct class. Please do not put staff in the awkward position of refusal by asking to change groups.

### **Resources**

Resources relevant to the course can be viewed in the Foundations course Moodle module (<https://moodle.telt.unsw.edu.au/>) and in the eMed Map (<http://emed.med.unsw.edu.au>).

### **Attendance Requirements**

You are expected to attend **all** scheduled activities and to be punctual for all classes. It is important that you contact your course convenors ([medfoundations@unsw.edu.au](mailto:medfoundations@unsw.edu.au)) or the Phase 1 convenors if you need allowance for illness or misadventure, or where a significant absence is anticipated during course time. If you fail to comply with the attendance requirements for a course or term, you may be awarded an Unsatisfactory Fail (even if you pass the end of course examination).

Please see the university policy on Class Attendance: <https://student.unsw.edu.au/attendance>. Further information on attendance requirements can be found in the Phase 1 Student Guide.

### **Self-Care Days**

Self-Care Days were introduced as an innovation to promote student wellbeing. Students can take up to 8 Self-Care Days per year and up to 2 per term. Self-Care Days should be planned and registered on eMed (<https://emed.med.unsw.edu.au/Portfolio.nsf>) **more than 24 hours in advance**. You will also need to inform your tutors/facilitators if you are going to miss a tutorial/practical/SG session. It will be your responsibility to catch up with any learning activities missed. We would advise you to think carefully about the timing of any Self-Care Days as some learning activities are harder to make up and your absence may also impact on your peers. Self-Care Days are a privilege that allow you to take a break from academic work and focus on your life-administration and wellbeing, they should not be used as sick days.

For more information and details on how to use and register your Self-Care Days see the links provided on the Medicine Program website: <https://medprogram.med.unsw.edu.au/getting-started-0#SelfCare>

### Student Essentials requirement for commencing students.

All commencing undergraduate students at UNSW must complete the Student Essentials training requirement by week 3 of their first session. This online Moodle course consists of three self-paced modules that are fundamental to being part of the UNSW community:

- **Library Skills** - foundational library skills including referencing, the use of AI in submissions, how to break down an educational task and research strategies.
- **Academic Integrity** - proper and improper academic behaviour, and how to avoid academic misconduct.
- **Responsible Behaviours and Preventing Gendered Violence** - identifying inappropriate behaviour, their consequences, and ways to report and seek support. It also provides details for support services as well as actionable strategies for students in the event that they witness gendered violence.

All new students should be automatically enrolled in the Student Essentials module on Moodle. Obtaining a pass mark in the training is mandatory for **all commencing coursework students** and must be done **by the end of Week 3**. If you do not complete these modules, you will not be able to enrol in the following terms. This is a UNSW requirement.

Students experiencing any challenges completing the course can reach out to The Nucleus: Student Hub or email [student.essentials@unsw.edu.au](mailto:student.essentials@unsw.edu.au). For assistance with any **technical problems**, contact the [IT Service Centre](#) or phone 02-9385 1333.

### NSW Health Compliance

As medical students, you are required to be compliant with the NSW Health requirements to allow access to NSW Health facilities as part of your learning. Further information about these and other regulatory requirements, including the consequences of not being compliant, is available in the Phase 1 Guide as well as the Program Guide.

In the first week of Foundations, students will receive an email from the Work Integrated Learning team detailing the information they will need to present to NSW Health to gain compliance. An online Info Session, presented by NSW Health, will also be held during Week 1 of term. NSW Health will also run two ‘bulk compliance session’ days during Week 5 of the Foundations term, where students will have the opportunity for a one-on-one session to check all their compliance documentation is appropriately collected. Students should check their eMed timetable for their scheduled face-to-face session. Please keep a look out for any communications regarding NSW Health compliance.

### Basic Life Support Accreditation

All medical students will be accredited in Basic Life Support at the end of the Foundations term. You will need to complete an online activity module (provided via your Foundations Moodle site) before attending your scheduled face-to-face session. Accreditation will take place at your home hospital (to which you will be allocated later in the term). You will be advised when to attend for training and accreditation.

Failure to complete your Basic Life Support training will result in being disallowed from attending future assessments.

### Name Tags

You will be able to order a name tag through Student Nucleus.

### Evaluation, Feedback, and 2025 Course Changes

Student feedback on the course and teaching is gathered from the UNSW myExperience survey along with student focus groups, student forums, and at times additional evaluation and improvement instruments developed in consultation with the Faculty of Medicine's Program Evaluation and Improvement Group. Student feedback is taken seriously, and continual improvements are made to the course based, in part, on such feedback.

Significant changes to the course will be communicated to subsequent cohorts of students taking the course through inclusion of information in student course guides, in Moodle, and in presentations by course convenors.

Evaluation activities across the Faculty are strongly linked to improvements and ensuring support for learning and teaching activities for both students and staff.

The 2024 Foundations course received excellent student feedback overall with high rates of satisfaction with the quality of the course, feeling part of a learning community, agreement that feedback and courses resources were helpful and assessments were relevant to the course content and that the course contained an appropriate breadth and depth of learning materials to challenge them. Wagga Wagga students were overall less satisfied than their peers at Port Macquarie and Sydney campuses and comments made by students indicate that this might relate to difficulties with connection in lectures making it hard to hear, particularly when lecturers moved away from the microphone or played videos. This is important feedback that needs to be addressed if face to face teaching in Sydney is to continue as it cannot be at the expense of rural students' learning experiences.

Students were generous in providing comments to the survey questions about 'what were the best things about this course' and 'what could be improved?'. Whilst it must be recognised that feedback comments are not necessarily representative of the group, several themes emerged which are worth noting: Support; Delivery; Assessments; and Content.

The full convenor response to this feedback is provided on the 2025 Foundations Moodle site:

<https://moodle.telt.unsw.edu.au/mod/page/view.php?id=7235269>

The myExperience evaluation for this course will run each year. If you have any additional feedback for this course, please provide this via your facilitator, the element convenors, or the course convenor.

## Scenario Group Session Preparation

Please note the following scenario group sessions have essential preparation to be completed before the session. These sessions will not make much sense, and students will not be able to fully participate, unless they have done the requested preparation. Preparation tasks are detailed in the Student Guide, on Moodle, and in the eMed Map.

You should bring a copy of the Student Guide to every SG session.

Week	Session	Homework/Preparation Tasks
1	<b>SGS-1</b>	
	<b>SGS-2</b>	Bring your Pecha Kucha presentation Bring your lecture notes from the first Histology lecture (Wed 19 <sup>th</sup> Feb)
2	<b>SGS-3</b>	
	<b>SGS-4</b>	Record five (5) nights of sleep data using an app, wearable device, or manual Diary and bring this to class
3	<b>SGS-5</b>	Bring a draft of your Individual Assignment for peer review
4	<b>SGS-6</b>	Bring your lecture notes from the “Ryan’s Knee” Plenary
	<b>SGS-7</b>	Complete your Black Dog Institute Self-Care Plan for review during the SG
5	<b>SGS-8</b>	
	<b>SGS-9</b>	
6	<b>SGS-10</b>	Prepare to deliver Group Project presentations in this SGS
	<b>SGS-11</b>	
7	<b>SGS-12</b>	Investigate your assigned method for counteracting unwanted effects of inflammation – be prepared to explain it to your peers
	<b>SGS-13</b>	

# Scenario 1: New to Medicine

## Overview

The ‘New to Medicine’ scenario is designed to introduce you to many of the things you will be dealing with over the first few weeks as a medical student at UNSW.

This scenario will touch on things like:

- Navigating UNSW (physically, mentally, and online)
- Getting to know people (e.g. Med camp, Medsoc, mentors)
- Types of learning activities (e.g. lectures, practical classes, labs, tutorials)
- Balancing life (academic, personal, and professional commitments)
- Assessments (e.g. assignments, projects, exams, portfolios), finding resources and referencing
- Projects (teamwork, peer feedback, organising group projects)
- Graduate capabilities – how to address these
- Exams – (formative, summative) and other assessments
- How to approach study/life at university
- An introduction to self-care

## Schedule:

Learning Activity	Principal Teacher
Scenario Plenary 1: Opening plenary and Introduction to the Medicine Program	Torda, Adrienne; and guests
Scenario Plenary 2: New to Medicine Scenario	Ferrington, Linda; Jusof, Felicita; Breheny, Louise
Online Info Session: NSW Health Compliance	Bather, Melanie
Scenario Group Session 1: Introduction to Group / group work / assessment / professionalism	Ferrington, Linda
Lecture 1: Introduction to Clinical Skills	Spencer, Kalli
Lecture 2: Human Bodies in anatomy education learning and professionalism in practice	Štrkalj, Goran
Cultural Immersion Day	Pitt, Sophie
💻 Online activity: Introduction to information resources	Whitfield, Jennifer
Lecture 3: Histology 1: Introduction to Histology, basic tissues & epithelium	El-Haddad, Joyce
Lecture 4: Cell Biology 1: Cells, organelles, and cell boundaries	Ferrington, Linda
Visit: Orientation to the Pathology Museum	Weber, Martin
Scenario Group Session 2: Learning from lectures	Ferrington, Linda
💻 Online activity: Academic Integrity Quest	Academic Skills Team
Lecture 5: Biochemistry 1: Molecules of life	Galea, Anne
Lecture 6: Intro to Anatomy 1: The Human Body	Byun, Christina
Lecture 7: Microbiology 1: Introduction to Microbiology	Lenardon, Megan
💻 Online activity: Biology Bridging: Introduction to Microbiology	Tree, Jai
Science Practical 1: An Introduction to Microbiology, Working in a Laboratory and Associated Risks	Lenardon, Megan
Have You Been Paying Attention? (Week 1)	
Lecture 8: Physiology 1: Body compartments	Vickery, Richard

# Scenario 1 – New to Medicine

Lecture 9: QMP - Intro to Evidence-based Practice	Ariff, Amir
Lecture 10: Collaborative Learning, Teamwork and reflective learning	Ferrington, Linda
Campus Clinical Skills Session 1: Introduction to Clinical Skills and Patient-Centred Care	Spencer, Kalli
Scenario Group Session 3: Quality of Medical Practice – Developing Your Research Skills	Ariff, Amir
Science Practical 2: Introduction to microscopy	Weber, Martin Shirazi, Reza
Self-paced Online Tutorial: QMP: Understanding Study Design	Ariff, Amir
Lecture 11: Pathology 1: Introduction and Overview of Pathology	Velan, Gary
Lecture 12: Aboriginal and Torres Strait Islander History and Culture	Pitt, Sophie
Lecture 13: Writing in Medicine	Ferrington, Linda
Science Practical 3: Research skills - Databases	Siu, Cheng Whitfield, Jennifer Jones, Helen
Science Practical 4: How to be Critical in a World of 'Evidence'	Ariff, Amir
Lecture 14: Histology 2: Connective tissues	El-Haddad, Joyce
Lecture 10: Looking after yourself & introduction to psychological stress	Marley, Catherine Britton, Susan
Scenario Group Session 4: Mental Health, Sleep, & Medicare	Marley, Catherine; Britton, Sue
Science Practical 5: Introduction to anatomy	Byun, Christina
Online activity: Histology: Skin and associated structures	Shirazi, Reza
Lecture 16: Biochemistry 2: Enzymes	Galea, Anne
Lecture 17: Cell Biology 2: DNA and Information Flow	Abeygunawardena, Dhanushi
Tutorial 1: Complete Anatomy	Byun, Christina
Online activity: QMP Online Tutorial 1: Intro to Evidence-based Practice	Ariff, Amir
Lecture 18: Cell Biology 3: Cell Division – meiosis and mitosis	Macer-Wright, Jess
Have You Been Paying Attention? (Week 2)	
Workshop: MATE Bystander Training	Marley, Catherine
Lecture 19: Anatomy 2: Gross Anatomy (viscera)	Chau, Patrick
Lecture 20: QMP – Measuring Health	Ariff, Amir
Lecture 21: Histology 3: Muscle tissue	Shirazi, Reza
Science Practical 6: Introduction to histology - Cells and tissues	Shirazi, Reza
Science Practical 7: QMP - Evidence-Based Medicine Practical	Ariff, Amir
Online activity: Biology Bridging: Cell division – mitosis and meiosis	Lutze-Mann, Louise
Lecture 22: Professionalism and Social Media	Langendyk, Vicki
Lecture 23: Skin - a clinical approach	Paddon, Vanessa
Lecture 24: Histology 4: Nervous tissue and system	Shirazi, Reza
Lecture 25: Physiology 2: Introduction to Cellular and Molecular Physiology	Vickery, Richard
Lecture 26: Physiology 3: Cardiovascular System	Jusof, Felicita
Scenario Group Session 5: Reflective writing and assignment peer review	Breheny, Louise

Science Practical 8: Body Framework 2 - General Anatomy of the Visceral System	Chau, Patrick
💻 Online activity: Histology: Cells of the blood	De Permentier, Patrick
Lecture 27: Biochemistry 3: Carbohydrates and lipids	Brown, Andrew
Lecture 28: Biochemistry 4: Energy and metabolism	Galea, Anne
Science Practical 9: Cellular homeostasis: Fluid movement by osmosis	Vickery, Richard
Academic Literacy Workshop	Chepinchikj, Neda
Have You Been Paying Attention? (Week 3)	

This schedule is subject to change. Please refer to the eMed Timetable or email updates (if any) for final times and locations.

## Scenario Group Session 1: Introduction to Group / Group Work / Assessment / Professionalism

### Aims

- Get to know your group members and facilitator. As part of this process, you will form your project groups for your Foundations group project, identify the importance of teamwork in medicine and begin to identify the things required to make team work effective.
- Start to understand all the components of the medical program, including graduate capabilities and why UNSW believes these are the core capabilities doctors should have. As part of this process, you will begin to understand learning activities and assessments in the Foundations course and become familiar with the conduct expectations of Medicine students.

### Key Concepts

- Teamwork
- Effective communication with peers
- Graduate capabilities
- Medicine Program requirements

### Activities

1.	Introducing yourselves
2.	Understanding importance of teamwork in medicine
3.	Getting to Know Phase 1 of the Medicine Program and Introduction to Foundations <ul style="list-style-type: none"> <li>3.1 What are small group tutorials?</li> <li>3.2 Assessment in Foundations</li> <li>3.3 What are the Graduate Capabilities?</li> <li>3.4 Assessment in Phase 1</li> <li>3.5 Adult Learning and Support for Learning</li> <li>3.6 Where to get help</li> <li>3.7 Peer-Assisted Study Sessions (PASS)</li> <li>3.8 Biology and Chemistry Bridging Modules</li> <li>3.9 Professionalism and Conduct</li> </ul>
4.	Homework for SGS-2

#### Activity 1: Introducing yourselves

Your facilitator will guide you through one or two ice-breaking activities that will help you get to know each other. You will be working together closely for the next 8 weeks and beyond. The people you meet in medical school are likely to become close friends and colleagues for the rest of your life. Help everyone to learn your name, write it on a sticker and wear it for this SG. The importance of teamwork and collaborative learning in medicine cannot be emphasised enough and a significant purpose of the SG groups is to begin to foster the peer relationships integral to your success in medicine and your career as doctors.

#### Speed Networking Activity

Your facilitator will set the group up for a speed networking session – you will have 2 minutes to get to know each member of your group!

#### Activity 2: Understanding Importance of Teamwork in Medicine

Your facilitator will lead a discussion on the importance of group work in your medicine degree and your experiences with group work – positive and negative. You will then be split into groups of 3 or 4 and asked to discuss and list what you think is necessary for a successful group project. Each group will then report back to the wider SG group. You will discuss the Expectations, Contributions and Group Agreement and draw up a Group Agreement for the whole class to agree to for the next 8 weeks.

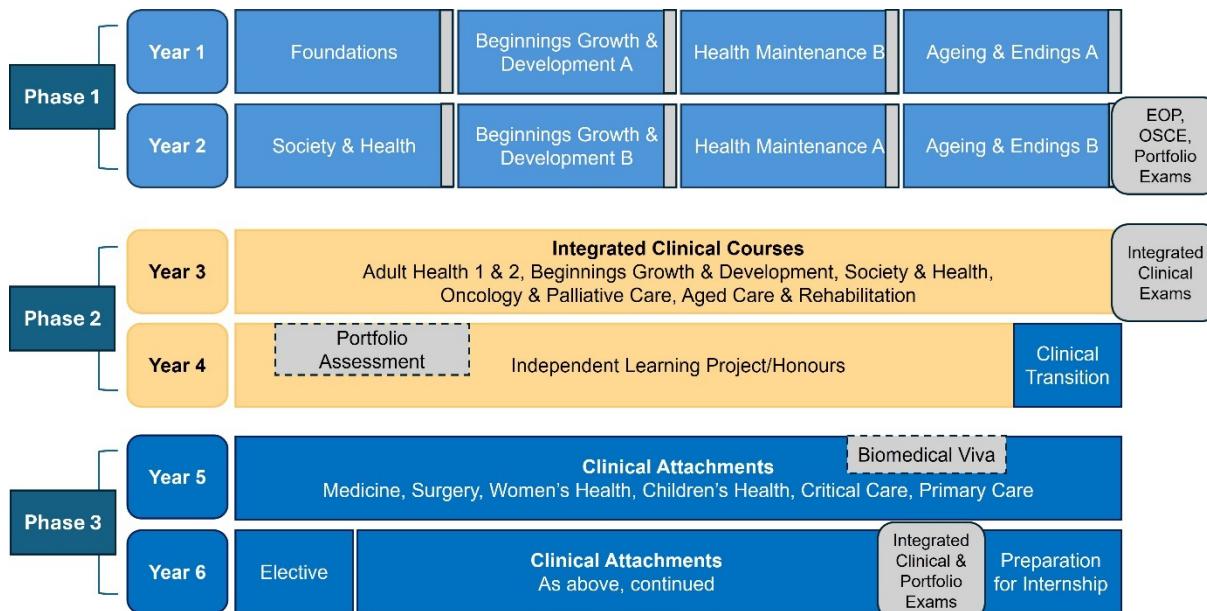
### Activity 3. Getting to Know Phase 1 of the Medicine Program and Introduction to Foundations

In Foundations and other courses in Year 1 and Year 2, you will be working together in small group tutorials to work together on learning activities. A major aim of these learning activities is to foster these key peer relationships to promote collaborative learning and a sense of camaraderie that is integral to effectively learning and maintaining wellbeing in medicine. You will also be completing a group project in Foundations.

Medicine at UNSW is a complex program with many idiosyncrasies. The objective of the next activity is for you to start to understand the Program, Phase 1, and the activities and requirements you can expect of their first course in Phase 1 of the medicine program: Foundations!

#### How does Foundations fit into the Medicine Program?

The Medicine Program is divided into 3 ‘phases’ with Year 1 and Year 2 being referred to as ‘Phase 1’; Years 3 and 4 are Phase 2; and Years 5 and 6 are Phase 3. There are 8 courses in Phase 1.



The main learning activities for Phase 1 courses comprise:

- Lectures (in-person and online)
- Science Practicals (in-person)
- Scenario Group sessions (occur twice per week- these are in-person)
- Tutorials (in-person)
- Clinical Skills sessions (in-person, either on campus with clinical skills instructors or in the hospital with junior medical doctors)

Your timetable will show you where to go for face-to-face sessions or give you the link to join online sessions.

#### 3.1 Scenario Group Sessions

The scenario group sessions occur twice per week and are designed to foster closer peer interactions through small group learning. They are often focused on discussion of societal issues as a group or dissecting the basic sciences/clinical applications covered in lectures with various learning activities. The SG activities for each SG session are outlined in the student guide for each course.

The scenario groups (SGs) are so named as the SGs, lectures, and practicals each revolve around dissecting the concepts and issues surrounding a clinical ‘scenario’. For example, later in the Foundations course there will be a scenario called Ryan’s Knee about a little boy who needs medical care for a wounded knee and most of the lectures and practicals will revolve around the basic science as well as the social issues (such as equitable healthcare) underpinning this scenario. At UNSW we believe this format promotes better integration of the disciplines to deliver holistic patient-centred care to give you as doctors a sense that when a patient presents to you there is so much more associated with the medical problem than the medical issue directly itself.

### **3.2: Assessment in Foundations**

The assessments in Foundations comprise an individual assignment, a group project, and an End of Course exam. **The Foundations course grade is based on the end-of-course exam.** All students, however, need to complete all the assessment tasks to satisfactorily pass the course – it is not sufficient to just pass the exam.

**Weekly quizzes** – in 2025, weekly formative feedback quizzes will be held in face-to-face “Have You Been Paying Attention” sessions each Friday. These HYBPA sessions require attendance by all students, and **quiz completion is a pre-requisite to sit the End of Course exam.**

#### **Foundations Individual Assignment**

The individual assignment in Foundations will help you develop the writing and research skills that you will need for all your assignments. The format of the assignment is the same as in subsequent courses, as are the generic capabilities and marking rubrics that will be used to assess the quality of this assignment.

You should try to decide on your assignment topic within the next few days. Once you have chosen, you must register the topic of your choice in eMed by the end of this week. You will be expected to produce a draft for peer review in SGS-5 (Week 3).

#### **Group Project**

Each SG will have three Project groups, with 4-6 students per group. Each project group should choose a different topic. By the end of SGS-2, we would like you to have formed your project groups and chosen a topic. One person from your group will also need to register the group and the project you chose by the end of next week.

It is important that each group meet on a regular basis, separate from the SG sessions, to work on the project. You will report on the progress of your group project in SGS-5. By then, you will be expected to have worked out the topic, allocated tasks, and established a timeline.

Later in the course you will self-evaluate and seek peer evaluation from your project group members about your behaviours during the group project work. You are also expected to grade and provide feedback on the presentations of your peers in other project groups.

### **3.3 What are the Graduate Capabilities?**

Many of you have probably started to hear about the so-called Graduate Capabilities. Does anyone know what these are? They are the attributes and capabilities that UNSW expects all their medical graduates to have developed upon graduating.

**All eight Graduate Capabilities MUST be covered by your chosen Assignments and Projects during Phase 1.**

It is your responsibility to choose an appropriate combination of assignments and projects throughout Phase 1 that will ensure you can attain an overall P for each of the Graduate Capabilities by the end of your second year. **For Foundations, however, you do not need to be concerned with this** - you can choose the assignment and project in which you are most interested.

Your group projects, unlike your IA, contribute to the teamwork grad cap. This is because teamwork capabilities are best assessed with the group work which is involved in projects where you work as a team.

As part of the Portfolio Examination, you will have the opportunity to reflect on your performance in assignments for that capability and potentially improve your grade based on your reflection - but you will receive more details on the Portfolio Examination later. The purpose of today is just to introduce you to the aspects of the program.

## Graduate Capabilities

### Applied Knowledge and Skills

Using basic & clinical science in medical practice  
Mechanisms of health & disease  
Diagnostic investigations  
Approaches to management  
Communication of understanding

Understanding the social & cultural aspects of health & disease

Patient assessment & management

Effective communication with patients, team members, colleagues and the community

Understanding ethics and legal responsibilities in medicine & acting in an ethically and socially responsible manner

Self-directed learning & critical evaluation skills

### Interactional Abilities

Working as a member of a team

Communication with patients  
Communication with peers & tutors  
Communication about health behaviours  
Written communication

Consultation  
Physical examination  
Procedural skills  
Clinical reasoning  
Quality & safety

Social determinants  
Measuring health  
Health care systems  
Improving health

### Personal Attributes

Development as a reflective practitioner

Self & peer assessment  
Reflective practice  
Recognising limits

Personal values  
Sensitivity, tolerance & respect  
Clinical ethics  
Legal issues  
Academic and professional conduct

Directing own learning  
Finding, evaluating & synthesising evidence  
Self development

### 3.4 Assessment in Phase 1

In addition to the End of Course exams that make up your grade for each course, there are several Phase 1 exams. These are set out below:

1. A Phase 1 Written Exam that has two parts:
  - a. A Practical exam based on all work covered in laboratory practical classes. This exam is in the form of three assessments administered during the Phase – one at the end of the 1<sup>st</sup> year and two during your 2<sup>nd</sup> year.
  - b. A Theory exam consisting of ~80 MCQs at the end of the Phase.
2. A Phase 1 Clinical Skills Examination (known as the OSCE) held at the end of the Phase.
3. The Phase 1 Portfolio Examination held at the end of the Phase.

These Phase 1 Written, Clinical Skills, and Portfolio exams are barrier assessments so students cannot progress to Phase 2 unless they pass each of these.

After this term, all course assignments and projects will be graded and contribute to your Phase 1 Portfolio. **Foundations course assessments and feedback are not included in your Portfolio for examination.** See the Phase 1 Guide for details.

There is also a set of observed communication assessments during TP3 & TP4 in Year 1, and during TP1 & TP2 in Year 2. Your performance in these tasks is assessed and goes into your portfolio. For these tasks, and for the OSCE, please see the Phase 1 Clinical Skills guide for details (in the [Clinical Skills Moodle site](#)).

### 3.5 Adult Learning and Support for Learning

The transition to university learning requires significant adjustment from secondary education practices. The maxim that '80% of success is showing up' proves particularly relevant in medical education, where engagement in scheduled learning activities and physical attendance are vital components of academic success. Regular attendance facilitates optimal learning outcomes and supports students' mental wellbeing through peer connection and community building. Non-attendance will be noted in student portfolios as a professionalism concern.

Unlike the singular textbook approach common in secondary education, university study demands engagement with multiple learning resources across various platforms. Lectures serve as primary content delivery, with comprehensive notetaking being essential. Supporting materials are distributed across practical manuals, student guides, and online learning modules. All content from structured learning activities is assessable in end-of-course examinations, with clinical skills evaluated separately.

While the learning management system (Moodle) can present initial navigation challenges, students are expected to develop competency in accessing and managing diverse learning resources. Course convenors and peer networks provide support, but students must ultimately take responsibility for their learning journey and resource management. This transition to self-directed learning represents a fundamental aspect of tertiary education.

### 3.6 Where to Get Help

We appreciate that there is a lot of information for you to understand but everyone is here to help. In addition to Moodle, Teams is a particularly important mode of communication, and you should check Teams **daily**. Typically, we appreciate when students 'like' messages to acknowledge they have received communications we send in Teams. You also need to check your email regularly and acknowledge receipt/reply where appropriate – communication is key.

#### Understanding who to contact for help in our uniquely structured program

Key Contacts:

1. Foundations Course Convenors
  - Handle course-specific questions
  - Best for queries about end-of-course exams and course content
2. Phase 1 Convenors
  - Handle overall Phase 1 matters

- Best for questions about end-of-phase exams and practical exams
- 3. Rural Phase 1 Teams (for Wagga and Port Macquarie students)
  - Available for all Rural Phase 1 related queries

Do not worry about contacting the wrong person - any of these staff members will help direct your query to the right place. We encourage you to ask questions, as no question is too simple!

#### Preferred Communication Methods:

- Moodle Question & Expert Discussion Forums (highly recommended)
  - Allows all students to benefit from answers
  - Prevents staff from repeating information
- Email/Teams messaging
  - Available but consider using forums first for general questions

Remember: your questions likely reflect what other students are wondering too, so do not hesitate to reach out for help.

#### **Foundations Course Convenors**

A/Prof Linda Ferrington  
 Dr Felicita Jusof  
 Dr Louise Breheny  
[medfoundations@unsw.edu.au](mailto:medfoundations@unsw.edu.au)

#### **Phase 1 Convenors**

A/Prof Linda Ferrington  
 Marty Le Nedelec  
[medphase1@unsw.edu.au](mailto:medphase1@unsw.edu.au)

#### **Port Macquarie Phase 1 Team**

A/Prof Linda Ferrington (Phase 1 co-ordinator)  
 Mrs Cara Elvidge (Phase 1 Administrative Officer)  
 Dr Jess Macer-Wright  
 Ms Karan Bland

#### **Wagga Wagga Phase 1 Team**

Dr Shanzana Khan (Phase 1 co-ordinator)  
 Rochelle McPherson (Phase 1 Administrative Officer)  
 Dr Anand Srinivasan  
 Dr Eric Adua

#### **3.7 PASS+ Program**

The PASS+ (Peer Assisted Study Sessions) program is a collaborative academic initiative between UNSW MedSoc and the Faculty, designed for Phase 1 students. These sessions complement regular coursework by providing unit-specific content that deepens understanding and application of theoretical concepts. Led by senior peer facilitators, sessions run three times per term and are offered both online and in-person to maximise accessibility. Registrations open at the beginning of each term.

Students consistently report finding these sessions highly valuable. We encourage you to attend and experience their benefits firsthand. If the information provided by your peers is different from that received from your teachers, please check with your teachers to confirm what is correct.

#### **Additional Supports:**

- **Studiosity**  
 Studiosity is aimed at providing detailed and personalised evaluation and feedback of students' written work in any discipline. The platform is free, UNSW-approved, and available 24/7 online, providing real-time and on-demand support to students. Access via the [Feedback Hub](#) or the link in your Foundations Moodle site.
- **Academic Skills Team - Study Hacks and Consultations**  
[Study Hacks](#), run in partnership with UNSW Library, provides a series of workshops designed to help students decode their university experience and cultivate the key skills they need to succeed. These workshops – for example, 'Academic Skills 101', 'Getting started with your first assignment', 'Report writing', or 'Working with feedback' – can be a great entry point for students who might need some extra help or aren't sure where to start.  
 The Academic Skills Team also offers one-on-one consultations to support students in any aspect of their academic writing – students can ask questions, bring drafts, and get advice about their work. Consultations can be booked [here](#).

### 3.8 Biology and Chemistry Bridging Modules

All students must complete the Biology and Chemistry Bridging Modules as part of your program requirements. The diagnostic quizzes associated with these modules will identify areas within biology and chemistry where you may need additional study, regardless of whether you have completed HSC Biology/Chemistry (or equivalent). The required online bridging modules replace some biology- and chemistry-focused lecture material in the Medicine program. These mandatory modules are accessible multiple times and provide introductory-level coverage of essential concepts. They are designed to ensure that all students, including those without HSC-level biology and chemistry background, achieve the necessary knowledge throughout Foundations. Please complete the diagnostic quiz as soon as possible if you have not already done so, as it will guide your progression through the compulsory modules. All material contained in these modules is assessable in the Foundations end of course examination.

Modules are found under the Biology and Chemistry Bridging sections in the Foundations Moodle site at:

[Biology Bridging Module](#)

[Chemistry Bridging Module](#)

If you have any questions about the Biology Bridging modules or diagnostic quiz, please contact A/Prof Anne Galea ([a.galea@unsw.edu.au](mailto:a.galea@unsw.edu.au)). For questions regarding the Chemistry Bridging modules or diagnostic quiz, please contact Dr Jonathan Erlich ([j.erlich@unsw.edu.au](mailto:j.erlich@unsw.edu.au)).

### 3.9 Professionalism and Student Conduct

You should familiarise yourself with the [UNSW Student Code of Conduct](#), the [Student Misconduct procedure](#), and the [Professionalism in Medicine Code of Conduct](#).

#### Self-Care Days

UNSW Medicine and Health Faculty allows students to take 2 self-care days in each term. Your facilitator will discuss these with you and give you information— more information is available in the Phase 1 Student Guide.

#### Activity 4: Preparation for SGS 2

##### 1. Prepare your Pecha Kucha Presentation to present at SGS-2

How to create a Pecha Kucha: your facilitator will run through the basics of this presentation style with you. There is a video here ([How to make a PechaKucha presentation for class \[for students\] - YouTube](#)) and [www.pechakucha.com](http://www.pechakucha.com) has lots of examples. Pecha Kucha originated in Tokyo and translates as *chit chat* in Japanese. Prepare 10 slides about yourself. Each slide will be displayed for 20 seconds and the slides will move automatically as the presenter is speaking – the template in the Microsoft Teams site is set up in this format, and you should download and use that ppt for your presentation. The idea of the format is that it forces the speaker to be concise, keeps the presentation moving, and ensures they get through all their content. This is an informal presentation in which you can be creative, these presentations should be highly visual, using photographs, memes etc., to introduce yourself to your group. You should prepare and upload your slides into your Microsoft Teams channel ahead of the next SG.

##### 2. Bring your notes from the first Histology lecture (Introduction to Histology, basic tissues, & epithelium) to use in a class activity during SGS-2.

##### 3. Academic Integrity Quest

In the next week you should work through the Academic Integrity Quest: <https://student.unsw.edu.au/aim>. This module will help you learn all about academic integrity at university including how to reference correctly, avoid plagiarism, and explore practical strategies to keep your work free from academic misconduct. It is an online self-paced module which will take approximately 1 hr to complete. You will uncover helpful resources and support currently available at UNSW.

##### 4. Review the Assignment and Project information in your student guide

##### 5. Review the Assessment in Phase 1 Resource in the Foundations Moodle – bring any questions to SGS2

##### 6. Complete the Biology and Chemistry Bridge Diagnostic Quizzes and then get started on the modules.

##### 7. View the Writing Skills video (<https://thebox.unsw.edu.au/video/mfac1501-writing-skills-animation>)

## Scenario Group Session 2: Learning from lectures

The aim of this session is to provide some practical assistance for note making in and after lectures. For most students, lectures will be a new environment – and, for many, the topics introduced in Foundations represent new material. However, everyone has some level of knowledge about what they are learning.

The overall aim is to foster an enquiry-based approach to learning and to start building skills that will support Self-Directed Learning and Reflective Practice. This is an important opportunity to reinforce the nature of reflection as including the process of exploring what you already know, what is provided by the program, how do you come to understand this, what do you not understand, and what do you need to do with this new information.

### Aims

- Understanding different approaches to note making.
- Understanding the importance of feedback and gain some experience in giving and receiving feedback
- Writing reflectively

### Key Concepts

Reflective self-assessment, identification of learning needs, feedback and reflective practice

### Resources

*Upload your Pecha Kucha Presentation in your SG Teams channel before the session.*

### Activities

1.	Pecha Kucha Presentations
2.	Exploring note making
3.	Introducing and practising feedback
4.	Writing a reflective paragraph

#### Activity 1: Pecha Kucha Presentations

In SGS-1 you were given a Pecha Kucha PowerPoint template and asked to prepare a presentation introducing yourself to the group – in the first half of this SG students will present to the group.

#### Activity 2: Exploring note-making

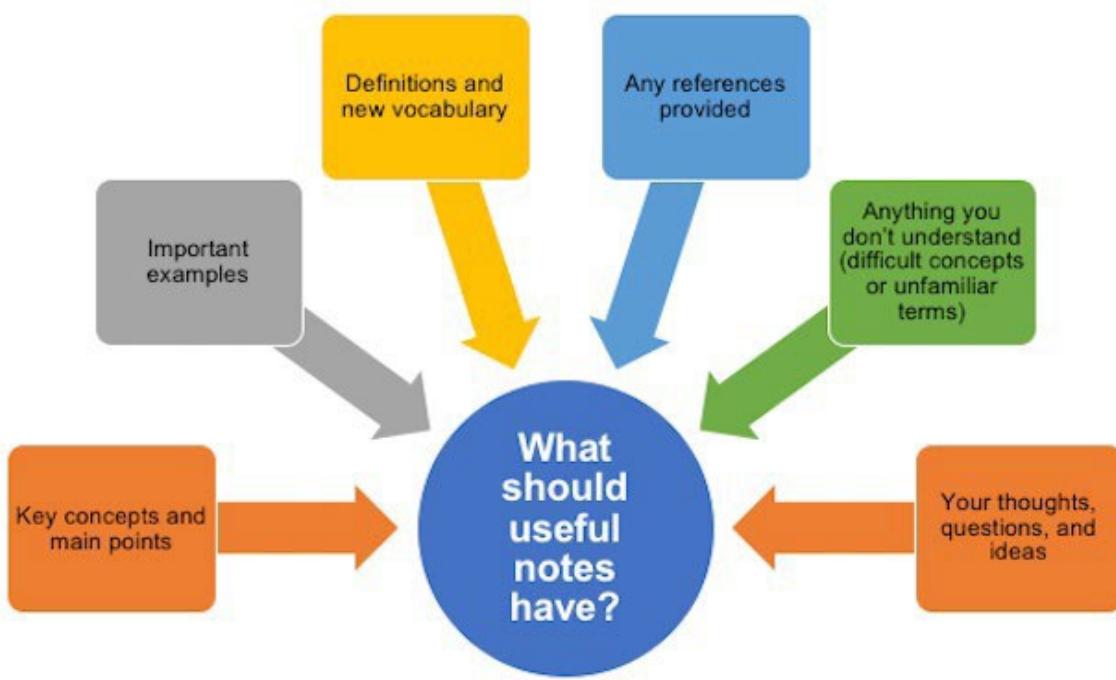
This activity will give you the opportunity to discuss different methods of how to make notes from lectures as this may be a new learning activity for many of you.

#### Part 1: Evaluate current note-making practices in pairs

You were asked to bring the notes you took from the Foundations Lecture [Histology 1: Introduction to Histology, basic tissues, & epithelium](#). First identify the lecture in eMed and note the Key Concepts listed. Form pairs and critically evaluate your current notes making practice. Report back to the main group on any hints and tips you have learned from your partner.

Hints:

- Consider the purpose for your note making. Why are you doing it?
- What has worked before and will it work for you again in a university learning environment?
- Have a look at the UNSW learning site for great note-taking-skills: <https://student.unsw.edu.au/note-taking-skills>



<https://student.unsw.edu.au/note-taking-skills>

**Part 2: In your pairs, research the following methods and report back to the main groups**

- The Cornell Method
- The Mapping method
- The Outlining method
- The Charting method
- The Sentence method

**Discussion points:**

- Discuss how such notes might be useful (or not) for exam preparation and for learning
- Consider other learning strategies for coping with high volume of content such as making flowcharts, peer study groups, flash cards, summaries, diagrams...
- What learning resources and strategies will you use to help you learn for understanding rather than rote learning?

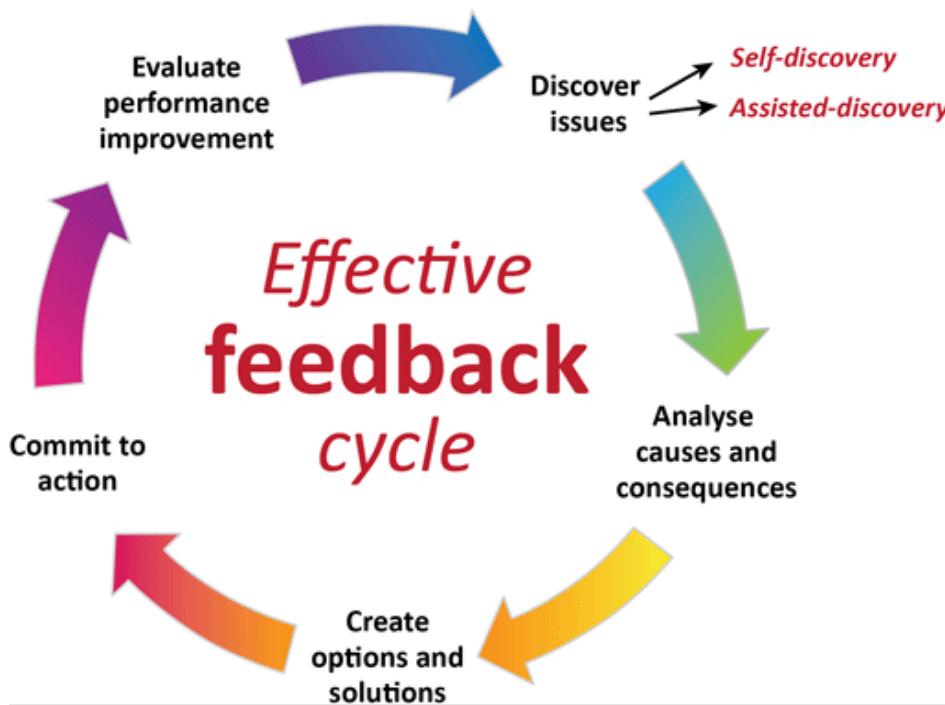
**Activity 3: Introducing and Practising Feedback**

This activity will provide an opportunity to discuss the role of feedback in learning and to give you practice at giving and receiving feedback.

**Part 1: Group discussion about giving and receiving feedback and feedback models**

**Models of Feedback**

With your facilitator, explore different models of feedback, draw on your experience to describe some of the feedback you have received and what model that might fall under.



### Part 2: Practice giving and receiving feedback

Get into groups of three to practice giving and receiving feedback. The recipient of feedback can nominate an issue on which they would like feedback from their peer. It can be a “real” or hypothetical issue. Alternatively, you might choose to role play one of the following scenarios:

- **Addressing Unequal Contribution:**

**Scenario:** Envision a scenario where one team member consistently contributes significantly less to the group project.

**Role-play:** One participant acts as the team member contributing less, while another plays the role of a concerned team member. The discussion focuses on addressing the unequal contribution while maintaining a constructive dialogue. Other participants provide feedback on handling such situations effectively.

- **Conflict Resolution in a Group Project:**

**Scenario:** Picture a scenario where two group members have conflicting ideas about the direction of a project, leading to tension within the team.

**Role-play:** Assign roles to two individuals representing conflicting group members. Other participants act as observers. The conflicting members discuss their viewpoints while aiming to resolve the conflict constructively. Observers provide feedback on conflict management strategies and communication styles.

- **Peer-to-peer feedback**

**Scenario:** As a class representative, you've received complaints about a classmate, Emma, regularly entering lectures late, causing distractions.

**Role play:** assign roles to two individuals representing the student and the class rep; the third group member observes and offers feedback on the interaction.

**Other Scenarios:**

- You are constantly late for SG class because you are disorganised and don't think being on time is really that important
- You never participate in SG and are shy about speaking up

- You give opinions in SG class based on hearsay rather than evidence (e.g., my aunt had the following experience and therefore...)
- You don't prepare for SG class and leave it to your colleagues to do the work
- You are quite a confident person and talk a lot in SG class, sometimes talking over others.
- Your in-class presentations are superficial and lack detail and good explanation
- You are working in a group on a group project and are very far behind in completing your allocated section.

Allow one person to be a silent observer who can monitor the feedback session and provide feedback on the encounter at the conclusion. The observer should pay particular attention not only to the words that are used, but to the gestures, body language, and tone of voice. **Take it in turns to be giver and receiver of feedback.**

### Useful Notes on Feedback

1. Feedback is most effective when solicited by the receiver, tapping into the learner's motivation and their prioritised learning needs.
2. Feedback is most effective as dialogue which helps to develop mutual and shared understanding.
3. Feedback should be useful, specific, focused on the topic/material, and addressing something that can be altered for the future.
4. The 'giver' of feedback needs to frame their comments in such a way that acknowledges their comments are a result of their own perceptions, expectations and experience. This acknowledges that the feedback is coming from one perspective and that there are many others.

Some examples:

- a. I was most engaged when...
- b. I got lost when...
- c. I thought you were going to...

### How to receive and utilise feedback.

Only the receiver of feedback can turn feedback into learning.

What do students do with feedback? When and how do they use it and what are the obstacles that prevent them from using it constructively?

Determine the **barriers** to getting and utilising feedback.

Ask students to identify and analyse challenging feedback occasions, such as students:

- felt very uncomfortable receiving feedback, the cause of the discomfort and the outcome
- didn't use feedback that in retrospect could have been useful
- used feedback that resulted in a poorer outcome or performance
- received feedback from someone who didn't have their best interests at heart.

We are all hardwired to overvalue good feedback and undervalue critical feedback, but also often to focus on negative feedback. Medical students are often thought to have a well-developed identity as a successful, academic person, though you might like to consider if that applies to you right now! Students can think of feedback about their academic performance as an evaluation of themselves, their abilities and hence their self-worth, which can result in defensiveness and a rejection of feedback. Others will undervalue positive feedback and overvalue negative feedback, particularly if they lack confidence which is surprisingly common amongst medical students.

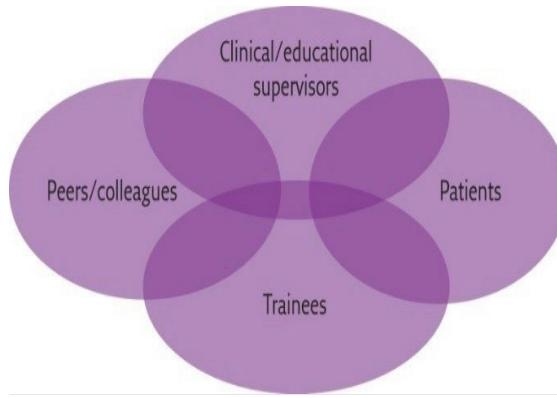
### Strategies for making the most of feedback.

- Active reflection about personal biases that may impede the reception of feedback
- Self-reflection is an invaluable learning tool but cannot give you the external perspective that feedback from others provide.
- Remember that you have blind spots that others are better able to see- when your defences are up, this may be a signal that the feedback contains important information.
- Be proactive in seeking and discussing feedback

- Thank the person who is taking the time to give you feedback and being interested in your learning and development. Ask them to tell you more.
  - It was really helpful to me when you said...
  - I never thought about that angle, I need some time to consider...
- Discriminate between valuable and less valuable feedback (part of your development as a self-directed learner)
- Decide how you will use the feedback.

### Part 3: Debrief

Reform in the wider group and debrief about your experiences- especially on receiving feedback. How did you cope when your defences kicked in? Were you able to really listen to the feedback given, ask questions and enter into dialogue?



### Activity 4: Writing a reflective paragraph

#### What is reflective writing?

Your facilitator will discuss reflective writing briefly with you. You will then be asked to write a reflective paragraph (about 250 words) **to be handed in to your facilitator at the end of this session**. Your reflection should answer the question:

***Thinking about your first week in this course. What have you discovered about the communication and/or teamwork skills you have, and the skills you need to continue to develop to enhance your learning?***

Your facilitator will give you feedback on this task in SGS-5.

#### Preparation for SGS4

Record 5 nights of sleep data using either a free app such as Sleep Time or a wearable device such as FitBit or record sleep time manually (a blank Sleep Diary template, and a pre-filled example, are available in Moodle: [https://moodle.telt.unsw.edu.au/mod/book/view.php?id=7235322&chapterid=489293#mod\\_book-chapter](https://moodle.telt.unsw.edu.au/mod/book/view.php?id=7235322&chapterid=489293#mod_book-chapter)).

#### Preparation for SGS5

Complete a draft of your assignment to bring for peer review in SGS-5.

## Scenario Group Session 3: Quality Medical Practice

This teaching session is designed to help Year 1 students develop essential research techniques through a hands-on mock case study approach. Throughout the course of this SG, you will explore various literature sources available to you and learn how to distinguish between high-quality and poor-quality sources. These foundational skills will be reinforced through your QMP tutorials, which include dedicated sessions on literature searching and critical appraisal. By the end of this session, you will have gained practical experience in conducting research and evaluating sources effectively.

### Aims

- To introduce Year 1 students to the basics of research techniques via a mock 'case study'. These skills will be complemented by the QMP tutorials on research skills [One tutorial on literature search, one tutorial on critical appraisal].
- To familiarise students with the available sources of literature.
- To compare and contrast good and bad literature sources.

### Key Concepts

- Importance of Quality Medical Practice in medicine

### Process



### Note on ChatGPT (Generative AI) prompts

Throughout the SG PowerPoint, some *optional* prompts have been provided for students to attempt using an AI-based search via ChatGPT (any other AI tool can also be used). These range from simple prompts that will return results similar to a Google search, to more complex prompts that can have variable results, especially regarding the contentious literature. Have a go at using the tools and discuss the results. How useful or practical did you find the tool?

### Activity 1 – The Virus that Stole 2020

You are introduced to a simple case study as follows:

*Joanne, a 35-year-old, Australian, female patient has come into your clinic, having tested positive for SARS-CoV2 for the fourth time in six months. She is somewhat distressed at the frequency of her infections and is looking for a solution that isn't limited to treating the symptoms and waiting out the infection. As such, she has done her 'research' at home, and suggests the use of ivermectin or hydroxychloroquine to prevent further recurrent infections.*

*Joanne's parents are Singaporean migrants of Chinese descent who migrated to Australia 40 years ago. There is no significant disease that runs in her family, and preliminary tests do not indicate a genetic or autoimmune disease. Your initial examination reveals that she is normotensive, her weight is 80kg, and her height is 150cm. She has no recent medical, pharmacological, or surgical issues of note.*

Most will be familiar with a more traditional approach to medicine (and studies, in general), which is pedagogical. Discuss the concept of Evidence-Based Medicine (EBM) briefly, which can be referenced to the associated QMP lecture on EBM. You can start off by comparing the two methods (traditional vs. EBM) and how this is reflected in the literature.

### Activity 2 – Research Techniques: Where to Start?

Next, you will be introduced to a general workflow to searching the literature (Fig. 1).

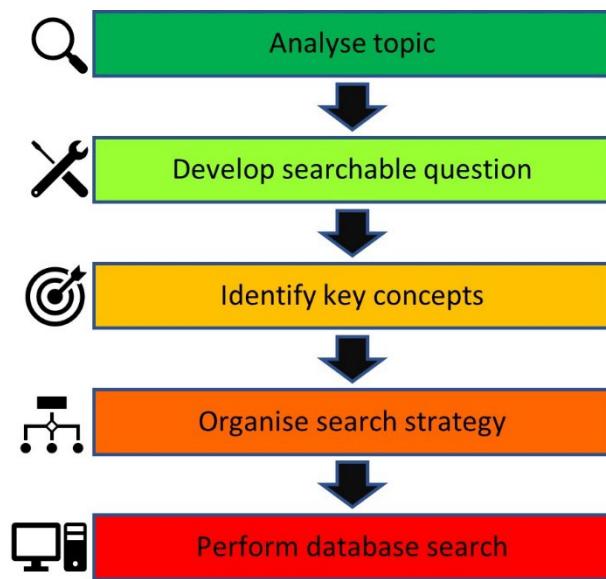


Fig. 1: General workflow for searching the literature. Note that the process is not as rigid as exemplified in the flowchart, but it is a useful approach for students attempting research for the first time.

Use basic search terms to find appropriate sources from the literature.

Using the case description extract some key words and phrases to use in a literature search. Some search terms may be imperfect, e.g. "SARS-CoV-2" is the scientifically accepted term for "COVID-19" or "coronavirus", but which should you use? Getting the best hits usually depends on using the most widely used term in literature but try using different or redundant terms to be comprehensive.

Discuss the results with the wider group, focusing on the generalisability and applicability of results to the specific case scenario.

### **Activity 3 – Finding Needles in a Haystack**

Now that search terms are established, identify some academic search engines in which to use the terms. Some commonly used tools are given as follows:

- NCBI / PubMed
- Google Scholar
- Science.gov
- Cochrane Library
- Semantic Scholar

There isn't a one-size-fits-all search engine, rather each has their own pros and cons. Try to use multiple engines, which you may find beneficial to you in your course assignments. The relative strengths of different types of literature sources (Fig. 2) will be discussed in QMP lectures.

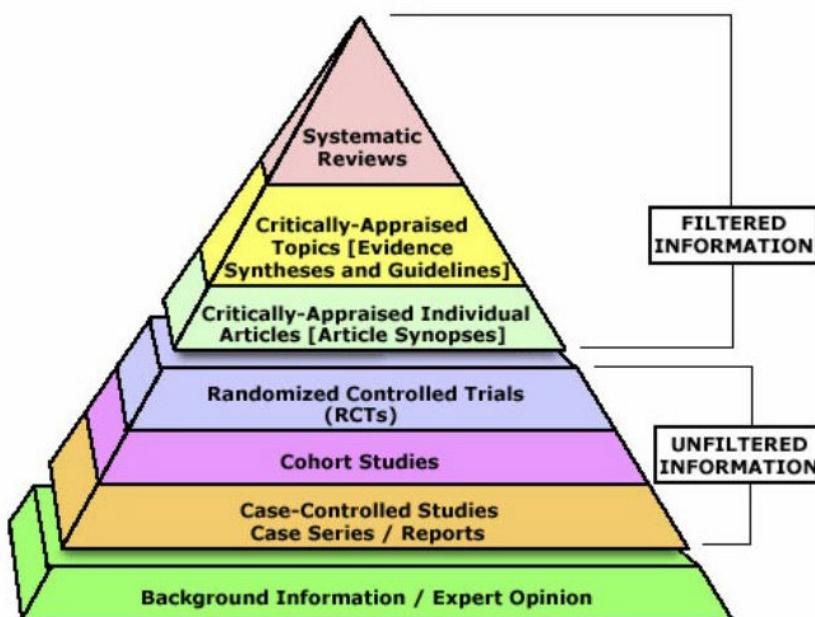


Fig. 2: The pyramid of scientific evidence. Sources at the top are regarded as more robust than those at the bottom of the pyramid. Source: <https://guides.lib.uci.edu/ebm/pyramid>

### **Activity 4 – Appraising Multiple References: Primary Research Articles**

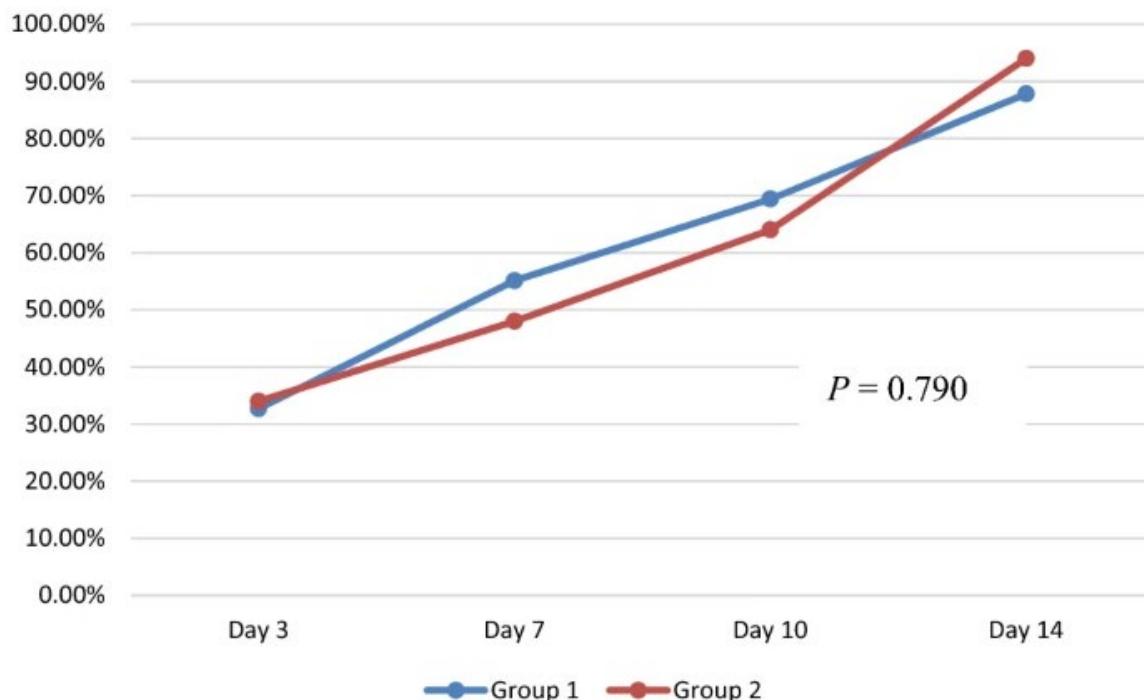
Below are two article abstracts that present different and opposing data regarding the use of hydroxychloroquine in the treatment of COVID-19. Debate the abstracts and form preliminary ideas on the topic, specifically in the context of the case study. Discuss how one might choose between conflicting information in the literature. The more you read articles, the better prepared you will be in scrutinising primary data. **Do not search online for the abstracts, rather you should work together to reach your own preliminary conclusions.**

#### **Abstract 1:**

*Favipiravir* is considered a potential treatment for COVID-19 due its efficacy against different viral infections. We aimed to explore the safety and efficacy of favipiravir in treatment of COVID-19 mild and moderate cases. It was randomized-controlled open-label interventional phase 3 clinical trial [NCT04349241]. 100 patients were recruited from 18th April till 18th May. 50 patients received favipiravir 3200 mg at day 1 followed by 600 mg twice (day 2–day 10). 50 patients received hydroxychloroquine 800 mg at day 1 followed by 200 mg twice (day 2–10) and oral oseltamivir 75 mg/12 h/day for 10 days. Patients were enrolled from Ain Shams University Hospital and

Assiut University Hospital. Both arms were comparable as regards demographic characteristics and comorbidities. The average onset of SARS-CoV-2 PCR negativity was 8.1 and 8.3 days in HCQ-arm and favipiravir-arm respectively. 55.1% of those on HCQ-arm turned PCR negative at/or before 7th day from diagnosis compared to 48% in favipiravir-arm ( $p = 0.7$ ). 4 patients in FVP arm developed transient transaminitis on the other hand heartburn and nausea were reported in about 20 patients in HCQ-arm. Only one patient in HCQ-arm died after developing acute myocarditis resulted in acute heart failure. Favipiravir is a safe effective alternative for hydroxychloroquine in mild or moderate COVID-19 infected patients.

**Figure 1**



The percentage of onset of viral clearance (SARS-CoV-2 PCR negative conversion) in the two COVID-19 study groups; Group 1 (hydroxychloroquine and oseltamivir) and Group 2 (favipiravir) within 2 weeks of treatment.

### Abstract 2:

**Background:** Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.

**Methods:** We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in six continents. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory finding for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagnosis were included in one of four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychloroquine alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed the control group. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis or while they were on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outcomes of interest were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias (non-sustained or sustained ventricular tachycardia or ventricular fibrillation).

**Findings:** 96032 patients (mean age 53.8 years, 46.3% women) with COVID-19 were hospitalised during the study period and met the inclusion criteria. Of these, 14 888 patients were in the treatment groups (1868 received chloroquine, 3783 received chloroquine with a macrolide, 3016 received hydroxychloroquine, and 6221 received

hydroxychloroquine with a macrolide) and 81 144 patients were in the control group. 10698 (11·1%) patients died in hospital. After controlling for multiple confounding factors (age, sex, race or ethnicity, body-mass index, underlying cardiovascular disease and its risk factors, diabetes, underlying lung disease, smoking, immunosuppressed condition, and baseline disease severity), when compared with mortality in the control group (9·3%), hydroxychloroquine (18·0%; hazard ratio 1·335, 95% CI 1·223–1·457), hydroxychloroquine with a macrolide (23·8%; 1·447, 1·368–1·531), chloroquine (16·4%; 1·365, 1·218–1·531), and chloroquine with a macrolide (22·2%; 1·368, 1·273–1·469) were each independently associated with an increased risk of in-hospital mortality. Compared with the control group (0·3%), hydroxychloroquine (6·1%; 2·369, 1·935–2·900), hydroxychloroquine with a macrolide (8·1%; 5·106, 4·106–5·983), chloroquine (4·3%; 3·561, 2·760–4·596), and chloroquine with a macrolide (6·5%; 4·011, 3·344–4·812) were independently associated with an increased risk of de-novo ventricular arrhythmia during hospitalisation.

**Interpretation:** We were unable to confirm a benefit of hydroxychloroquine or chloroquine, when used alone or with a macrolide, on in-hospital outcomes for COVID-19. Each of these drug regimens was associated with decreased in-hospital survival and an increased frequency of ventricular arrhythmias when used for treatment of COVID-19

#### **Activity 5 – Taking a Step Back: Other Literature Sources**

Following this, you will be introduced to other sources of literature – a review article, a commentary, a systematic review, a conference abstract, and an article pre-print:

- 1) Review article: <https://www.dovepress.com/chloroquine-and-hydroxychloroquine-for-the-prevention-and-treatment-of-peer-reviewed-fulltext-article-TCRM>
- 2) Commentary: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7132364/>
- 3) Systematic review: <https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-022-07589-8>
- 4) Poster abstract: <https://www.sciencedirect.com/science/article/pii/S1201971221009887>
- 5) Pre-print: <https://europepmc.org/article/PPR/PPR258403>

These sources should be treated as different in terms of:

- Scientific approach
- Complexity of information
- Accessibility
- Strength of evidence
- Statistical approach
- Depth and breadth on the subject
- Referencing
- Rigorousness of peer review
- Context for use in hypothesis testing
- Stage in publication process

Your facilitator will lead the group in a discussion and overview of these different sources of literature. You are not expected to understand all of these at this time, the idea of this section of the SG is to expose you to different literature sources.

#### **Activity 6 - Self-Directed Research**

Take some time to perform your own research on the topic (based on the case study) in groups. Then, present your findings to the class and debate the best course of action for the patient.

#### **Activity 7 – Other Sources: Social and Mainstream Media**

Finally, interrogate some partial- or non-scientific sources of information, in particular, social media. This is relevant to modern medical practice, as it is freely available to both practitioners and patients, and is a common source of (mis)information.

***Activity 8 – Prepare for subsequent SG sessions***

Make sure you have completed your sleep diary for SGS-4.

## Scenario Group Session 4: Mental Health, Sleep, and Medicare

### Aims

- Understand factors that affect attitudes to mental health/barriers to help seeking
- Understand and can implement the principles of observing, asking, listening in Mental Health First Aid
- Understand the critical importance of sleep in physical and mental well-being
- Introduction to Medicare/ Overseas Student Health Cover
- Develop a self-care plan to prevent and manage mental health impacts of the study and practice of medicine

### Learning Outcomes

By the end of this SG, you should be able to:

- Explain the positive and negative role of stress
- Briefly explain the difference between burnout and depression
- Outline how you know if you're not ok and when to seek support
- Brainstorm different aspects that can impact a person's views of mental health
- Briefly discuss the role of sociocultural factors, stigma and unconscious biases, using examples, that may influence different attitudes to mental health
- Start to identify ways to assist a person to overcome views that may act as a barrier to seeking appropriate support
- Briefly outline the principles of Mental Health First Aid, when it is used and by whom
- Develop the wording and approach to speaking with someone who may be in distress
- Brainstorm barriers to offering and asking for help
- Briefly explain what adequate sleep for health is and how this is assessed
- Outline the health consequences of sleep deprivation
- Explain principles of sleep hygiene
- Briefly outline what Medicare is and who is eligible
- Briefly outline Overseas Students Health Cover (OSHC)
- Briefly explain the difference between a referral and a Mental Health Plan, and how each is managed financially under Medicare/Overseas Student Health Cover
- Explain the rule of confidentiality in medical treatment in Australia

### Resources

Bring your Sleep Diaries.

### Activities

1. How to make stress your friend and how do you know if you are not OK
2. Perceptions of mental health
3. Mental Health First Aid
4. Sleep in health and wellbeing
5. How do Medicare and Medibank Private work
6. Preparation of self-care plan for SGS-7

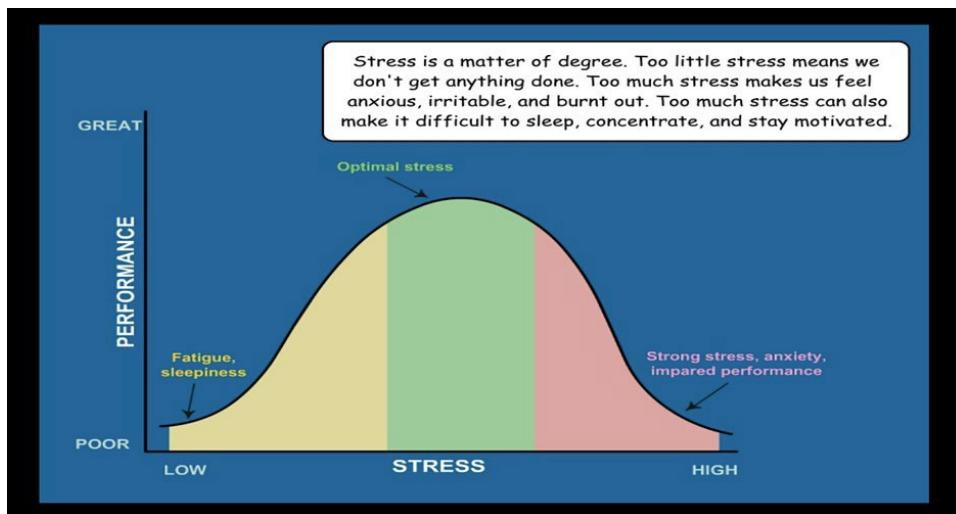
### Activity 1: How to make stress your friend and how do you know if you are not OK

In Lecture 15 (*Looking after yourself & introduction to psychological stress*) we discussed the intersection between stress and performance (the stress graph).

**Learning Outcomes:**

By the end of this activity you should be able to:

1. Explain the positive and negative role of stress
2. Briefly explain the difference between burnout and depression
3. Outline how you know if you're not ok and when to seek support



As stress increases, so does performance...up to the point of healthy tension. Once the stress or anxiety becomes too severe, it has a debilitating effect and performance levels fall dramatically. This is important for both YOU and PATIENTS!

**Activity 1.1 Stress – Friend or foe?**

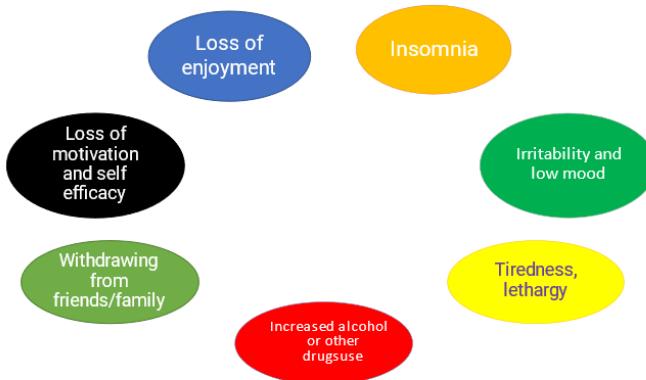
- In pairs or small groups think about a time when stress was helpful for you. How was it helpful?
- Can you think of a time when stress became overwhelming?
- What were the symptoms you noticed?
- What did you do to manage your stress?
- Did you ask for support?

**Activity 1.2 Group Discussion****Burnout vs Depression**

In Lecture 15 and above we learned that there are optimal levels of stress that can help us perform well. However, when stress becomes chronic and unmanaged it can be detrimental and lead to burnout. Burnout can present similarly to depression but they are different and require different treatment. This video helps us understand the difference between burnout and depression. You will learn more about mental illness in BGDB.

**How do you know if you're not ok?**

## How do you know if you're not ok?



We've discussed the differences between burnout and depression. We know the signs and symptoms of stress and emerging mental health difficulties to look for in patients, friends and family but we don't always know or are not always able to recognise them in ourselves. If any of the above are persistent/pervasive for 2 weeks or more it may be time to seek additional support from a health professional such as your GP.

### **Activity 2: Perceptions of Mental Health**

In Lecture 15 we discussed what factors influence our views of mental health:

Cultural perceptions, previous experiences, unconscious bias, family history

### **Learning Outcomes**

By the end of this activity you should be able to:

1. Brainstorm different factors that can impact a person's views of mental health and illness
2. Briefly discuss the role of sociocultural factors, stigma and unconscious biases, using examples, that may influence different attitudes to mental health and illness
3. Start to identify ways to assist a person to overcome views that may act as a barrier to seeking appropriate support

### **Activity 2.1**

In small groups or pairs discuss the following questions (5-10 minutes). There is no right or wrong answer to these questions. It is providing you an opportunity to think about what factors might influence a patient's perception of mental health and illness and accessing treatment.

**If you do not feel comfortable discussing family circumstances that's ok – you can think of examples that are not related to your personal life.**

- How does your family or significant people in your life talk about mental health, if at all?
- Suppose someone in your family or a significant person in your life were experiencing mental health difficulties – is there anything that would prevent them from accessing supports?
- How would these attitudes affect person's willingness to seek help?
- How much is confidentiality an issue?
- How would you help the person overcome these perceptions if they are a barrier to seeking help?

### **Activity 2.2 Group Discussion**

### Activity 3: Mental Health First Aid - No need to be an expert

#### Learning Outcomes

By the end of this activity you should be able to:

1. Briefly outline principles of Mental Health First Aid, when it is used and by whom
2. Develop the wording and approach to speaking with a friend or patient in distress
3. Brainstorm barriers to offering and asking for help

(Note: the clinical skills approach to a distressed patient will be taught in BGDA and specific mental health conditions will be taught in BGDB in 2<sup>nd</sup> year.)

#### Activity 3.1 - Introduction to Mental Health First Aid

The aim is to introduce the initial approach to someone who is distressed – Mental Health First Aid. Unless they undertake special training in psychological interventions or specialize in psychiatry, then Mental Health First Aid is what most doctors offer patients. Lay people such as medical students can deliver this same approach so you can help the people around you now.

**40 %** of all GP consultations in Australia involve mental health issues. About **70%** of GPs undertake extra mental health qualifications and can thus bill Medicare at a higher rate in recognition of their extra training. Every specialty, from surgeons to paediatricians, will encounter patients, families, and peers who are mentally distressed, so Mental Health First Aid is a crucial skill for all doctors.

**25%** of medical students experience significant mental distress in any one year of the Medicine course. Burnout is particularly common. **50%** will have had a significant diagnosable mental health condition by the end of the degree. This is sadly higher than in most other degrees. So, students need the skills to identify mental health distress in themselves and their fellow students. They then need to know how to manage the problems. This is the model for future management of mental health problems in patients. Seeking appropriate help for your physical and mental health is an important part of your professional role as a health professional, or a health professional in the making.

#### Activity 3.2- Getting the wording ready for a mental health 'check in'

Divide into groups of 2 or 3, to answer the following questions (from your general knowledge) for about 5 to 10 minutes. There are no right and wrong answers, it's just an opportunity to think about your personal approach. Sample answers have been provided in the slides.

1. How might you know if someone had mental health distress? (what might be the signs?)
2. How could you approach a person who looks down or stressed? Examples of wording.
3. What fears would prevent you from asking how they are?
4. What is your role in helping them? Should you give advice?
5. Should you 'check in' again. How would you do that?

**With everyone back together, facilitators will ask random groups to share their answers with whole SG.** The PowerPoints prompting the questions have some possible wordings but in the end it is a personal choice.

#### Principles of MHFA approach

This is a quote from **RUOK website**- a summary of what we discussed today.

There's no perfect way to start conversations – approach them in a way that feels comfortable. You don't need to offer advice or have all the answers. Here are some ideas:

- Ask the person how they're feeling or explain changes you've noticed in their behaviour.
- Encourage them to talk about what's happening in their life – avoid questions which may only need a 'yes' or 'no' answer.
- Be careful not to offer solutions unless you are asked. Take care not to shut down the other person's experiences (saying something like "You'll be fine" isn't very helpful as it is likely to make them feel their feelings are unnecessary or exaggerated).
- You could repeat back to the person what they've told you and ask them to clear up anything you don't understand.

- If you're concerned about a person's safety, or they talk about self-harm or suicide, suggest they seek support. You can also offer to help them with making an appointment with a health professional or finding other information. And you could talk to trusted member of staff or UNSW Mental Health Connect.

Being an **empathic** listener (taught in BGDA Clinical Skills) can make a massive difference to someone going through a tough time. And if the other person doesn't want to talk, respect their choice but don't let it throw you off – it's okay to keep reminding them that you care and will listen to their story another time.

#### Useful links for students:

- <https://www.beyondblue.org.au/personal-best/pillar/supporting-others/how-to-check-in-with-someone>
- <https://www.ruok.org.au/how-to-ask>

#### *As promised- Here are the best tips to deal with student burnout- self care!*

1. Learn to Say No. College students often feel intense pressure to do everything...
2. Focus on Time Management ...
3. Prioritize Sleep and Exercise. ...
4. Set Reasonable Goals ...
5. Schedule Time For Fun ...
6. Ask for Help – it is a sign of strength not weakness

#### Help at UNSW

The following supports can be accessed if you are based in Kensington or at any of the Rural Clinical Schools:

- NSW Mental Health Connect (T: 02 9385 5418): [Mental Health Connect | UNSW Current Students](#)
  - NSW Mental Health Connect helps you find the support you need for your mental health, whether that be face-to-face or online.
- After Hours Support: UNSW Mental Health Support Line (T: 02 9385 5418).
  - Operates between 5pm- 9am and 24hrs on weekends, public holidays, and university shutdown periods. You can also text on 0485 826 595.
- Student Support Advisors: <https://www.student.unsw.edu.au/advisors>
  - Can help you with finance, visas, housing, study skills support, time management or personal issues such as stress and anxiety.

#### ACADEMIC specific support- also confidential

- [Equitable Learning Service](#): <mailto:els@unsw.edu.au>
  - Practical educational adjustments to assist manage your studies and your disability, medical condition and / or mental health condition.
- Student Academic Career Support and Success
  - The Learning Centre within Student Support Services specialises in study technique, assignment and exam preparation. This is free to all UNSW students.

#### Activity 3.3- how to express empathy

Empathic listening as a clinical skill is taught in BGDA.

View the 3 minute video by Brene Breen not perfect, if you have time- it's cute:

<https://www.youtube.com/watch?v=1Evwgu369Jw>

#### Activity 4- Sleep: an integral part of mental health and wellbeing

##### Learning Outcomes:

By the end of this activity you should be able to:

1. Briefly explain what adequate sleep for health is and how this is assessed
2. Outline the health consequences of sleep deprivation
3. Explain principles of sleep hygiene

TWO WEEK SLEEP DIARY

PASM | SLEEP EDUCATION

## INSTRUCTIONS:

(1) white one date, day or one week, and type in today's word, Sc. Note, Body On, or variation (2)Put one letter C in one box. What you have to see, used to test. Put a 'P' in the box to show when you drink at food. Put 'E' when you exercise. (3) Put a 'B' in the box to show when you go to bed. Put a 'Z' in the box that shows when you think you fell asleep. (4) Put a 'Z' in all the boxes that show when you are asleep at night or when you take a nap during the day. (5) Leave boxes empty to show when you wake up at night and when you are awake during the day.

**SAMPLE ENTRY BELOW:** On Monday when I worked, I jogged on my lunch break at 1 PM, had a glass of wine with dinner at 6 PM, fell asleep watching TV from 7 to 8 PM, went to bed at 10:30 PM, fell asleep around Midnight, woke up at 4 AM, went back to sleep at 5 to 7 AM, and had coffee and medicine at 7 AM.

Look at your sleep data and compare to the Fit Bit recorded average across world.

**Activity 4.2: How can you know if you are getting enough sleep?****Complete the Epworth Daytime Sleepiness Scale**

This scale was developed in 1990 and is still the most widely used as a clinical and research tool to measure daytime sleepiness. Fill this in now and record the result. Let your facilitator know when you are done.

**Results interpretation of Epworth Sleepiness Scale:** are you getting enough sleep? How can you determine your ideal sleep? Group discussion.

## Epworth Sleepiness Scale

Name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Your age (Yrs): \_\_\_\_\_ Your sex (Male = M, Female = F): \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

- 0 = would **never** doze
- 1 = **slight chance** of dozing
- 2 = **moderate chance** of dozing
- 3 = **high chance** of dozing

*It is important that you answer each question as best you can.*

Situation	Chance of Dozing (0-3)
Sitting and reading	
Watching TV	
As a passenger in a car for an hour without a break	
Sitting and talking to someone	
In a car, while stopped for a few minutes in the traffic	
Sitting, inactive in a public place (e.g. a theatre or a meeting)	
Lying down to rest in the afternoon when circumstances permit	
Sitting quietly after a lunch without alcohol	

**THANK YOU FOR YOUR COOPERATION**

**M.W. Johns 1990-97**

**Activity 4.3 What happens if you do not get enough sleep?****Mental and Physical consequences of long-term inadequate sleep**

As a group collate a list of all the negative consequences you can think of related to long-term lack of sleep.

**Activity 4.4 How can patients get better sleep? – group discussion**

30% of the population suffer from insomnia and 30% of those who do not identify insomnia, have inadequate sleep duration as shown by the Fit Bit data.

**Activity 5: Group Task - Medicare****Learning Outcomes:**

By the end of this activity you should be able to:

- Briefly outline what Medicare is and who is eligible
- Briefly outline Overseas Students Health Cover (OSHC)
- Briefly explain the difference between a referral and a Mental Health Plan, and how each is managed financially under Medicare

**Introduction**

What is Medicare? Do you understand the meaning of bulk billing, gap fees, and referrals, the role of a mental health plan? Can you explain how health cover works for international students studying in Australia?

What is **Medicare**? Need to understand for yourselves and for future patients.

- Medicare offers universal health insurance for all Australian citizens and permanent residents
- It is paid for by a 1.5% tax levy on all taxpayers
- The amount available to the patient seeing a doctor is called the **Medicare rebate**
- If the doctor **bulk bills** Medicare directly then the consultation is ‘free’ for the patient
- If the doctor does not bulk bill then the student must pay the doctor and claim the rebate back from the insurer. If the doctor charges above the Medicare rate, then the student will have to pay a ‘**gap fee**’.

**How does Overseas Students Health Cover (OSHC) work?**

- Health insurance is compulsory for international students
- Provides the equivalent cover to Medicare.
- University Health Service **bulk bills** to students covered by Medibank, AHM, Allianz and BUPA directly so the consultation is ‘free’.
- If you are covered by a different OSHC insurer, you may need to pay upfront and claim the cost back later from your health insurer.
- GPs other than the University Health Service do not bulk bill international students so the student must pay the GP and claim the **rebate** back from the insurer. If the GP charges above the Medicare rate, then the student will have to pay a ‘gap fee’.

What is a **Referral** and a **Mental Health Plan**?

- A **referral** - a written request from a GP to another health professional, asking them to perform a specialist medical service. The referral is required to permit the patient to claim a rebate from Medicare to cover the cost of the specialist consultation
- A **Mental Health Plan** is a special Medicare required referral from GP to a private psychologist enabling the fee to be covered by Medicare. The GP and the patient agree on the problem and set out a plan for management including seeing the psychologist and follow up by the GP. The psychologist may or may not bulk bill so there may be a gap fee if they do not bulk bill.

**Case studies**

In this activity, you will discuss answers to these questions and then work in pairs to address one of the case studies listed on the next page. (Please use the ‘Student Support. I need help with...’ slide for information on UNSW support services. You can also use this link for UNSW support services:

<https://www.student.unsw.edu.au/we-help-you> ).

The scenarios- how to see a doctor or a specialist:

**CASE 1: Casey, aged 18, Med student**

Casey has now suffered 6 months of low mood and anxiety. He is now clear that he is gay but has kept it from anyone because he is frightened of the reaction from his very religious parents. He can't sleep properly, can't concentrate well on study, and dreads the inevitable reaction when he comes out. He feels desperate, does not know who to turn to. Online he found an ad for a GP practice at Kings Cross that specialises in gay, lesbian and queer patients so he decides to go. The GP is very helpful and writes a certificate for his overdue Uni work but thinks it is worth him seeing a psychologist for support when coming out.

*How can he get to see a psychologist where the entire cost is covered by Medicare? Why might he not approach Mental Health Connect on Campus? How can Med Soc help?*

**CASE 2: Chatri, aged 19, an international Med student**

Chatri has moved to Australia to study 3 months ago. He was diagnosed with ADHD at age 15 back in Thailand and has been on Strattera, an ADHD medication ever since. It has been very helpful enabling him to concentrate on study. He needs to see a psychiatrist to get a prescription for his medication as it is a specialist only prescription in Australia.

*How can he arrange to see a psychiatrist on Campus? If he sees a psychiatrist off Campus, how can he arrange this and approximately how much will this cost? Does Medicare/Medibank Private contribute? What is the UNSW Equitable Learning Service (ELS) and how can Chatri register? If Chatri needed financial assistance for medical expenses, what UNSW support service could possibly help?*

**CASE 3: Catherine, aged 20, Rural Med student**

Catherine has recently moved to a Rural Campus away from home. She has suffered from severe eczema for years, but it's been really bad for last 3 months. It's so itchy she can't sleep properly, can't concentrate in class and it's super embarrassing as she has red scaly swollen face. She doesn't have a local GP.

*Who can Catherine seek wellbeing support from at a Rural Campus? How can she organise to see a dermatologist (skin specialist) privately? How could she arrange to see a dermatologist at the Outpatients Clinic in the Public Hospital Clinic free of charge?*

**Activity 6: Preparation for SGS-7**

Start completing your [Black Dog Institute Self-Care Plan](#). This will be the beginning of your own personal self- care plan that you can revisit and adapt throughout medicine. It is a model for what you will develop with patients.

This will be reviewed in SGS 7 so keep your notes!

**Reminders**

Remember to attend the MATE Bystander Workshop this Friday (details on the next page of this Guide).

Remember to bring a draft of your Individual Assignment for peer review in SGS-5 next week.

## MATE Bystander Workshop

The MATE Bystander - Creating Respectful Workplaces is an evidence-based leadership program. UNSW Medicine Program is a Work Integrated Learning (WIL) course. As future doctors, your ‘workplace’ begins in the learning environment at UNSW, both personally and professionally - on campus and on clinical placement in hospitals. The aim of this workshop is to provide you with the knowledge and skills to address problematic behaviours such as bullying, discrimination, and harassment and contribute to a positive, safe and inclusive learning environment within medicine. This is the first time this workshop is being delivered as part of the Foundations course in relation to Professionalism within Medicine.

This is a scenario based, interactive 90-minute workshop.

**Aims:**

- Understand the determinants of workplace culture
- Develop personal leadership
- Apply the bystander framework
- Understand how to respectfully challenge problematic behaviours and show support
- Identify ways to contribute to safe and respectful learning environments, and clinical placements
- How to report problematic behaviours at UNSW

Workshop slides will not be provided before or after the session. Take home resources will be provided.

**Trigger warning:** This workshop will touch on people’s lived experiences of bullying discrimination and harassment or other negative experiences.

If you have any concerns or are unable to attend this workshop please contact Catherine Marley, Faculty Wellbeing Officer ([c.marley@unsw.edu.au](mailto:c.marley@unsw.edu.au)) for a confidential chat.

## Scenario Group Session 5: Reflective writing and assignment peer review

The overall aim is to foster an enquiry-based approach (Bruner, 1961) to learning and to start building skills that will support Self-Directed Learning and Reflective Practice. This is an important opportunity to reinforce the nature of reflection. This includes the process of exploring what you already know, what is provided by the program, how do you come to understand this, what do you not understand, and what do you need to do with this new information.

Reflective activity and self-directed learning will lead to changes in our knowledge and assumptions, or even our beliefs, values and habits. One important outcome is to consider any change to behaviour that could result from the experience. This in turn will influence how we react to experiences or approach tasks in the future. We can acquire new knowledge and query explicit assumptions relatively easily, but often it is the underlying beliefs, values and habits that influence how we react. Reflection can help us to identify actions that follow from habit or belief rather than evidence. This helps us change something the next time we encounter a similar problem or issue. In many ways reflection is a mundane process: we think about our experiences all the time, about what we have heard or read; about what others have said; about what we have done; about how our thinking has changed. The concept of reflective practice is a way of trying to pin down the essence of what we are doing in order to support our learning and develop more effective practice of medicine.

In this session, you will give each other feedback on your draft assignments.

### Aims

- Understand the importance of reflection
- Understand what is meant by becoming a reflective practitioner
- Understand how reflective practice can support your learning
- Appraise reflective writing
- Evaluate your peers' draft assignments and provide feedback

### Key Concepts

- Importance of reflection in medicine

### Activities

1.	Explore what becoming a reflective practitioner means <ul style="list-style-type: none"><li>• Task 1 - Definitions of reflective practice</li><li>• Task 2: Why should you reflect?</li><li>• Task 3: Everyday Reflective Practice</li><li>• Task 4: Listening Exercise</li></ul>
2.	Explore Models of Reflection Practice <ul style="list-style-type: none"><li>• Task 1: Review Models of the Reflective Process</li><li>• Task 2: Pros and Cons of Reflective Practice Models</li><li>• Task 3: Put a reflective model into practice</li><li>• Task 4: Barriers to Reflective Practice</li><li>• Task 5: Importance of reflective writing</li></ul>
3.	Exploring the Graduate capability of Development as Reflective Practitioner
4.	Peer Review of draft assignment
5.	Report back from the work plan for group projects

### Activity 1: Explore what becoming a reflective practitioner means

#### Task 1: Definitions of Reflective Practice

Take a couple of minutes to write down what reflective practice means for you, and what it might incorporate in your academic journey - share these with the group. There is no one correct answer as different people will have different experiences of reflection.

**Task 2: Why should YOU reflect?**

Take a few minutes to talk with your neighbour and come up with one or two reasons to reflect.



Source: [https://www.researchgate.net/figure/The-Johari-Window-Luft-and-Ingham-1955-The-Open-domain-represents-those-aspects-of-fig1\\_29810621](https://www.researchgate.net/figure/The-Johari-Window-Luft-and-Ingham-1955-The-Open-domain-represents-those-aspects-of-fig1_29810621)

**Task 3: Everyday reflective practice**

Reflection can happen at any time and for any reason. Take a couple of minutes to think about some of the ways and places that you reflect during a typical day and share with the group. NOTE: This does not have to be formal reflection.

**Task 4: Listening exercise**

Reflecting in groups can be a helpful exercise but it's important to listen as well as talk. This exercise aims to develop your listening skills.

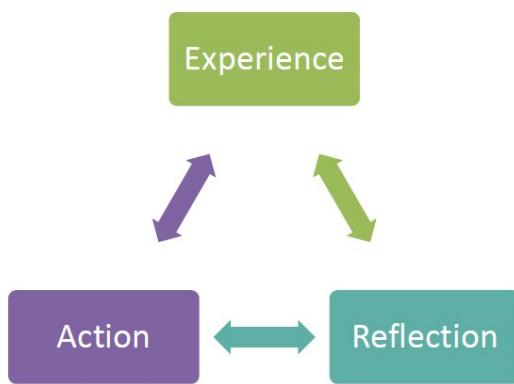
In pairs sit back-to-back. Person A will be talking and Person B will be drawing. Person A should describe the diagram on the card and Person B should try to recreate it. You have three minutes, and no questions are allowed. Then swap and repeat so that Person A is drawing.

**Reflect – what did you learn about your listening skills?*****Activity 2: Models of Reflection*****Task 1: Review Models of the Reflective Process**

Reflecting is not an easy process to start if you are unused to the practice, but there are many models of reflection that you can use to guide you. Briefly review and discuss the models of Reflection below with your peers and facilitators: Jasper, Driscoll, and Gibbs.

- What are the similarities and differences?
- Which one do you think best fits medical practitioners?
- And which best fits medical students?
- Which one do you think will be helpful to you?
- What are the pros and cons of reflective practice models?

### The ERA cycle (Jasper, 2013)



Jasper's simple model of reflection contains three stages:

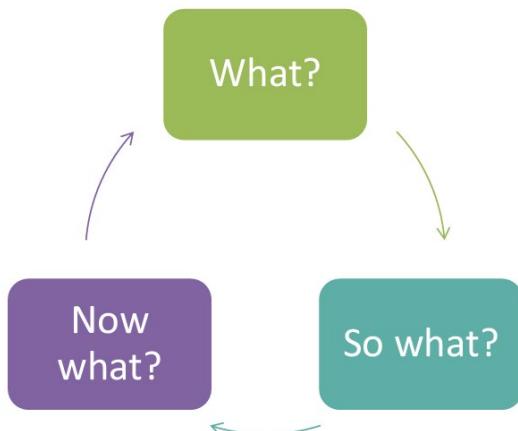
- Experience
- Reflection
- Action

The reflection starts with an experience, which does not necessarily have to be something completely novel. The experience can be positive or negative and can be related to any aspect of our lives.

Following the experience, we enter the reflection phase, where we think about the experience and our feelings about what it and consider what action (if any) to take. The action itself could result in another experience which will cause the cycle to keep turning.

Source: Jasper, M. (2013). Beginning Reflective Practice. Andover: Cengage Learning

### Driscoll's What Model (Driscoll, 2017)



Driscoll's model asks three simple questions

- What?
- So what?
- Now what?

What – asks us to describe the situation or experience in the context in which it occurred

So what – asks us to reflect on this experience – what did we learn?

Now what – asks us to think about the action we will take now.

Source: Driscoll, J. (ed.) (2007) Practicing Clinical Supervision: A Reflective Approach for Healthcare Professionals. Edinburgh: Elsevier.

### Gibbs' Reflective Cycle (Gibbs, 1998)



Gibbs' model seems more complex than the others, but essentially it breaks the cycle down further, and scaffolds your reflection more effectively. There are 6 components to this model:

- **Description**
- **Feelings**
- **Evaluation**
- Analysis
- Conclusion
- Action plan

Gibbs' asks us to describe the situation or experience, and then to consider our feelings about it, then we need to evaluate what was good or bad about it, analyse it and reach some conclusions about what we could or could not have done differently. As with the other models, this then leads to an action plan.

Source: Gibbs, G. (1998) Learning by Doing: A Guide to Teaching and Learning Methods. Oxford: Further Education Unit, Oxford Polytechnic.

### More detailed information about Gibbs

**Gibbs' reflective cycle** is a framework that enables you to examine your experiences, it is useful for examining repeated experiences, helping you to learn from aspects that went well and aspects that didn't go so well. It is also useful for examining stand-alone experiences. In this way it is useful to apply to several activities, such as assignments, patient interviews, teamwork exercises.

1. **Description:** Here you are describing the situation in detail, leaving out feelings and conclusions. The situation might be the outcome of a planned activity, such as performing a music exam, completing a conversation exam in language studies, dealing with an irate customer at work, or writing an essay; or it might just be an event or incident that the person experiences, like overhearing something in a hospital corridor. Included in the concept of the experience is the information it contains (the content of a lecture, etc.) and any feedback that is received. Some questions to ask yourself might be:
  - a. What happened?
  - b. When and where did it happen?
  - c. Who was present?
  - d. What did you and the other people do?
  - e. What was the outcome of the situation?
  - f. Why were you there?
  - g. What did you want to happen?
2. **Feelings:** Here you can begin to think about your feelings around the experience and how that might have impacted it. Sometimes experiences will be emotionally charged: an experience might be humiliating, frustrating, embarrassing, exhilarating or boring. These emotions are as much a part of the experience as is the information conveyed or the feedback received. Some questions to ask yourself might be:
  - a. What were you feeling during the situation?
  - b. What were you feeling before and after the situation?
  - c. What do you think other people were feeling about the situation?
  - d. What do you think other people feel about the situation now?
  - e. What were you thinking during the situation?
  - f. What do you think about the situation now?
3. **Evaluation:** here you can think about what worked and what didn't work in the situation. It's important here to think about both positive and negative aspects. Some questions to ask yourself might be:
  - a. What was good/bad about the experience?
  - b. What went well?
  - c. What didn't go so well?
  - d. What did you (and other people) contribute to the situation (positively or negatively)?
4. **Analysis:** Here you start to think about why different aspects went well or not so well and start to make sense of what happened:
  - a. Why did things go well?
  - b. Why didn't it go well?
  - c. What sense can I make of the situation?
  - d. What knowledge – my own or others (for example academic literature) can help me understand the situation?
5. **Conclusions:** here you should summarise what you have learned and highlight where you need to make changes for the future:
  - a. What did I learn from this situation?
  - b. How could this have been a more positive situation for everyone involved?
  - c. What skills do I need to develop for me to handle a situation like this better?
  - d. What else could I have done?
6. **Action Plan:** This is where you make solid, concrete plans for improvement in the future, thinking about how you will act differently:

- a. How would you deal with this situation if it occurred again?
- b. What will you now do in the future? What key actions will you take?
- c. How will I develop the skills I need?

### **Task 2: Pros and Cons of Reflective Practice Models**

With your neighbour, discuss some pros and cons of the models and share with the wider group.

Pros	Cons

### **Task 3: Put a reflective model into practice**

**Use the Driscoll model to try out reflection in practice.** In pairs, have person A think of an activity they have recently taken part in; Person B will ask the three what questions: what, so what, now what? Person A should note their answers below. After two minutes switch places so Person B is now describing an activity.

### **Task 4: Barriers to Reflective Practice**

Reflective practice is not always easy, it is something that we need to actively work on – what are some barriers to becoming a reflective practitioner?

### **Homework: Use the reflective cycle to give yourself some feedback**

Your facilitator will give you back the reflective paragraph you wrote in SG2 – use the reflective cycle to give yourself some feedback. Feel free to share your thoughts with the group, but you do not have to, this is an exercise for your own development.

### **Task 5: Reflective Writing**

In the Medicine program, you will be asked to write reflectively in every assignment, and at the end of Phase 1 your Portfolio Examination will be in the form of a reflective essay. Take a few minutes on your own to consider the following questions.

### **Why do we need you to become effective reflective writers?**

### **Where might you use reflective writing in your future workplace?**

*Activity 3: Exploring the Graduate capability of Development as Reflective Practitioner*

The listing of the expectations for the capability of ‘Development as a Reflective Practitioner’ is included on the next page of the student guide. Try to relate elements from the capability statements to aspects of the models of the reflective process. Discuss any issues that arise with the wider group.

Note that the capability statements address not only your own development as a reflective practitioner, but also support for the development of others. You may also find links to elements of other capabilities, and this is an illustration of how the capabilities themselves come together to describe what a good medical practitioner is.

## **Graduate Capability 1.8 Development as a Reflective Practitioner**

## **Self and Peer Assessment**

- Engages in self and peer assessment of own and others' work and contributions to group activities. (1.8.1, 1.8.2)
  - Participates constructively in portfolio and small group reviews, evaluating own learning outcomes and processes, and identifying issues that need to be addressed. (1.8.3)
  - Develops an array of self-assessment skills to reflect on own strengths and weaknesses. (2.8.1)
  - Seeks feedback on own performances from tutors, peers and patients, and acts to address issues raised. (2.8.2, 2.8.4)
  - Supports the reflective processes of peers (e.g. asks questions, provides constructive feedback). (2.8.3)

## Reflective Practitioner

- Analyses experiences and feedback, identifies barriers to improvement and addresses these, or articulates plans to do so. (1.8.5)
  - Identifies limits or own understanding, identifies issues for further learning and seeks additional information and help appropriately. (1.8.6, 1.8.7)
  - Provides accurate and neutral descriptions of own behaviour, emotions, and intentions. Analyses the impact of own and other's behaviour and cultural background on self and others. (1.8.4, 2.8.7)
  - Provides a rationale for own actions and considers alternate courses of action in discussion with others. (2.8.5)
  - Recognises and takes into account the influence of contextual, social, political and cultural factors, and the viewpoints of others, when discussing issues, or when formulating and justifying clinical plans and actions. (2.8.6, 3.8.1, 3.8.2)
  - Develops plans for action and for coping in potentially difficult and/or stressful situations. (3.8.3)
  - Responds flexibly to changing and uncertain situations. (3.8.4)

## Recognising Limits

- Demonstrates awareness of health and wellbeing to ensure professional and safe practice. (1.8.8)
  - Recognises the limits of self and peers with regard to knowledge and skill, and seeks appropriate and timely assistance. (2.8.8, 3.8.5)
  - Acknowledges his or her limitations and mistakes and reflects on them so as to develop both personally and professionally. (3.8.6)
  - Demonstrates the ability to recognise own health needs and when to consult and follow advice of a health professional and identify risks posed to patients by their own health. (3.8.7)

**Activity 4 – Peer assessment of draft individual assignments**

Exchange your draft assignment with a partner. **Read your peers' draft and use the rubric to provide them with feedback; add comments to help your peer make necessary changes.** Please utilise the rubric provided in this section to highlight the areas of each capability you think the work meets – remember that this is likely the first time you have written a university assignment and maybe the first time you have seen an assignment rubric, so do what you are able to.

**How do you benefit?** You are developing skills in giving feedback, which is an important component of the Medicine program. Additionally, this activity is designed to help you become more familiar with the use of an assessment rubric.

**When you are finished, return the draft to your peer, then read through the feedback you have received and reflect on this.** This reflective activity is designed to apply your learning on reflection that you undertook earlier in this SG! You can use the reflections you have completed throughout the assignment process to inform your final assignment reflection (to be included at the end of your assignment); a capability you will need to demonstrate in other assessments in this Phase (including SOCAs, Portfolio, assignments).

**YOU MUST REGISTER THE ASSIGNMENT IN eMed Registrations SO THAT YOU ARE ABLE TO SUBMIT.**

**Activity 5 – Report on progress of group project**

Each group to give a short update on how they are progressing with their group projects. By now your group should have agreed upon a group project topic outlined and defined the scope of the topic and developed some initial strategies designed to execute the project.

**YOU MUST REGISTER THE GROUP PROJECT IN eMed Registrations SO THAT YOU ARE ABLE TO SUBMIT.**

**Note:** Only one member of the project group should register and include their group members.

## Scenario 2: Social Determinants of Health

### Overview

This scenario introduces the importance of viewing health in its social, cultural, economic and environmental contexts. The family scenario illustrates one application of the ecological mode of health to explore the ways in which the various factors influence health, disease and access to care.

It provides an introduction to the social determinants of health, doctor patient communication, aspects of the health system and barriers to access, as well as the relationship between health and human rights.

The injury scenario introduces inflammation and healing and starts to develop the relationship between the underlying sciences and patient presentations.

### Schedule

Learning Activity	Principal Teacher
Scenario Plenary 3: Ryan's Knee	Ferrington, Linda; Jusof, Felicita; Breheny, Louise
Lecture 29: Pathology 2: Responses of cells to injury	Weber, Martin
Lecture 30: Public Health 1: Social determinants of health	Ferrington, Linda
Campus Clinical Skills Session 2: History Taking and Introduction to Examination - Issues and Techniques	Spencer, Kalli
Scenario Group Session 6: Integrated learning, Scenario debrief and concept mapping	Ferrington, Linda; Jusof, Felicita
Science Practical 10: Histology of muscle and nervous tissues	Shirazi, Reza
Biology Bridging: Passive and Active Cellular Transport Mechanisms	Khan, Shanzana
Lecture 31: Inflammation 1: Events and mechanisms	Velan, Gary
Lecture 32: Intersectionality	Hamad, Nada
Lecture 33: Public Health 2: Health care - everywhere	Rhee, Joel
Online activity: QMP: Using Data Modules	Ariff, Amir
Lecture 34: Inflammation 2: Mediators and outcomes	Velan, Gary
Lecture 35: Immunology 1: Overview of the immune system	Chtanova, Tatyana
Scenario Group Session 7: Impact of social and environmental factors on health	Britton, Susan
Lecture 36: Microbiology 2: Bacterial structure and growth	Lenardon, Megan
Lecture 37: Immunology 2: Immunology of antibodies	Chtanova, Tatyana
Science Practical 11: Blood Pressure	Murphy, Tim
Have You Been Paying Attention? (Week 4)	
Lecture 38: Anatomy 3: Musculoskeletal System	Berry, Rachel
Lecture 39: Learning Ethics in the Medicine Program	Langendyk, Vicki
Tutorial 2: Introduction to medical ethics	Langendyk, Vicki
Scenario Group Session 8: Inflammation	Adua, Eric
Science Practical 12: Acute inflammation	Weber, Martin
Lecture 40: Pharmacology 1: Sites of drug action	Binder, Trudie
Lecture 41: Healing	Champion, Sophia
NSW Health Compliance Sessions	NSW Health

Lecture 42: Clinical Dermatology Cases	Sebaratnam, Deshan
Lecture 43: Microbiology 3: From Normal Flora to Infectious Disease	Zhang, Li
Scenario Group Session 9: Wound healing and repair	Burkhardt, Karim
Science Practical 13: Body Framework 2: General Anatomy of the Musculoskeletal System	Berry, Rachel
Lecture 44: Pharmacology 2: Agonists and antagonists	Binder, Trudie
Lecture 45: Immunology 3: Immune response to infectious diseases	Chtanova, Tatyana
Science Practical 14: Laboratory Diagnosis of Infection	Zhang, Li
Have You Been Paying Attention? (Week 5)	
Lecture 46: Anatomy 4: Overview of the Nervous system	Mohammadiroushandeh, Amaneh
Lecture 47: Physiology 4: Introduction to endocrine physiology	Lewis, Trevor
Tutorial 3: Acute Inflammation	Champion, Sophia
Campus Clinical Skills Session 3: Consolidating basic skills and techniques	Spencer, Kalli
Scenario Group Session 10: Group Project Presentations	Ferrington, Linda
Science Practical 15: Immunity Practical	Chtanova, Tatyana
Lecture 48: Pharmacology 3: Receptors	Wilkins, Brendan
Lecture 49: Pharmacology 4: Pharmacological interventions in inflammation	Binder, Trudie
Lecture 50: Embryology: Introduction to Human Development	Shirazi, Reza
Lecture 51: Dis-Ability	Eapen, Valsamma; Downey-Twiss, Asmara
Scenario Group Session 11: Introduction to Skin	Britton, Susan; El-Haddad, Joyce
Science Practical 16: Anatomy - Body Frameworks 3: Nervous systems	Mohammadiroushandeh, Amaneh
Science Practical 17: Concentration Response Curves: Actions of Agonists and Antagonist	Binder, Trudie
Halfway Formative Assessment - Mock Exam and Feedback Session	Ferrington, Linda; Jusof, Felicita; Breheny, Louise
Science Practical 18: Introduction to Biochemistry and Haemoglobin	Wijenayake Gamachchige, Nirmani; Ly, Lana
Have You Been Paying Attention? (Week 6)	
Lecture 52: Psychiatry: Introduction to Human Behaviour	Lennon, Matthew
Lecture 53: Pathology Discipline Review	Weber, Martin
Scenario Group Session 12: Medical Interventions and Group Project review	Holmes, Tina; Jusof, Felicita
Science Practical 19: Introduction to Embryology	Shirazi, Reza
Lecture 54: Aboriginal and Torres Strait Islander Cultural Determinants of Health	Pitt, Sophie
Lecture 55: Microbiology 4: Introduction to viruses	White, Peter
Lecture 56: Physiology Discipline Review	TBA
Lecture 57: Anatomy Discipline Review	Shirazi, Reza
Scenario Group Session 13: Cultural Determinants of Health	Pitt, Sophie
Lecture 58: Clinical Skills Review	Spencer, Kalli
Lecture 59: Summary of course and questions	Ferrington, Linda; Jusof, Felicita; Breheny, Louise

Basic Life Support Training	Chan, Betty
Hospital Clinical Skills Session: Orientation to the hospital	Spencer, Kalli

**This schedule is subject to change.**

**Please refer to the eMed Timetable or email updates (if any) for final times and locations.**

## Scenario Group Session 6: Integrated learning, Scenario debrief and concept mapping

In this session you will explore the scenario around which the lectures, practical and small group sessions are built. In Phase 1 each part of the course will relate to a scenario. Each scenario is designed to provide structure and focus for the instructional activities as well as provoke you to think about related issues that we do not cover and which may be of interest to you. An important task will be to catalogue those issues so that you can begin to identify areas of knowledge that need to be developed if the scenario and its problems are to be better understood. This may form the basis of a learning diary that will prove useful when you write up your portfolio.

### Aims

- Explore the key learning methods underpinning the Medicine program
- Explore how an integrated curriculum impacts your study methods and approaches to learning
- Understand the social and environmental determinants of health
- Begin to explore the differences in access to and utilization of the healthcare system
- Integrate medical science disciplines to scenario

### Key Concepts

- Integrated curriculum
- Social and cultural aspects influencing health
- Concept mapping

### Resources

*Bring your lecture notes from the Plenary.*

### Activities

1. Review and clarify scenario issues from the Plenary
2. Explore and map social and other factors influencing health and access to health services
3. Concept mapping of issues related to the scenario
4. Explore what an integrated curriculum means
5. Reminder – Completed assignment to be submitted next week

#### **Activity 1 - Review and clarify scenario issues from the Plenary**

Your facilitator will guide you through a group discussion on the plenary where you will be considering the key social and cultural issues for Ryan and his family that may impact upon his getting access to quality healthcare.

#### **Activity 2 – Explore and map social and other factors influencing health and access to services**

In pairs, discuss and list as many social and cultural factors you can think of that impact upon a person's ability to access quality healthcare. Which of these are relevant in Ryan's situation?

**Activity 3 – Concept mapping of issues related to scenario**

In pairs, create a concept map that addresses the topic:

**How do the basic and clinical science disciplines contribute to understanding the pathogenesis and eventual healing of Ryan's skin wound?**

The basic and clinical science disciplines in your map need to be defined; any questions about the disciplines should be recorded and posted to your group's discussion board.

**Basic and Clinical Sciences Disciplines**

Physiology	Microbiology
Biochemistry	Anatomy
Histology	Pathology
Pharmacology	Immunology
Psychiatry	Public health

**Activity 4: Explore what an integrated curriculum means**

To illustrate this, think about the topic of acute diarrhoea. What are the elements involved in studying acute diarrhoea?

This topic could be taught in two ways:

- Teach, in separate courses over two or three years, gastrointestinal anatomy, the production of immune chemicals, infectious diseases, epidemiology of disease, hygiene & transmission, cost and access, public education programs, relevant pharmacology, and finally the biology of fluids – dehydration and rehydration  
OR
- Teach all these topics together, in one course, to give a fuller picture of the acute diarrhoea. This latter way is how almost all medical faculties in Australia, including UNSW, teach medicine.

Working in pairs, identify the characteristics of acute diarrhoea that relate to each of the medical science disciplines in the table on the next page.

Subject discipline	Key concepts
Physiology	
Pathology	
Microbiology	
Pharmacology	
Immunology	
Public Health	

**Reminders:**

Completed Individual Assignment to be submitted next week in eMed, in Turnitin (via Moodle), and emailed to your facilitator – due by 9am, Monday 17<sup>th</sup> March 2025.

## Scenario Group Session 7: Impact of social and environmental factors on health

In this session we explore issues related to the scenario using a current affairs report on families living in Claymore and some of their challenges. This video highlights and expands on the social and cultural and environmental issues that impact on health and access to healthcare that were introduced in SGS6.

### Aims

1. Understand the importance of and develop a Self-care Plan
2. Understand what trauma is in the psychosocial setting
3. Understand ACE and PACE and the cumulative nature of these
4. Understand that ACEs frequently present as adult physical and psychological illness
5. Understand that as a doctor you will need to be alert to the possibility of and enquire about childhood trauma underlying adult medical presentations

### Key Concepts

- Self-care for medical students, doctors (and patients)
- Social and cultural determinants of health in adult health presentations
- Introducing model of cumulative trauma – Adverse Childhood Experiences (ACEs) and effect on adult health
- The role of Protective and Compensatory Experiences (PACEs) in mitigating childhood trauma
- Consideration of ACEs as possible causes underlying adult presentations such as addictions, obesity, and mental health disorders

### Learning Outcomes

By the end of this SG, you should be able to:

- Develop a Self-care Plan and can explain the importance of such a plan in the context of health care
- Identify your own positive and negative coping strategies
- Identify positive and negative coping strategies in others
- Provide examples of barriers to self-care and to help seeking
- Discuss what trauma is in the socio-emotional and cultural setting
- Understand the difference between PTSD and complex PTSD
- Explain the cumulative nature of Adverse Childhood Experiences (ACEs) and provide examples of ACEs
- Explain the role of Protective and Compensatory Experiences (PACEs), and provide examples of PACEs
- Discuss examples of adult illness presentations in which a history of childhood trauma should be sought

### Activities

1. Review self-care plans
2. Adverse Childhood Experiences: Introduction to the concept of trauma, ACEs and PACEs as a predictor of physical, emotional and socio-economic adult outcomes
3. Review and Explore Growing Up Poor (in Claymore) film
4. Debrief
3. Check-in

### Activity 1 - Review Self Care Plans

#### Introduction to the term self-care.

In the 1950's the term self-care started to be used in the context of the Black Panther Movement when black people in the USA realised they needed to look after themselves when there were so many dangers and difficulties to be faced in an inequitable socio-political system.

Angela Davis, a prominent activist at the time, championed mindfulness and yoga whilst in jail. There was increasing recognition of the importance of good nutrition, of physical movement, of social bonding and embracing of diversity. Since then, the power of self-care in prevention of mental and physical illness has been

widely researched and thus is now strongly evidence based. For example, in the management of a cancer diagnosis, of major trauma and in our case, in the prevention of burnout and other mental illness in health care workers.

The particular emotional demands on doctors include long working hours, very high levels of responsibility, that the stakes are high for error and the exposure to vicarious trauma (the emotional impact of seeing another human being undergoing intense suffering). The early demands on medical students are study load and establishing a study/life balance but once in the hospitals students are exposed to the same vicarious trauma experienced by the doctors. It is not easy to see a child dying of cancer or a young parent with a terminal illness.

Self-Care Plans are important to preventing burnout and mental ill-health but are also critical to managing acutely stressful periods. You will also develop these plans with patients. You were asked in SGS 4 to complete a Black Dog Self-Care Plan <https://www.blackdoginstitute.org.au/wp-content/uploads/2022/08/Self-care-planning-for-healthcare-workers-fact-sheet.pdf>.

In this SGS, as a group you will review the Self-Care Plans you developed after SGS 4; you are not required to share any information in your plan unless you are comfortable to do so – your Facilitator will guide you through a general discussion of Self-Care Plans. You can share general ideas, not necessarily your own personal ones.

Your plan should be reviewed and modified as the demands in your life change.

### ***Activity 2 – Adverse Childhood Experiences: Introduction to the concept of trauma, ACEs and PACEs as a predictor of physical, emotional and socio-economic adult outcomes***

In this activity we will watch part of a film called ‘Growing up in Claymore’. This activity is designed to demonstrate the powerful effects of social and cultural factors in determining health outcomes. The children in the video Growing Up in Claymore have been born by chance into their particular settings. Their predicted mental, physical and socio-economic outcomes will be significantly affected by adverse childhood experiences. In Clinical Skills you will be taught how to enquire about childhood trauma as a possible underlying factor in mental health and addiction presentations in adults. First you need to be aware of what these are and that these may underlie adult presentations.

Please be aware that some of the themes in this film are distressing and may trigger emotions and distress. 1 in 6 people by age 18 have experienced significant childhood trauma including physical, emotional, or sexual abuse, amongst many other traumas including deaths in the family, war, displacement and so many others. We are no different – staff, students and doctors may have suffered these experiences. The difference in medicine is that you will be reminded of such trauma through patients on a daily basis.

If you feel distressed, please feel free to leave the room to gather yourself and seek help. It’s okay to be unsure of what help you need, please speak with a facilitator, trusted academic, course convenor or wellbeing officer to find help that suits your needs. You will be in a much better place to care for your patients and empathise with their situations when you seek help for yourself first. Creating, updating, and enacting your self-care plan can help you.

In this activity, ‘trauma’ and the adverse childhood experiences (ACEs) and protective and compensatory experiences (PACEs) will be explored in group discussion, using the following questions. This is important to explore and have a good understanding of before we watch the Growing Up in Claymore film.

**What is trauma?****Examples of trauma****What are ACEs and PACEs?****Adult presentations of ACEs**

How might ACEs impact adults? In small groups or pairs, find out what you can about the impact and prevalence of ACEs on adult health and discuss with the wider group.

**How prevalent are ACEs?****What protective and compensatory experiences (PACEs) can you think of?**

Whilst children may be exposed to ACE leading to risk of poor physical, mental, and socio-economic outcomes, there may be protective factors mitigating some of the impact of ACE. These are protective and compensatory experiences (PACE). Examples of this will also be seen in the film.

***Activity 3 –Review and Explore Growing Up Poor (in Claymore) video***

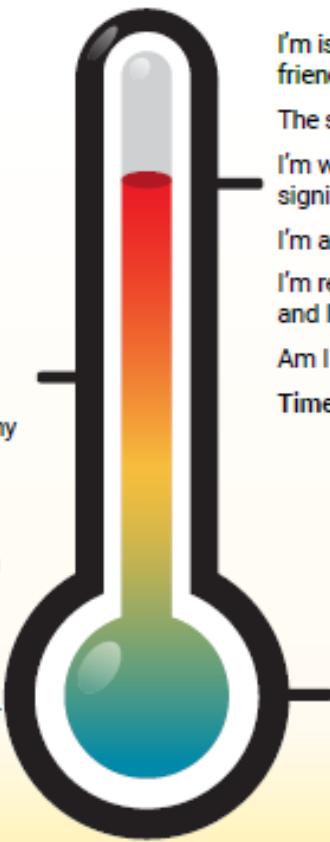
The ABC's Four Corners program explores the issues surrounding a social policy experiment. The NSW Government built a suburb of housing for families on welfare support. This created a ghetto of low SES and high trauma. Keep the list of ACEs and PACEs that you made earlier beside you while you are watching the film and take notes on any ACEs, PACEs and traumas that you observe. Be prepared to share your notes with the wider group.

***Activity 4 - Debrief******Activity 5 – Check-in – Temperature Check/Traffic Light System***

Look at the temperature check on the next page and on the screen – consider carefully where you sit on the temperature gauge in terms of your wellbeing and if you would benefit from checking in with either your facilitator, or University wellbeing services (remember the slide from SGS4, and at the start of this Guide, which has all the relevant contact details).

# Temperature Check

I've struggled to settle in and make friends.  
I'm not completely on top of my studies and feel I am falling behind.  
Some of the concepts are difficult to understand and I'm not sure where to go for help.  
I'm feeling stressed and worried.  
What can you do to bring your temperature down?



I'm isolated and haven't made friends or adjusted to uni life.

The study load is overwhelming.

I'm worrying I've fallen significantly behind.

I'm avoiding classes.

I'm really stressed and worried and I don't know what to do.

Am I in the right course?

Time to ask for help

I'm coping well with the study load.

I understand the content.

I'm feeling on top of things.

I know my way around.

I'm using learning resources.

I have a study group.

I feel like I belong.

Great! Keep going and check your temperature again later

Please contact UNSW Student Support Services.  
If you are unsure, please approach your course convenor.



## Scenario Group Session 8: Inflammation

Inflammation is an innate defence mechanism comprising immune cells (e.g., leukocytes, macrophages), cell derived mediators (e.g., histamines, prostaglandins, leukotrienes, cytokines, nitric oxides etc), and plasma derived mediators (complement proteins, kinins) that act collectively to fight against infections, destroy and eliminate dead cells or tissues, and trigger repair and recovery. In this session you will explore the inflammation pathways to clarify your understanding of the events and mediators involved. You will discuss a number of medical cases associated with the inflammatory response and be asked to consider both the helpful and harmful aspects of inflammation in each case.

### Aims

- Reinforce understanding of inflammation pathway
- Evaluate the inflammatory process in terms of its helpful and harmful effects on the body

### Key Concepts

- The process of inflammation
- Chemical and cellular mediators of inflammation
- Beneficial and harmful effects of inflammation

### Activities

1.	Inflammation, Repair, and Immunity Task A: Inflammation Map Task B: Review Components of Inflammatory Response
2.	Cardinal Signs of Inflammation and Resolution (Using Microsoft CoPilot)
3.	Discussion of the helpful and harmful aspects of inflammation
4.	Quiz each other

### Activity 1. - Inflammation, Repair and Immunity

#### Task A: Inflammation Map

**Work in groups of 3 or 4 to position the additional text blocks and arrows on the page, in a way that captures the sequence of events occurring in inflammation.**

1. Please observe these rules:
  - a. Don't move the text blocks that have pins in them. They refer to the cardinal signs of inflammation and are there as reference points. When you compare the official view shown at the end of the activity with your view, you will be better able to identify the events!
  - b. Use the arrows to indicate a causal relationship between two text blocks, i.e., "X leads to Y" or "X contributes to Y". The different colours of the arrow indicate the level of the causal relationship. E.g., the dark blue arrows indicate direct relationship (level 1) with three main inflammatory responses whilst the green arrows reflect the relationship of the inflammatory response to the consequence/outcome (level 2).
  - c. Feel free to rotate (and resize arrows on Moodle) if you need to. Use as many or as few arrows as you feel necessary.
2. Once all groups have committed themselves to a final written diagram, one will be presented. If there are differences, these need to be resolved, so that in the end everyone in your group agrees on the final diagram.
3. Once the whole group has agreed on a diagram for slide 2, this now becomes the "class view" of the pathways of inflammation. Compare with the "official" view.

**Terms used in this exercise, and their meaning in this context**

Arteriolar vasodilation	Dilation of arterioles – (arterial vessels of ~100um diameter or less) that results in increased blood flow into tissues. Vasodilation is induced by the effect of mediators such as histamine on vascular smooth muscle
Exudation	The movement of protein rich fluid and blood-derived cells from the vascular to extravascular compartment where it forms an exudate
Heat	A clinical feature of acute inflammation
Hyperaemia	An increased amount of blood within the vascular compartment within a tissue, for whatever reason
Increased permeability of venules	Refers to permeability to large molecular weight proteins such as fibrinogen in plasma. Similar changes can be seen in capillaries. Increased vascular permeability involves retraction of endothelial cells induced by chemical mediators, and in some cases endothelial injury.
Leukocyte attraction	Refers to movement of white cells along chemical gradients (chemotaxis) towards an offending agent and/or tissue damage site, and includes changes in blood flow and adhesion to vessel walls.) Both exogenous (e.g. bacterial products) and endogenous substances (e.g. chemokines secreted by macrophages and other cells) can act as chemoattractants.
Leukocyte migration	The movement of white cells across the wall of blood vessels, from vascular to extravascular compartments (i.e. transmigration)
Loss of function	Loss of function during inflammation is a result of the combined effects of vascular and cellular responses to tissue injury. These factors can significantly impact the normal functioning of affected tissues and organs. This consequence reiterates the importance of resolving inflammation effectively to restore function
Pain	A cardinal sign of acute inflammation
Phagocytosis	Ingestion of particles by cells, and in the context of inflammation relevant mostly to neutrophils and macrophages.) Sequentially, the phagocytic cells must recognize the microbe or dead cell particle, attach to it, engulf it, and kill or degrade it.
Redness	A cardinal sign of acute inflammation, also referred to as erythema
Suppuration	The formation of pus, a fluid that consists predominantly of neutrophils, necrotic cell debris and proteinaceous exudate. Bacteria are the most frequent cause of suppurative, a.k.a. purulent inflammation. The causative pathogens are often present in the pus.
Swelling	A cardinal sign of acute inflammation
Tissue injury	Any injury to tissue, but in this context let's think of the injury to Ryan's knee.
Vascular stasis	The slowing or cessation of the rate of blood flow. In inflammation this occurs predominantly within the microcirculation (capillaries, venules, etc.) and appears histologically as vascular congestion ('engorgement'), allowing leukocytes to accumulate along the endothelium before migrating through the vascular wall into the interstitial space

**Task B: Review Components of the Inflammatory Response**

Remaining in the previous group, students continue delving into the inflammation map, focusing now specifically to the vascular and cellular responses of inflammation and the chemical mediators that are responsible.

**Activity 2 - *Cardinal Signs of Inflammation and Resolution (Using Microsoft CoPilot)***

Using Microsoft CoPilot, generate a 100-word summary of the journal article on Cardinal Signs of Inflammation and Resolution.

- Go to <https://m365.cloud.microsoft/chat>.
- Put in the link to the journal article (<https://www.nature.com/articles/nri.2015.4>) and request it to summarise it for your understanding.
- Keep this understanding in mind as you discuss the three case-studies next.

**Activity 3 - *Discussion of the helpful and harmful effects of inflammation on the body***

Working in groups of three, read through the following three medical cases and evaluate if the inflammatory process is helpful or harmful for the patient.

After making your choice (in the “Helpful or Harmful?” column), make notes in the “Initial Thoughts” section to support your decision. After discussion with your scenario group, you will review your answers and make any additions or corrections to the “Conclusion” section if necessary.

**Case #1:** A 28-year-old male was out bushwalking in the Blue Mountains when he slipped and twisted his ankle awkwardly. Soon after his ankle was swollen and painful and he could feel it was quite warm to touch compared to his foot or leg.

**Describe why his ankle was swollen. List five inflammatory mediators either released from the cells or circulating in the plasma. Explain the mechanisms of each of these mediators. Describe why his ankle is painful? List three substances that induce pain during inflammation.**

**Case #2:** A 44-year-old male was rushed to the hospital suffering from severe abdominal pain that started near his belly button and then moved to the right side. After being examined by the doctor, it was concluded that he had acute appendicitis and was rushed to have laparoscopic surgery to remove his appendix.

**What is appendicitis and the clinical features associated with it? What is the McBurney's point and its relevance?**

**Case #3:** A 60-year-old female recently has been experiencing swollen and painful joints. She still manages to exercise regularly, but she is limited in her choice of activities as she tries to minimise the impact on her joints. In a recent blood test, she was found to have an elevated concentration of antibodies associated with Rheumatoid Arthritis.

**What is rheumatoid arthritis? Explain the mechanism behind the swelling and pain she is experiencing. Is rheumatoid arthritis an acute or chronic condition? Explain tests that can be used for diagnosing rheumatoid arthritis.**

Case #	Helpful or Harmful?	Initial Thoughts	Conclusion
Case #1			
Case #2			
Case #3			

**Activity 4 – Quiz each other**

In pairs, write one single best answer question on benefits vs harms of inflammation using content covered through this SG.

Keep the following concepts in mind:

- a. Compare the features of beneficial inflammation vs harmful inflammation. Can you identify some distinguishing factors?
- b. Which features of inflammation require intervention?
- c. What promotes or hinders resolution of inflammatory response?

At the end, quiz the other pairs with your question.

***Reminder:***

Prepare to deliver your group project presentations to your peers during SGS-10, next week.

## Scenario Group Session 9: Wound Healing and Repair

### Aims

- Review the pathological processes in tissues' response to injury.
- Gain an understanding of the written EOC examination.

### Key Concepts

- Basic science of inflammation
- Examination structure and question types

### Activities

1. Inflammation, Repair, and Immunity
2. Risk factors for impaired wound healing exercise
2. Review end of course exam structure
4. Preparation for SGS12

### Activity 1: Inflammation, Repair and Immunity

In this activity you will review the stages of inflammation. You will work in groups of 2-3. Read through the scenario – a child with a grazed knee – and complete the table on the next page. Your facilitator will allocate one of the stages of wound healing to your group for you to draw this up on the white board. You will then explain your diagram to your peers.

### The Grazed Knee

Imagine you are 8 years old again. You fall over in the school playground and graze your knee. It starts to bleed. Try to remember what the injury looked like, and felt like, and how it changed in appearance over the next few weeks (macroscopic changes). As well, now use the new understanding of the process of inflammation you have gained in this course to describe the underlying changes that are occurring at the level of cells and tissues as the wound heals (microscopic changes).

Time	Stage	Macroscopic changes (what do you see and feel?)	Microscopic changes (what is happening under the microscope?)
<b>10.40 am</b> (0.0 hrs.)	<b>Injured tissue</b>		
<b>10.45 am</b> (0.05 hrs.) You wash your knee with running water, and dab at the blood with your handkerchief.			
<b>4.40 pm</b> <b>(6 hrs.)</b> In trouble: Mum has noticed you have an oozing crusty sore on your knee.			
<b>5 days later</b> A scab has now been in place for several days. It is dry and crusty and seems to be lifting at the edges.			
<b>10 days later</b> Still a bit pink			

**Activity 2 - Risk factors for impaired wound healing exercise**

Divide the SG into 4 groups. Each group should briefly research and discuss how the following factors impair wound healing (5 minutes), then report back to the whole class to give a short presentation (5 minutes per group) using their method of choice (e.g. oral, ppt, whiteboard) explaining the mechanisms involved.

- Group 1: Infection
- Group 2: Aging
- Group 3: Diabetes
- Group 4: Smoking

**Activity 3: Structure of the End of course exam****WRITTEN EXAMINATIONS****Short Answer Questions**

Short answer questions (SAQs) are designed to test your knowledge covering a greater proportion of the content of a course than is possible with an essay. It is also easier to achieve reliable (consistent) marking between different examiners (using standard answers and marking schedules) than is possible with essay style questions.

The marks for answers to each question are usually clearly indicated. Ensure you distribute your time effectively between the questions according to the marks.

Read through all the short answer questions in the paper first. Answer the questions that you are confident about first but do not go over the allocated time.

- The question is usually presented with a brief scenario followed by a series of related sub-questions.
- Identify the key content words and task or clue words in each question (see accompanying descriptions of common task words).
- Draft your answer ensuring that the answer is organised according to the key content words. It is essential that your answer follows the structure of the question.
- Try using a short point format rather than a long hand style. It saves time and is easier for the examiner to read and identify the key points in your answer.

There is little point including irrelevant material in your answer even if it is correct. Your answer should be focussed.

**Multiple Choice Questions**

Objective, multiple choice questions (MCQ) test recall and/or application of knowledge. There are two commonly used formats:

- **Type A or single-best-answer questions.** These questions typically include a stem, lead-in question and up to 5 options. The options include the correct answer and distractors. The distractors may not be totally false answers – each option may contain an element of truth, but one option will be the most correct answer based on the information provided in the stem.
- **Type R or extended-matching item questions.** These questions differ from type A questions in that the number of options is typically greater than 5. There is also a series of questions which reflect a common theme covered by the options.

The stem in either type of question may take many forms. It may be a statement or question. It could also be a brief case description, a set of results, an electrocardiogram strip, or even a photograph.

Calculate the time allowed for answering the multiple-choice section of the exam; do not exceed this time.

**How to Answer Multiple-choice Questions**

In general:

- Identify the key content words in the stem and options.
- Identify the qualifier in the lead-in (e.g. “most common”, “most correct”).
- Try to answer the question first without looking at the options.

- Identify which options are definitely not correct.
- Identify which options are correct.
- Identify which of the correct options is the best one.

In addition:

- Read all questions through before attempting to answer any.
- You should work through the bank of questions three times:
  - First time through - answer those questions that you are confident about; place a '?' beside those you are not quite sure of; and place an 'X' beside those you don't know.
  - Second time through - work through only those questions with a '?' beside them; you may find that answering the questions you are sure of first has triggered your memory on these.
  - Third time through - work through those questions with an 'X' beside them; do not spend too much time on any one question; if you still do not know the answers, take an 'educated guess'.

A third, less commonly used, format is the Assertion-Reason type question. These questions consist of a sentence with two main parts: an assertion and a reason for that assertion. You are directed to select A if both are true statements and the reason is a correct explanation of the assertion; B if both are true statements but the reason is not a correct explanation of the assertion; C if the assertion is true but the reason is a false statement; D if the assertion is false but the reason is a true statement; E if both assertion and reason are false statements.

### **Task Words in Short Answer and Extended Response Questions**

#### **Testing Knowledge**

**Classify:** organise items into groups that share traits.

**Describe:** give a detailed account in narrative form.

**Enumerate/List:** list or outline by recounting, one by one, in concise form, the points required.

**Outline:** provide an organised description; give the main features or general principles of a subject, omitting minor details and emphasising structure and arrangement.

**Summarise:** give a clear, short description, explanation or account, presenting the chief factors and omitting minor details and examples.

#### **Testing Comprehension**

**Compare:** similarities and associations should be stressed; differences may be mentioned.

**Contrast:** distinguish between items being compared by focusing on differences.

**Define:** give the exact meaning of a word or phrase; state the essential quality or meaning; give the common idea.

**Explain:** give details about how and why something is so; make the meaning of something clear, often by making analogies or giving examples.

**State:** present in a brief, clear way; explain clearly, simply, and concisely, being sure that each word gives the image you want.

#### **Testing Application**

**Illustrate:** make clear and explicit using carefully chosen examples, figures and diagrams.

**Demonstrate:** show how a concept or thing can be used.

**Predict:** propose future developments based on theories or past and current information.

#### **Testing Analysis**

**Analyse:** break into parts and discuss each part separately.

**Discuss:** explain, and present pros and cons of the issue and any implications; answer in a complete and detailed way, usually by connecting ideas to examples.

**Relate:** emphasise connections and associations in a descriptive way.

**Distinguish/Differentiate:** emphasise differences in a descriptive way.

#### **Testing Synthesis**

**Formulate:** create something new using the learned concepts. Similar to "design", "develop", "compose" and "construct".

**Interpret:** explain your view of facts and ideas and how they relate to one another.

**Testing Evaluation**

**Criticise:** make a judgement backed by a reasoned discussion of the evidence involved, describe the merit of theories or opinions or the truth of assertions.

**Justify:** give reasons for a point of view, decisions or conclusions, and mention any main objections or arguments against.

**Prove:** use evidence and logical argument to show that something is true, usually by showing cause and effect or giving examples that fit the idea to be proven.

**Evaluate/Assess:** make an appraisal of the worth / validity / effectiveness of something (but not so that it is just your personal opinion) and give evidence from course materials.

**Review:** provide an overview of ideas and establish their merits and features.

**Activity 3 - Preparation for SGS-12**

View the Acute Inflammation concept map made available via Moodle:

<https://moodle.telt.unsw.edu.au/mod/book/view.php?id=7235323&chapterid=489318>

Where in the inflammation pathway do the following agent(s) act?

1. Ibuprofen (NSAIDs)
2. Corticosteroids
3. Ice, compression, and elevation (ICE)

## Scenario Group Session 10: Group Project Presentations

In this session each of the project groups will be expected to present their findings. There will also be a discussion of the project and each member of the team must be prepared to respond to questions from your peers and the facilitator. In describing the work of your group, you must refer to notes taken on group activity during your meetings.

At the end of the SGS you will be asked to assess your own work, and that of your peers, in terms of contributions made to the working of the group.

There will be an opportunity for you to provide peer feedback on teamwork in a confidential manner providing evidence of achievement in the teamwork capability in the other courses.

### Aims

- Plan, organise and prepare an effective presentation.
- Explain your project clearly and succinctly to an audience of your peers.
- Demonstrates a sound understanding of the selected topic.
- Communicate through oral presentations using visual, verbal, and written information.
- Analyse, critique and reflect on your findings.
- Demonstrate developing teamwork skills (see teamwork graduate capability areas) and reflect on teamwork development.

### Key Concepts

- Present your group project.
- Give and receive feedback on your presentation.
- Give and receive feedback on your group activities.

### Activities

- |    |   |
|----|---|
| 1. | Project presentations and feedback  |
| 2. | Review teamwork and team feedback – Collaborative Learning Development Exercise (CLeD-EX) |

### Activity 1 – Group project presentations

Recommended timing for presentations: 10-15 minutes presentation; 5-10 minutes questions; 5 min for completion of feedback forms.

**Reminder: GROUP PROJECT REPORTS are due at 9am on Monday, Week 7. Use the feedback from the presentation today to make any last changes.**

## Group Project Presentation Feedback Form

<b>Project title:</b>		
<b>Scenario Group:</b>	<b>Date:</b>	<b>Time:</b>
<b>Project Group members:</b>		

Criteria	Grade (P-, P, P+)	Comments
<b>EXPLANATION OF PROJECT</b> Project aim, methods and findings were clearly explained and understood; Findings are based on the evidence available; Methodology is appropriate and adequate for the task.		
<b>UNDERSTANDING</b> Project team appeared to have a good understanding of the topic; Project has an introduction and conclusion; Able to answer audience questions.		
<b>PRESENTATION</b> Oral presentation was clear, well-structured and easily understood; Presentation demonstrated consistency in style, e.g. <i>PowerPoint slides</i> ; Timing was controlled so that most aspects were covered; Audio visual aids or handouts were clear, well structured, and easy to read		
<b>STIMULATING LEARNING</b> Presentation was interesting and engaging; Significant issues and unanswered questions were highlighted; I learned a lot from this presentation; This presentation stimulated me to find out more about the topic.		
<b>TEAMWORK</b> The transition from one speaker to the other went smoothly; Team members demonstrated support for the speaker; <i>i.e. not talking amongst themselves when a group member was presenting</i> ; Presenters have minimal overlap in their presentations; The group engaged the audience and demonstrated team unity		

**Did the group meet the assessment criteria for the group project adequately (i.e. a Pass level)? Yes / No**

**Please add specific comments (more space overleaf):**

P- represents a relatively poor and/or incomplete performance, in terms of the assessment criteria  
 P represents a performance that achieves most of the stated criteria, in a reasonably effective manner  
 P+ means that all the criteria were attained, and that they were done in a way that demonstrated a clear understanding of and mastery of the topic. Full definitions at: <http://medprogram.med.unsw.edu.au/assessment#tab-303400201>

**Activity 2 - Review teamwork and team feedback**

You will need to assess both your own work, and that of your colleagues, in terms of contributions made to the working of the group. This is what you will be asked to do in projects in future courses. eMed:Feedback is an online system that will be used as a source of evidence of achievement in the teamwork capability.

**The Collaborative Learning Development Exercise (CLeD-EX) in group project context: Peer- evaluation**

Allocate two project group members to evaluate your behaviours during the group project work e.g. your behaviours during project meetings. You can choose to complete this activity together and discuss the evaluations.

**Instructions for each Project Group:**

- You should use CLeD-EX for your teamwork evaluation for Foundations group project.
- Complete the self and peer evaluation during your work on group project. Discuss each of the group members' feedback and action plans during your group meetings prior to final submission.
- As a group, draft a teamwork evaluation for Foundations.
- Use these individual reflections and action plans to reflect on your teamwork for writing up the formal Teamwork reflection of your Foundations group project (500 words).
- Remember to append all the group's action plans as an appendix to your group project submission.

**CLeD-EX Instructions for Student:**

- In Part 1 of the CLeD-EX form, please self-evaluate your collaborative learning behaviours during the group work, using the rating scale provided. This is a formative exercise, please be realistic in your rating.
- After completing your section, please arrange a 5 to 10-minute meeting with two peers in your group project.
- Your peers may choose to complete their evaluation and feedback in the same session, or they may want to keep the form, complete their evaluation for you and provide you with feedback later (e.g., by email). Please discuss with your peers about their preference. This feedback should be summarised in the CLeD-Ex Part 2 section.
- Please listen to/review the feedback that is provided and take notes. You should discuss this with your peers and develop an action plan to further improve your collaborative skills. This then goes into Part 3 below. Please reflect on the feedback that was provided to you; you can discuss the issues that were raised, and your personal action plan to improve your collaborative learning.
- This evaluation and the action plans devised should be used as part of your group project teamwork evaluation in Foundations.

**CLeD-EX Instructions for Peer Assessors:**

- The CLeD-EX is a formative assessment instrument focussing on the collaborative behaviours that promote learning in small groups.
- You should complete the CLeD-EX for your peer after a period of working with your fellow students on the Foundations group project.
- Please rate your peer's performance on each behaviour using the scale provided.
- After the rating, please provide feedback to them.
- This feedback may help your peer to identify their strengths in collaborative learning, areas that can be improved, and to assist in developing an action plan to further improve skills in collaborative learning.
- You have the option of rating your peer and providing feedback in a single session or you may choose to complete the peer rating and then later discuss the feedback with your peer.
- Please sign the completed form and return to your peer. They will then reflect on the rating and feedback received.
- This evaluation and the action plan devised will be used as part of your group project teamwork evaluation for Foundations.

## Part 1: Self-Evaluation

<b>Assessor:</b> Self	<b>Name:</b>	<b>z no.</b>	
	<b>Signature:</b>	<b>Date:</b>	
<b>Learning setting</b> <i>(Circle appropriate course)</i>	<b>Foundations (group project)</b>		

Please tick (v)

<b>Collaborative behaviour during scenario group learning</b>	Never	Rarely	Often	Always	<b>Unable to assess Please comment</b>
I am well-prepared for the project meetings					
I am willing to work and I am engaged in group learning activities and project meetings					
I am involved in discussion and debate on different ideas					
I listen to others' points of view					
I share information with group members and voice my opinions					
I reflect on the feedback I receive and respond appropriately					
I find that working together with my peers in group projects enhances the quality of my learning					

Overall, I am confident that my skills in collaborative learning are well developed	No	Yes
Overall, I consider that my group is working well together	No	Yes

**<<< Contact 2 peer assessors from your group to arrange a meeting time for Part 2 (see next page) >>>**

**Part 2: Peer (1) Evaluation for \_\_\_\_\_ (student name)**

<b>Assessor</b>	Peer 1
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<b>Learning setting</b> <i>(Circle appropriate course)</i>	<b>Foundations (group project)</b>
---	------------------------------------

Please tick (v)

<b>Collaborative behaviour during scenario group learning</b>	Never	Rarely	Often	Always	<b>Unable to assess Please comment</b>
This student is well-prepared for project meetings					
This student is willing to work and is engaged in group learning activities and project meetings					
This student is involved in discussion and debate on different ideas					
This student listens to others' points of view					
This student shares information with group members and voices his/her opinions					
This student reflects on the feedback they receive and responds appropriately					
This student's contribution enhances the quality and learning within the group					

Overall, this student's skills in collaborative learning are well developed	No	Yes
Overall, I consider that this group is working well together	No	Yes

**Feedback to the student:**

<b>Positive aspects of collaboration</b>	<b>Areas that can be improved</b>

Assessor Signature:.....

z.no: .....

Print Name:.....

Date:.....

**Part 2: Peer (2) Evaluation for \_\_\_\_\_ (student name)**

<b>Assessor</b>	<b>Peer 2</b>
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<b>Learning setting</b> <i>(Circle appropriate course)</i>	<b>Foundations (group project)</b>
---	------------------------------------

**Please tick (v)**

<b>Collaborative behaviour during scenario group learning</b>	<b>Never</b>	<b>Rarely</b>	<b>Often</b>	<b>Always</b>	<b>Unable to assess Please comment</b>
This student is well-prepared for project meetings					
This student is willing to work and is engaged in group learning activities and project meetings					
This student is involved in discussion and debate on different ideas					
This student listens to others' points of view					
This student shares information with group members and voices his/her opinions					
This student reflects on the feedback they receive and responds appropriately					
This student's contribution enhances the quality and learning within the group					

Overall, this student's skills in collaborative learning are well developed	No	Yes
Overall, I consider that this group is working well together	No	Yes

**Feedback to the student:**

<b>Positive aspects of collaboration</b>	<b>Areas that can be improved</b>

Assessor Signature:.....  
z.no: .....Print Name:.....  
Date:.....

### Part 3: Student Reflection

**(To be completed by the student after discussion with the peer assessors)**

*Issues which were raised in this exercise that need to be addressed (to improve my collaborative learning behaviours):*

#### *Action plan for improvement (including timeframe):*

<b>Assessor:</b> Self	<b>Name:</b>	<b>z no.</b>
	<b>Signature:</b>	<b>Date:</b>
<b>Learning setting</b> <i>(Circle appropriate course)</i>	<b>Foundations</b> (group project)	

**Discuss and compile this feedback and your action plan as part of your teamwork evaluation.**



## Scenario Group Session 11: Introduction to Skin

In this session you will build upon what you have learned about skin and inflammation. You will revise (from Clinical Skills) the process of clinical description of skin. You will relate underlying pathology to skin injury and explore preventive activities.

### Aims

- Understands the barrier and other key functions of skin
- Applies the professional clinical terminology to describe skin lesions
- Uses first principles to match a skin image to a case study
- Identify the benefits and harms of sun exposure
- Review Foundations anatomy lectures in a Jeopardy game

### Activities

1. Barrier Functions of Skin
2. Clinical dermatological terminology revision
2. Matching dermatological images to diseases
3. Benefits and harms of sun exposure
4. Anatomy revision – game of jeopardy

### Activity 1 - Barrier functions of skin

In small groups, discuss the following questions:

1. What mediates the barrier function of the skin? What does intact skin keep out and what does it keep in? What structures within skin mediate these functions?
2. How can the barrier function be breached?
3. What functions does the skin have apart from as a barrier?

### Activity 2 – Clinical dermatological terminology revision

Take a few minutes to recap the important elements of your lectures and clinical skills sessions on the skin. What did you understand about how a clinician approaches looking at the skin? Note these here:

The important descriptive elements of the skin clinically are:

**Activity 3: Clinical Pictures - common skin diseases (40 mins)**

In pairs or small groups, review the pictures provided and:

- Describe what you see in the picture
- Study ALL case scenarios
- Select which case description best fits your photograph
- Prepare the reasons for your choice to report back to the wider group

**CASE HISTORIES****Case A**

JW noticed this rash about a week ago. It started as a thin blister which was itchy and seemed to grow quite rapidly. After a few days it became redder then formed a scaly crust. In the past few days the lesions have dried up. He has not had this type of rash before. JW lives in a caravan park near the coast.

**Case B**

DC noticed this rash about a week ago. It started as a small area of itching and gradually spread to the area shown. It is still itchy and now has dry scaling on the surface. It has become redder especially if the skin is rubbed or scratched. A scaling rash occurred last spring noted mostly in the elbow creases. DC had asthma when younger.

**Case C**

MJ noticed this rash about two weeks ago. It started as scaling. After some time, the scales gradually started to flake off. Bright pink spots developed which had a loose scale on the surface. MJ's mother has a similar rash on her elbows. MJ also mentions a small patch of scaling "dandruff" in the scalp.

**Case D**

PK has had this rash for some time, but it is gradually getting worse. There appear to be a number of red areas and some apparent pus formation in a few. There are some lumps or nodules noted in the skin of the shoulders. This rash has not gone away since it appeared.

**Case E**

LS noticed this rash some time ago. It has been developing slowly and forming more scales. It is not itchy but does get redder after some time in the sun. The scale is quite firm when it forms. From time to time some of the scales fall off. LS works as a gardener. The rash is only on the arms and face.

***Pathology 1***

Other examples of Pathology 1:



***Pathology 2******Pathology 3***

**Pathology 4**

Other examples of Pathology 4:



***Pathology 5***

**Activity 4. Benefits and harms of sun exposure****What are the benefits and risks of sun exposure to humans?****POSITIVES:****NEGATIVES:****What are the current sun-safe recommendations?****Activity 5 - A game of Jeopardy**

In teams of 4-5 students, you will play a game of jeopardy with your facilitator as the game host. In the game, there are four rounds each worth different points. Follow the instructions on the PowerPoint and have fun as you review the anatomy content covered in this course.

**REMINDER for SGS-12**

Remember the medical interventions in acute inflammation investigations – you were assigned one of either Ibuprofen (NSAIDs), corticosteroids, or ice, compression, and elevation (ICE). Come prepared to explain your selected intervention to your peers.

Bring along your notebooks, tablet, or smartphones to the next SG where you will be asked to formally evaluate this course and us by providing feedback via the myExperience survey. This will be done online.

Have a go at the [Foundations QMP Quiz](#) Bring any questions along to the next SG or post them in the QMP forum.

**Remember:** Completed Group Project reports to be submitted in eMed, in Turnitin (via Moodle), and emailed to your facilitator next week – due by 9am, Monday 31<sup>st</sup> March 2025.

## Scenario Group Session 12: Medical Interventions and Group Project review

In this session you will consolidate some of your learning in inflammation by applying your knowledge to specific methods for counteracting the unwanted effects of inflammation.

There will also be feedback and discussion of the group project. Facilitators will discuss the relative strengths and weaknesses of your projects. You are encouraged to reflect on your experience in the group project and consider what, how, and why you approached this group project in the way you did, and how you plan to approach the BGDA group project.

You can also review your group work skills. It is also a chance for you to reflect on what you have learned and what you need to learn in the future.

### Aims

This session aims to provide students with an understanding of anti-inflammatory strategies, encompassing the description of their site of action (including Ibuprofen/NSAIDs, corticosteroids, and ice, elevation, and compression) and the mechanisms of action underlying these anti-inflammatory strategies. Students will also work on their reflective skills.

### Learning Outcomes

By the end of this SG, you should be able to:

- Describe the site of action of anti-inflammatory strategies (Ibuprofen/NSAIDs, corticosteroids, and ice, elevation, and compression; use an appropriate diagram if needed)
- Explain the mechanism of action of the anti-inflammatory strategies, in terms of the pathophysiology of inflammation
- Reflect on feedback from your group project, and consider your learnings from this experience, create list of concepts/approaches/ideas/strengths/weaknesses to consider for your next group project

### Key Concepts

- Review medical or physical interventions in the inflammation pathway
- Receive feedback on your group project
- Discuss aspects of the assessment for this course and the program.

### Activities

1.	myExperience evaluations
2.	Review Inflammation Map
3.	Medical Interventions in Acute Inflammation
4.	Review Group Projects and Feedback on SG Dynamics

### Activity 1 - myExperience Evaluation

Please evaluate this course and provide us with feedback. This will be done online via your Moodle course site.

We value your input and perspective as students, and your feedback plays a crucial role in enhancing the overall learning experience. By sharing your thoughts, you contribute to the ongoing improvement of the course, helping us understand what works well and where we can adjust the delivery of the course. Your insights are invaluable in shaping future iterations, ensuring that the content, structure, and delivery align with your needs and expectations. **We appreciate your time and honesty, so please take a moment to complete the myExperience feedback survey. Please ensure your feedback is kind, constructive, and reflects your personal experience of the course.** Together, we can create an even better learning environment for all future students.

**Activity 2 - Review Inflammation Map from SGS-8**

Recap the inflammation map that you put together in SGS-8. This map will be useful for understanding the mechanism of action of the various interventions used for inflammation.

**Activity 2 - Medical interventions in acute inflammation**

Inflammation typically results in several clinical consequences, including pain and swelling, which can be disabling. In SGS-10, you were assigned one of three methods for counteracting the unwanted effects of inflammation and asked to find out (in simple terms) the mechanism of action of that measure or intervention. The measures were:

1. Ibuprofen (NSAIDs)
2. Corticosteroids
3. Ice, compression, and elevation (ICE)

Form into small groups so that each group contains a person who has studied one of the above measures.

**Task 1: Site of action and mechanism of action in inflammation interventions**

Use your knowledge of inflammatory mediators, the physiology of the microcirculation, and relevant pharmacology to:

- Describe to your colleagues exactly where (site of action) in the diagram of inflammation your measure or intervention is acting
- Explain to them how your measure might work (mechanism of action), in terms of the pathophysiology of inflammation. If you are wondering, pathophysiology means something like “changes in the way things work in diseased tissues or organisms”.

Once the small groups have completed their work, discuss the findings with the whole group.

**Task 2: Inflammation in specific conditions**

Break into groups of four. Each group should:

1. Choose one of the following conditions:
  - a. Cardiovascular disease
  - b. Respiratory – Asthma/Influenza
  - c. Obesity
  - d. Depression
2. Discuss the pathophysiology of inflammation in the chosen condition and identify the specific anti-inflammatory interventions most appropriate for the condition.
3. Discuss the sites of action and mechanisms of these interventions using the pathophysiology map.
4. Present the key points from your discussion with the other groups.

**Task 3: Context of intervention within different types of inflammation**

Think of at least three reasons why it may not (at least in some cases) be a good idea to use measures that reduce inflammation.

**Activity 4 - Review Group Projects and Feedback on SG Dynamics**

Your facilitator will initiate a group discussion on your projects, including linking to graduate capabilities. This is an opportunity to share and reflect and consider changes for next time.

## Scenario Group Session 13: Cultural Determinants of Health

In this week's SG yarning circle session, you will have the opportunity to engage with an investigation into the failure of health systems and medical care taking place in remote Australian communities which resulted in multiple preventable deaths. You will apply your developing knowledge to extend your understanding of the impact of colonisation on Aboriginal and/or Torres Strait Islander health and wellbeing, the social and cultural determinants of health and the impact of racism on clinicians' behaviour, cognition, and decision-making, which might be influenced and fuelled by implicit racial biases and explicit racial stereotypes and contribute to Aboriginal and Torres Strait Islander health inequities. You will also apply reflective practice to consider how you will mitigate your own potential biased or address systemic racism in the health system in your future role as a doctor.

Research shows that the interpersonal attitudes and behaviours of non-Indigenous health providers, both conscious and unconscious, are also known to contribute to disparities in treatment, impairment of communication between health providers and patients, and consequently, patients' mistrust of the health system due to negative past experiences (Quigley et al. 2020).

### Aims / Learning Outcomes

- Identify and explain the significance of cultural determinants of health.
- Summarise how culture influences health beliefs, behaviours, and healthcare outcomes.
- Apply the concept of culture to analyse personal beliefs and values.
- Demonstrate an understanding of privilege and unconscious bias.

### Key Concepts

- Cultural determinants of health
- Unconscious bias and racism
- Impacts of colonisation

### Activities

1.	Welcome, Acknowledgment of Country, Introduction to Yarning Circles, Trigger Warning
2.	Watch "Heart Failure An investigation into the hidden and shameful failure in public health taking place in remote Australian communities. Incompetent and inexcusable medical care resulted in multiple preventable deaths"
3.	Yarning about determinants of health

### Activity 1 – Welcome, Acknowledgment of Country, Introduction to Yarning Circle, Trigger Warning

This lesson will cover topics related to Indigenous health, racism, colonisation, and historical and ongoing trauma. These subjects may be distressing or triggering for some students, particularly for Aboriginal and/or Torres Strait Islander peoples who have a lived experience of these issues, as well as for non-Indigenous students who may find the content emotionally challenging. We acknowledge the ongoing impacts of colonisation and systemic racism on Indigenous communities and recognise that these discussions can bring up strong emotions. Please take care of yourself during this lesson. If at any point you need to step away, take a break, or seek support, please do so. Resources and support services are available for anyone who may need them, and we encourage you to reach out if you need assistance. Let's approach this discussion with respect, empathy, and a commitment to learning and understanding.

Aboriginal and Torres Strait Islander peoples are advised that the video showed during this lesson may contain images, voices and videos of deceased persons.

Yarning circles offer unique opportunities for you to immerse yourself in Indigenous ways of being, knowing, and doing. In this SGS you will interact with Aboriginal and/or Torres Strait Islander and non-Indigenous academics to have two ways of knowing yarn about a specific topic. This presents a rich learning experience that is both engaging and enlightening.

Yarning circles, an Indigenous cultural form of conversation, aim to:

- encourage responsible, respectful, honest participant interactions, building trusting relationships.
- foster accountability and provide a safe place to be heard and to respond.
- promote student-student interactions and student, Aboriginal and/or Torres Strait Islander connectedness, along with two ways knowing with non-Indigenous academics.
- Enrich learning experiences for students and create a common ground for truth-telling while developing their knowledge and skills for cultural practice, humility and capabilities.

The format of this Scenario Group Session (SGS) utilises a yarning circle that is designed to provide an immersive and reflective learning experience. It will start with a short introduction contextualising and focusing on the yarning circle purpose and topic/s followed by the opportunity for more intimate and in-depth discussions.

Aboriginal and/or Torres Strait Islander peoples and non-Indigenous academics are essential for the SG's that employ yarning circles. Firstly, it provides the opportunity to ground Aboriginal and/or Torres Strait Islander perspectives using their use the narrative storytelling medium about their lived experiences to share their cultural and academic knowledge, and a level of cultural security for Indigenous students in the SG.

Cultural knowledge, which includes understanding historical oppression, marginalisation, and discrepancies in power, serves as a bridge, connecting the community members and students through the shared tradition of storytelling. Their unique perspective and lived experiences provide a rich learning opportunity for the students.

Secondly, it not only provides opportunity for two ways knowing of a topic, with the inclusion of a non-Indigenous academic but also role modelling to non-Indigenous students in regards to engaging in reflective practice to counter potential existing biases and assumptions.

Students are not just passive participants in these yarning circles. They play a crucial role in shaping the discussion, posing questions to the panel, and exploring the various aspects of the topic/s. Their active involvement is not just encouraged but essential, as it stimulates deeper learning and reinforces connections to other learning experiences, empowering them in their learning journey.

***Activity 2 – Watch Heart Failure: An investigation into the hidden and shameful failure in public health taking place in remote Australian communities. Incompetent and inexcusable medical care resulted in multiple preventable deaths.***

***Activity 3 – Yarning about determinants of health***

## Assessment overview

The overall aim of the Foundations course is to allow you to become familiar with the learning environments of the Medicine program. Assessment is an important part of the learning environment; for this reason, you will be required to attempt all the formal and informal assessment tasks that you are likely to meet subsequently in Phase 1.

The broad goals of assessment in the Foundations course are to:

- make explicit the graduate capabilities, and the way that they underpin assessment throughout the Medicine program;
- allow you to experience, and reflect on, the types of assessment you will be getting in subsequent courses (i.e., an individual assignment, a group project, various self and peer feedback of teamwork and project presentations, an online formative exam, and an end-of-course written exam); and

As part of the work in the Foundations course, you will be required to complete a range of both formal and informal assessment tasks, as set out below.

### *Formal tasks*

<b>Individual assignment</b>	You can select one of three topics for your individual assignment. Each topic comes with a brief to guide you on the context and direction for your literature review and writing. Remember, the Foundations assignment focuses on the process of critically appraising a topic.
<b>Group project</b>	For your group project, you will work in teams of 5 to 6 to create both a project presentation and a written report. You can choose from four topics to explore and study. The assessment will include a formal evaluation of peer contributions and the written report.
<b>End-of-course examination</b>	A formal examination that will be held in the last week of the course. The examination will include short answer and objective (multiple choice) questions. It will closely resemble the end of course examinations that will be held in subsequent courses during Phase 1.

### *Informal and on-line tasks*

<b>Online formative feedback assessment</b>	Largely objective type questions designed to give you feedback on the scope and depth of factual knowledge you have acquired. The formative examinations will be available online – you will be able to attempt the exams as many times as you wish. Your score will not formally contribute to your course grades, but <b>you must complete all weekly quizzes to be eligible to sit the EOC Exam.</b>
<b>Oral presentations</b>	You will be asked to present orally, both individually and in groups.
<b>Self and peer feedback tasks</b>	You will be asked to both provide and receive peer feedback regarding a range of activities performed in the course, including oral presentations, peer teaching activities and written reports.

In doing these assessments you will become familiar with the types of assessment used in Phase 1 and you will gain feedback on how you are performing in the course, both in relation to your peers and in relation to the expectations of the Faculty. However, no assessment in the Foundations course will contribute to your pass/fail status in the rest of Phase 1.

You will be required to attend small group teaching sessions as outlined in the Program guide. You will also be required to participate in all assessment tasks. Failure to fulfil either of these obligations may result in failure in the course as a whole.

### Course Result

Students will be awarded a Satisfactory or Unsatisfactory grade for this course. To perform satisfactorily in this course, students must satisfactorily complete all assigned tasks, meet the attendance requirements, and pass the End of Course examination. A numerical result from the course examination will be reported separately in eMed.

### Academic honesty and plagiarism

Students should be familiar with the UNSW Student Conduct Policy and the policies relating to code of conduct particularly relating to academic misconduct and plagiarism: <https://student.unsw.edu.au/conduct>

The Faculty of Medicine and Health regards the maintenance of academic integrity by staff and students as a matter of the highest priority. The Faculty participates in the University's use of the similarity detection software Turnitin (see <http://www.turnitin.com>). Students' submitted work will be compared to other items in the eMed system, to material on the Internet, electronic publications, and to items in the Turnitin database.

You can check your own assignments and projects against Turnitin before you submit it to eMed Portfolio by using the Turnitin check link in the Foundations Moodle module located under the "Assessment Activities and Information" section. Please note that each work can only be checked once before your final submission.

The Academic Skills website is main repository for resources for staff and students on plagiarism and academic honesty. These resources are located at: <https://student.unsw.edu.au/plagiarism>. As part of this course, you have been introduced to the Academic Integrity Quest modules from the Academic Skills team. You can review these at any time.

### Useful Resources

UNSW Medicine APA Reference Style guide –

<https://moodle.telt.unsw.edu.au/mod/resource/view.php?id=7235300>

<https://www.student.unsw.edu.au/how-cite-references-apa-style>

UNSW Learning Centre Editing Checklist - <https://student.unsw.edu.au/editing-checklist>

## Due Dates and Submission Instructions

### Assessment Schedule 2024

Week	SGS	Date		Assessment	Task	Checklist
		A and B	C and D			
1	2	19-Feb	20-Feb	Individual assignment	Introduction to individual assignment and guidelines. Select a topic.	<input type="checkbox"/>
				Group project	Introduction to group project and guidelines. Agree on a topic.	<input type="checkbox"/>
2	3	24-Feb	25-Feb	Writing	<b>Write a paragraph as preparation for reflective writing.</b>	<input type="checkbox"/>
3	5	3-Mar	4-Mar	Peer review of Individual assignment	Bring draft of individual assignment to SGS for peer assessment of written report.	<input type="checkbox"/>
				Group project check	Review of progress on group project work.	<input type="checkbox"/>
5		17-Mar – 9am		Individual assignment due	<b>Submission of assignment in eMed and Turnitin.</b> <b>After submission, you must email the submission receipt identifier and assignment to your facilitator.</b>	<input type="checkbox"/>
6	10	24-Mar	25-Mar	Group project presentation due	<b>Presentation of your group project to your SG &amp; Formative Peer Review.</b>	<input type="checkbox"/>
7		31-Mar – 9am		Group project written work due	<b>Submission of Group Project to facilitator</b> and one group member to submit to eMed and Turnitin.	<input type="checkbox"/>
8		EOC exam				

Formative Feedback quizzes will be released **every Friday during Weeks 1-6** of term, during each 'Have You Been Paying Attention' (HYBPA) session.

**Completion of these weekly HYBPA quizzes is a pre-requisite to sit the End of Course Examination.**

## Assignments and Projects offered in Foundations 2025

### *Assignments*

Title	Capabilities
A1: Ethical and Legal Implications of Healthcare Professionals using Social Media in Medical Contexts	<ul style="list-style-type: none"> <li>• Ethics and Legal Responsibilities</li> <li>• Development as a Reflective Practitioner</li> </ul>
A2: Dehydration-induced Body Fluid Imbalance in Vulnerable Groups: Infants, Children, and the Elderly	<ul style="list-style-type: none"> <li>• Using Basic and Clinical Sciences</li> <li>• Patient Assessment and Management</li> </ul>
A3: Effect of Exercise on the Immune System	<ul style="list-style-type: none"> <li>• Using Basic and Clinical Sciences</li> <li>• Patient Assessment and Management</li> </ul>

### *Projects*

Title	Capabilities
P1: The Health Impacts of Climate Change in the Torres Strait Islands	<ul style="list-style-type: none"> <li>• Social and Cultural Aspects of Health and Disease</li> <li>• Effective Communication</li> </ul>
P2: Closing the Gap or Widening the Divide? Australia's Indigenous Health Crisis	<ul style="list-style-type: none"> <li>• Self-Directed Learning and Critical Evaluation</li> <li>• Social and Cultural Aspects of Health and Disease</li> </ul>
P3: Exploring Types of Dermal Inflammation	<ul style="list-style-type: none"> <li>• Using Basic and Clinical Sciences</li> <li>• Patient Assessment and Management</li> </ul>

## Registration of Interest

### *Assignments and Projects*

You must register your choice of assignment and project by registering your preferences on the **eMed Registrations system**.

### Due dates for registering your choice of assignments and projects

Registration for Individual Assignment	4pm Friday 21 February 2025
Registration for Group Project	4pm Friday 28 February 2025

\*NB: Only one student from your “group project” group should register in eMed on behalf of the group. Once you have been named in a project group you will not be able to register for any other group projects.

### Due dates for submission of project reports and assignments

Submission of Assignments	9am Monday 17 March 2025
Submission of Project reports and any supporting material	9am Monday 31 March 2025

You may submit earlier if this suits your study schedule.

## Three-Step Process for submitting your assignment and group project

### *Checking your Assignment/Group Project in Turnitin*

You can receive a Turnitin report for your assignment/group project prior to submission. Under the “Assessment Activities and Information” tab, you will find the Turnitin Check link:

#### **Assignment Check**

Note: This is **not** where you submit your assignment

##### Course Title Assignment Check

You are able to submit your assignment here for unintentional plagiarism. Please note that each work can only be checked once.

or

#### **Group Project Check**

Note: This is **not** where you submit your Group Project

##### Course Title Group Project Check

You are able to submit your group project here in order to check for unintentional plagiarism. Please note that each work can only be checked once.

Submitting via the Assignment/Group Project Check link will allow you to check your assignment/group project for unintentional plagiarism. Please note, this is not where you submit your final assignment/group project, and the report produced is only for your information. You can only receive a Turnitin report once. If you wish, based on this report you can change your assignment/group project prior to your final submission. Please ensure you leave enough time to make any changes required.

### *Submission of Assignment/Group Project*

The submission process for Foundations Assignments/Group Projects is a three -step process. The first two steps will be the same in every Phase 1 Course. It is essential that the identical file (Word/PDF) is submitted in all steps.

#### **Step 1: eMed**

Submit your file to eMed under the Portfolio tab before 9am on your due date.



#### **Step 2: Turnitin**

Submit the same file to Turnitin before 10am on your due date. Include the eMed receipt number in the file name. Navigate to the Moodle page and click on the submission link:

##### **Assignment Submission**

After submitting your assignment in eMed, submit your assignment here before 10am on your due date.

##### Course Title Assignment Submission

After submitting your final Assignment in eMed before 9am on your due date, you must **submit the identical document to Turnitin here before 10am on your same due date**.

or

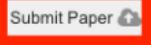
##### **Group Project Submission**

After submitting your Group Project in eMed, submit your Group Project here before 10am on your due date.

##### Course Title Group Project Submission

After submitting your final Group Project in eMed before 9am on your due date, you must **submit the identical document to Turnitin here before 10am on your same due date**.

Submit your file:

Turnitin Paper ID	Submitted	Grade
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### Step 3: Email to your Facilitator

After submitting to eMed and Turnitin, email your file directly to your facilitator. In the email, please include your name, student number and eMed receipt identifier and attach your assignment or group project. The Foundations assignments are unique – they are submitted both to eMed and Turnitin **and** emailed to your facilitator. In subsequent Phase 1 courses, the assignment is only submitted to eMed for blind assessment.

### Use of AI in Phase 1 Assignments & Projects

During the early planning, researching and evaluation stage of your assignment or group project you are permitted to use software to generate initial ideas and structures. However, you must develop or edit those ideas to such a significant extent that what is submitted is your own work, i.e., what is generated by the software should not be a part of your final submission. It is a good idea to keep copies of your initial drafts to show the convenors if there is any uncertainty about the originality of your work.

If you have used AI tools during any stage of your assignment or project, you should reflect on this usage in your generic reflection/teamwork reflection including how it helped your learning or preparation. All students are required to include the Phase 1 AI declaration on the title page of their assignment.

Please note that your submission will be passed through an AI-text detection tool. If your marker has concerns that your answer contains passages of AI-generated text that have not been sufficiently modified you may be asked to explain your work, but we recognise that you are permitted to use AI generated text as a starting point and some traces may remain. If you are unable to satisfactorily demonstrate your understanding of your submission you may be referred to UNSW Conduct & Integrity Office for investigation for academic misconduct and possible penalties.

### Phase 1 AI Declaration

Please include ONE of the following declarations on the title page (not included in word count).

- During the preparation of this assessment, I/we used [NAME of TOOL/ SERVICE/ SOFTWARE] for the purpose of [briefly explain]. After using this AI assistance, I/we reviewed and edited the content and take full responsibility for the content of this assessment.  
**OR**
- During the preparation of this assessment, I/we did **NOT USE ANY** AI tools, services or software.

### Word count

The word count for assignments and projects includes all the text in the report, apart from the cover page and the reference list. Assignments are up to 2000 words and projects up to 2500 words, unless there is an explicit exception for any individual assignment or project.

You should format your report in accordance with the specification on the Medicine program website and include a word count. Ensure that you carefully reference your written work using the UNSW Medicine referencing style, APA ([APA 7<sup>th</sup> Edition](#)).

Please refer to the Medicine program website for penalties that will be applied to reports that exceed the maximum length: <http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-1#tab-303400342>

### Submission to eMed Portfolio

Information on submitting assessments to eMed is available at:

<https://medprogram.med.unsw.edu.au/assignments-and-projects-phase-1#tab-303400340>

If there are extenuating circumstances that prevent you from meeting the due date for submission, contact the course convenors **before the due date** to request an extension. In most cases a medical certificate or a similar level of documentation will be required. Students experiencing ongoing issues must apply earlier. In most cases a medical certificate or a similar level of documentation will be required.

## Assignment 1: Ethical and Legal Implications of Healthcare Professionals using Social Media in Medical Contexts

### ***Graduate capabilities assessed in this assignment***

- Ethics and Legal Responsibilities
- Development as a Reflective Practitioner

The assignment will also be assessed for each of the generic capabilities for assignments (Effective Communication, Self-Directed Learning and Critical Evaluation, and Development as a Reflective Practitioner).

### ***Introduction***

Social media has had a profound impact on the way in which we communicate and conduct our social lives, and the medical profession is no different. In recent years, the use of social media by healthcare professionals has increased significantly. While social media offers opportunities for professional networking, education and patient engagement, its use also raises ethical and legal concerns. These include issues of privacy, professionalism and the spread of misinformation, and the boundaries between professional and personal conduct can become blurred. Medical students and doctors are expected to maintain the same professional standards, whether communicating through social media or traditional methods, and navigating social media use can present ethical challenges. In this assignment you will learn about the legal requirements and ethical implications of healthcare professionals using social media in a medical context, and reflect on your own use of social media as a medical student.

### ***Aims***

- To identify and understand the ethical implications and legal requirements of using social media such as TikTok, Instagram, Facebook, Twitter, YouTube, WhatsApp etc., as a healthcare professional.
- To think critically about the risks and responsibilities associated with online engagement, particularly regarding confidentiality, professionalism, potential spread of misinformation and patient boundaries.
- To reflect on your own social media behaviour and consider how it aligns with the ethical and professional standards required in medicine.

### ***Course themes and related learning activities***

This assignment relates to the program element of Ethics and the topic of professionalism.

### ***Task Description***

- Review the relevant literature on social media use by healthcare professionals. Consider the social media policies that healthcare professionals are expected to uphold. Discuss the practical implementation of ethical guidelines for social media use in health contexts.
- Review the use of social media by healthcare professionals with respect to two of the following four issues (patient confidentiality, professional boundaries, misinformation and patient engagement).
  - **Patient Confidentiality:** How can healthcare professionals maintain patient confidentiality and avoid breaches of privacy when engaging on social media platforms?
  - **Professional Boundaries:** What are the risks of blurring the lines between personal and professional identities on social media? How should medical professionals navigate these boundaries?
  - **Misinformation:** How does the spread of misinformation on social media platforms impact public health, and what ethical responsibilities do healthcare professionals have in addressing it?
  - **Patient Engagement:** How can healthcare professionals ethically use social media to engage with patients without compromising care or professionalism?
- Reflect on your own use of social media as a medical student. Consider whether your posts, interactions and online presence align with the professional standards expected in healthcare. What adjustments, if any, might you need to make to ensure you are meeting these standards as you transition into your professional role.

### Time Allocation Guide

- Week 1:** Conduct preliminary research and review relevant literature on social media use by healthcare professionals. Consider the topic choices in task 2 and make your selections.
- Week 2:** Following your QMP and library practical classes, design a search strategy and conduct a focused literature search to retrieve relevant papers on social media use among health professionals. Pay particular attention to the two topics you have chosen to review. Remember to append your search strategy to your assignment.
- Week 3:** Complete writing your first draft for peer review in SGS5 (Wednesday/Thursday).
- Week 4:** Reflect on the feedback received in SGS5 and make any appropriate amendments, proofread and edit your assignment.
- Week 5:** Submit assignment via eMed, Turnitin, and directly to your facilitator by 9am on Monday week 5 (17th March).

### Report Requirements

The report must be a maximum of 2000 words (+ 10% to account for in-text referencing). This includes a reflective component (approx. 500 words of the total word count, which is assessed as part of the Development as a Reflective Practitioner generic capability).

Reports must be formatted as per the requirements on the [Medicine Program Website](#) and must include an AI declaration and word count on the title page. The report must be carefully referenced as per the UNSW Medicine referencing style, APA ([APA 7th Edition](#)). Please refer to the Medicine Program website for penalties that will be applied to reports that exceed the maximum length: <https://medprogram.med.unsw.edu.au/policy> (login required). Further details at: <http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-1>

Appendices should be included as below, note that these do NOT form part of the word count:

- Appendix 1: Search Strategy
- Appendix 2: Peer Feedback

### Assessment Criteria

For a P grade, the written report must meet the following criteria:

#### Focus Capability 1: Ethics and Legal Responsibilities

- Discusses the ethical implications and legal requirements of using social media as a healthcare professional. (**1.7.4 Identifies and discusses the ethical aspects of scenarios and other experiences.**)
- Considers the risks and responsibilities associated with online engagement, with particular reference to two of the following: confidentiality, professionalism, the potential spread of misinformation, patient boundaries. (**1.7.5 Understands the need for patient autonomy, informed consent, confidentiality and privacy; 1.7.4 Identifies and discusses the ethical aspects of scenarios and other experiences.**)

#### Focus Capability 2: Reflective Practitioner

- Reflects on own social media behaviour and considers how it aligns with the professional standards required in medicine. (**1.8.4 Provides accurate and neutral descriptions of own behaviour, emotions, and intentions. Analyses the impact of own and other's behaviour and cultural background on self and others.**)

In addition to the focus capabilities listed above, the generic capabilities (Effective Communication; Self-Directed Learning and Critical Evaluation; Development as a Reflective Practitioner) will be assessed using the generic criteria for assignments available in this course guide, in the Program Guide and on the Medicine Program website. <https://medprogram.med.unsw.edu.au/grading>

### Resources

The listed references are to be used for background reading on the topic. You must also conduct your own research of published literature.

Australian Medical Association. (2019). A guide to social media and medical professionalism: the tips and traps every doctor and medical student should know. [Brochure].  
<https://www.ama.com.au/sites/default/files/2021-04/2020%20AMA%20Social%20Media%20Guide.pdf>

Farsi, D. (2021). Social media and health care, part I: literature review of social media use by health care providers, *J. Med. Internet Res.*, 23(4):e23205, doi: <https://10.2196/23205>

Medical Board of Australia. (2019). Social media: How to meet your obligations under the National Law.  
<https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Social-media-guidance.aspx>

Sule S., DaCosta, M.C., DeCou, E., Gilson, C., Wallace, K., and Goff, S.L. (2023). Communication of COVID-19 misinformation on social media by physicians in the US, *JAMA Netw. Open.* 6(8): e2328928. doi: [10.1001/jamanetworkopen.2023.28928](https://doi.org/10.1001/jamanetworkopen.2023.28928)

Vukušić Rukavina, T., Viskić, J., Machala Poplašen, L., Relić, D., Marelić, M., Jokic, D. and Sedak, K. (2021). Dangers and Benefits of Social Media on E-Professionalism of Health Care Professionals: Scoping Review. *J Med Internet Res.* 17;23(11):e25770. doi: [10.2196/25770](https://doi.org/10.2196/25770)

#### Contact

Please post any questions regarding this assignment in the discussion board available in Moodle.

## Assignment 2: Dehydration-induced Body Fluid Imbalance in Vulnerable Groups: Infants, Children and the Elderly

### **Graduate capabilities assessed in this assignment**

- Using Basic and Clinical Sciences
- Patient Assessment and Management

The assignment will also be assessed for each of the generic capabilities for assignments (Effective Communication, Self-Directed Learning and Critical Evaluation, and Development as a Reflective Practitioner).

### **Introduction**

At least half of our body weight is attributable to water which is distributed across the extracellular and intracellular fluid compartments. The total body water (TBW) and body water percentage vary according to sex, age and level of obesity. Total body osmolality is expressed as the number of osmotically active particles per kilogram of water (osmoles/kg) (Boron & Boulpaep, 2017). Therefore, any changes in body water content (with total body solute content remaining unchanged) can influence plasma osmolality, either increasing it (hyperosmolar) or decreasing it (hypo-osmolar). The central nervous system (CNS) is especially sensitive to changes in plasma osmolality with a + 15% deviation in plasma osmolality resulting in severe disruption of CNS function (Boron & Boulpaep, 2017).

Various conditions and diseases can disrupt the delicate mechanisms that maintain water balance. Comorbidities such as diabetes mellitus, kidney or heart diseases, and neurological disorders can lead to severe dehydration, particularly if fluid intake is inadequate. This highlights the importance for clinicians to understand the underlying pathophysiology.

### **Aims**

The aim of this assignment is to introduce students to the principles of water balance homeostasis, especially how dehydration impacts TBW, body water percentages and plasma osmolality. Students will learn possible causes of dehydration among different age groups focusing on the risks for vulnerable populations (infants, children, elderly, patients with comorbidities) compared to healthy adults.

### **Course themes and related learning activities**

This assignment relates to the course theme of learning processes and environment. Relevant learning activities may include the lecture on Body Fluid Compartments and the practical session on Cellular homeostasis: Fluid movement.

### **Task Description**

1. Review the principles of total body water, body water percentages and the effect of loss of water on osmolality of the ECF and ICF compartments of the human body.
2. Choose **one** of the three possible conditions listed below. Describe how dehydration occurs in the selected condition.
  - a) Diarrhoea in infants
  - b) Type I diabetes mellitus in children
  - c) Heat and dehydration in the elderly
3. Discuss the changes in TBW, body water percentages, osmolality of ECF and ICF as well as the consequences of dehydration for the condition that you have selected.
4. Describe four methods used to assess hydration status and specify their utility in different age groups.
5. Discuss the principles of administration of fluids to a dehydrated patient (consider route and composition). Include at least two examples which would be suitable for the condition which you have selected.

### Time Allocation Guide

- Week 1:** Develop your understanding of body fluid compartments and body water percentages using physiology reference books and/or literature research. Investigate how hydration status may be assessed (Task 4). Conduct preliminary research on the three conditions listed in Task 2 and choose one for further review.
- Week 2:** Following your QMP and library practical classes, design a search strategy and conduct a focused literature search to retrieve relevant papers on the selected condition (Tasks 2 and 3). Remember to append your search strategy to your assignment. Conduct research for Task 5.
- Week 3:** Complete writing your first draft for peer review in SG5 (Wednesday/Thursday).
- Week 4:** Reflect on the feedback received in SG5 and make any appropriate amendments, proofread and edit your assignment.
- Week 5:** Submit assignment via eMed, Turnitin, and directly to your facilitator by 9am on Monday week 5 (17<sup>th</sup> March).

### Report Requirements

The report must be a maximum of 2000 words (+ 10% to account for in-text referencing). This includes a reflective component (approx. 500 words of the total word count, which is assessed as part of the Development as a Reflective Practitioner generic capability).

Reports must be formatted as per the requirements on the [Medicine Program Website](#) and must include an AI declaration and word count on the title page. The report must be carefully referenced as per the UNSW Medicine referencing style, APA ([APA 7th Edition](#)). Please refer to the Medicine Program website for penalties that will be applied to reports that exceed the maximum length: <https://medprogram.med.unsw.edu.au/penalties> (login required). Further details at: <http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-1>

Appendices should be included as below, note that these do NOT form part of the word count:

- Appendix 1: Search Strategy
- Appendix 2: Peer Feedback

### Assessment Criteria

For a P grade, the written report must meet the following criteria:

#### Focus Capability 1: Using Basic and Clinical Sciences

- Describes body fluid compartments and how loss of body fluid affects total body water and osmolality of the different body compartments. (**1.1.1 Explains mechanisms that maintain a state of health; 1.1.2 Recognises health problems and relate normal structure and function to abnormalities.**)
- Describes the processes that result in dehydration in the selected condition. Explains the changes in total body water, body water percentages and ECF and ICF osmolality that occur in that condition. (**1.1.3 Describes the pathophysiological process of health problems and can explain their basis at the whole person, organ system, cellular and molecular levels.**)

#### Focus Capability 2: Patient Assessment and Management

- Describes four methods used to assess hydration status, specifying their utility in different age groups. (**1.3.8 Applies clinical reasoning to relevant health scenarios, including the identification of key features and clinical patterns.**)
- Discusses the principles of administration of fluids to a dehydrated patient. Includes at least two examples which would be suitable for the selected condition. (**1.3.9 Articulates a general strategy of management, consistent with the pathophysiological model of illness at an elementary level that includes an understanding of foundation principles, e.g. pharmacology.**)

In addition to the focus capabilities listed above, the generic capabilities (Effective Communication; Self-Directed Learning and Critical Evaluation; Development as a Reflective Practitioner) will be assessed using the generic criteria for assignments available in this course guide, in the Program Guide and on the Medicine Program website. <https://medprogram.med.unsw.edu.au/grading>

### Resources

The listed references are to be used for background reading on the topic. You must also conduct your own research of published literature.

Armstrong, L., & Johnson, E. (2018). Water Intake, Water Balance, and the Elusive Daily Water Requirement. *Nutrients*, 10(12), 1928. <https://doi.org/10.3390/nu10121928>

Boron, W.F. and Boulpaep, E.L. (2017) Medical Physiology. 3rd Edition, Elsevier Publisher, Philadelphia. Available from: [https://primoa.library.unsw.edu.au/permalink/61UNSW\\_INST/1m02euc/ alma9951396615801731](https://primoa.library.unsw.edu.au/permalink/61UNSW_INST/1m02euc/ alma9951396615801731)

Castera MR, Borhade MB. Fluid Management. [Updated 2023 Oct 22]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK532305/>

El-Sharkawy, A. M., Sahota, O., & Lobo, D. N. (2015). Acute and Chronic Effects of Hydration Status on Health. *Nutrition Reviews*, 73(2), 97–109. <https://doi.org/10.1093/nutrit/nuv038>

Frith, J. (2023). New horizons in the diagnosis and management of dehydration. *Age and Ageing*, 52(10). <https://doi.org/10.1093/ageing/afad193>

Koch, C. A., & Fulop, T. (2017). Clinical aspects of changes in water and sodium homeostasis in the elderly. *Reviews in Endocrine and Metabolic Disorders*, 18(1), 49–66. <https://doi.org/10.1007/s11154-017-9420-5>

Vega, R. M., & Avva, U. (2023). *Pediatric Dehydration*. National Library of Medicine; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK436022/>

### Contact

Please post any questions regarding this assignment in the discussion board available in Moodle.

## Assignment 3: Effect of Exercise on the Immune System

### Graduate capabilities assessed in this assignment

- Using Basic and Clinical Sciences
- Patient Assessment and Management

The assignment will also be assessed for each of the generic capabilities for assignments (Effective Communication, Self-Directed Learning and Critical Evaluation, and Development as a Reflective Practitioner).

### Introduction

A major focus of Foundations Course and the Medicine Program is the maintenance of student wellbeing whilst dealing with the demands of an intense curriculum. Most people know that exercising regularly is a significant contributor to cardiovascular and cognitive health and overall wellbeing. However, you may be surprised to learn that exercise also has a profound impact on the immune system and hence susceptibility to infection.

The beneficial effects of exercise appear to be contingent on the intensity of exercise. While regular periods of shorter duration (i.e. up to 45 minutes) moderate intensity exercise appear to enhance immune defences, prolonged intense exertion exercise appears to increase susceptibility to infection (Simpson et al., 2020).

This assignment will require you to research the scientific basis of the ability of exercise to reduce susceptibility to illness.

### Aims

- To review the clinical literature relevant to effects of exercise on infection susceptibility.
- To critically evaluate the effects of exercise on the cellular and cytokine components of the innate and adaptive immune systems.
- To appraise the literature and form an **evidence-based** opinion that can be conveyed to a patient.

### Course themes and related learning activities

This assignment allows you to investigate the course topic areas of inflammation and student health and wellbeing and relates to the practical Research Skills classes.

### Task Description

- Review clinical (human) studies investigating the effects of exercise on infection susceptibility, referring to differential impacts observed with varying exercise intensity.
- Critically evaluate and summarise the impact of exercise on the cellular and chemical components of the innate and adaptive immune systems.

*A 20-year-old athlete who is in intense training for a marathon event has come to you for advice. He has heard that prolonged endurance exercise increases susceptibility to infection, and he would like you to recommend some strategies to counteract this.*

- Refer to your QMP practical and use an EBM approach to critically evaluate and summarise evidence regarding strategies proposed to reduce negative effects of intense exercise on the immune system.
- Succinctly outline what your advice to the patient would be based on your critical appraisal of the literature.

### Time Allocation Guide

**Week 1:** Conduct preliminary research and review relevant literature on the effects of exercise on infection susceptibility. Be sure to consider how varying exercise intensities impact these effects.

**Week 2:** Following your QMP and library practical classes, design your search strategy and conduct a focused literature search to retrieve relevant papers on:

- The effects of exercise on infection susceptibility, with particular attention to different exercise intensities.

- ii. The impact of exercise on the cellular and chemical components of the innate and adaptive immune systems.
- iii. Strategies proposed to reduce negative effects of intense exercise on the immune system.

Remember to append your search strategy to your assignment.

**Week 3:** Use the tools learned in QMP relating to EBM and research appropriate strategies to support your 20-year-old patient. Complete writing your first draft for peer review in SG5 (Wednesday/Thursday).

**Week 4:** Reflect on the feedback received in SG5 and make any appropriate amendments, proofread and edit your assignment.

**Week 5:** Submit assignment via eMed, Turnitin, and directly to your facilitator by 9am on Monday week 5 (17<sup>th</sup> March).

### **Report Requirements**

The report must be a maximum of 2000 words (+ 10% to account for in-text referencing). This includes a reflective component (approx. 500 words of the total word count, which is assessed as part of the Development as a Reflective Practitioner generic capability).

Reports must be formatted as per the requirements on the [Medicine Program Website](#) and must include an AI declaration and word count on the title page. The report must be carefully referenced as per the UNSW Medicine referencing style, APA ([APA 7th Edition](#)). Please refer to the Medicine Program website for penalties that will be applied to reports that exceed the maximum length: <https://medprogram.med.unsw.edu.au/penalties> (login required). Further details at: <http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-1>

Appendices should be included as below, note that these do NOT form part of the word count:

- Appendix 1: Search Strategy
- Appendix 2: Peer Feedback

### **Assessment Criteria**

For a P grade, the written report must meet the following criteria:

#### **Focus Capability 1: Using Basic and Clinical Sciences**

- Critically evaluates and summarises the clinical literature (i.e. human studies) about how exercise impacts infection susceptibility. (**1.1.1 Explains mechanisms that maintain a state of health; 1.1.2 Recognises health problems and relates normal structure and function to abnormalities.**)
- Outlines how exercise impacts the innate and adaptive immune response. (**1.1.3 Describes the pathophysiological process of health problems and can explain their basis at the whole person, organ system, cellular and molecular levels; 1.1.4 Identifies the components of “basic/ medical” science that are necessary to understand a scenario that has not been studied, locates relevant information and interprets the scenario when the relevant information is available.**)

#### **Focus Capability 2: Patient Assessment and Management**

- Critically evaluates and discusses the different strategies proposed to reduce negative effects of intense exercise on the immune system and infection susceptibility. (**1.3.2 Relates symptoms and signs to relevant underlying basic and clinical sciences; 1.3.8 Applies clinical reasoning to relevant health scenarios, including the identification of key features and clinical patterns.**)
- Utilise information from your critical evaluation to develop strategies that the patient can implement to reduce negative effects of intense exercise on the immune system. (**1.3.9 Articulates a general strategy of management, consistent with the pathophysiological model of illness at an elementary level that includes an understanding of foundation principles, e.g. pharmacology.**)

In addition to the focus capabilities listed above, the generic capabilities (Effective Communication; Self-Directed Learning and Critical Evaluation; Development as a Reflective Practitioner) will be assessed using the generic criteria for assignments available in this course guide, in the Program Guide and on the Medicine Program website. <https://medprogram.med.unsw.edu.au/grading>

**Resources**

The listed references are to be used for background reading on the topic. You must also conduct your own research of published literature.

- da Silveira, M. P., da Silva Fagundes, K. K., Bizuti, M. R., Starck, É., Rossi, R. C., & de Resende, E. S. D. T. (2021, Feb). Physical exercise as a tool to help the immune system against COVID-19: an integrative review of the current literature. *Clin Exp Med*, 21(1), 15-28. <https://doi.org/10.1007/s10238-020-00650-3>
- Dutra, P. M. L., Da-Silva, S. A. G., Mineo, J. R., & Turner, J. E. (2022, 2022-February-17). Editorial: The Effects of Physical Activity and Exercise on Immune Responses to Infection [Editorial]. *Frontiers in Immunology*, 13. <https://doi.org/10.3389/fimmu.2022.842568>
- Nieman, D. C., & Wentz, L. M. (2019, May). The compelling link between physical activity and the body's defense system. *J Sport Health Sci*, 8(3), 201-217. <https://doi.org/10.1016/j.jshs.2018.09.009>
- Simpson, R. J., Campbell, J. P., Gleeson, M., Krüger, K., Nieman, D. C., Pyne, D. B., Turner, J. E., & Walsh, N. P. (2020). Can exercise affect immune function to increase susceptibility to infection? *Exerc Immunol Rev*, 26, 8-22. <http://eir-isei.de/2020/eir-2020-008-article.pdf>
- Wang, J., Liu, S., Li, G., & Xiao, J. (2020). Exercise Regulates the Immune System. *Adv Exp Med Biol*, 1228, 395-408. [https://doi.org/10.1007/978-981-15-1792-1\\_27](https://doi.org/10.1007/978-981-15-1792-1_27)

**Contact**

Please post any questions regarding this assignment in the discussion board available in Moodle.

## Project 1: The Health Impacts of Climate Change in the Torres Strait Islands

This group project is suitable for 4-6 students.

### **Graduate capabilities assessed in this project:**

- Social and Cultural Aspects of Health and Disease
- Effective Communication

The report will also be assessed for each of the generic capabilities for projects ( Effective Communication, Self-Directed Learning and Critical Evaluation, and Teamwork).

### **Introduction**

Climate change has had widespread and varying impacts on the health and wellbeing of many populations. In recent years, the Torres Strait Islands have been severely impacted by the effects of climate change, which has had considerable impacts on the Torres Strait Islander populations (Lansbury et al., 2022). Disparities in health outcomes are already an ongoing issue for Indigenous populations. Therefore, it is important that further negative impacts are identified and actioned as a healthcare priority (Lansbury et al., 2022).

### **Aims**

- To comprehensively research and analyse the current and projected impacts of climate change on the Torres Strait Islands with a particular focus on the increased risk of one of the following infectious diseases:
  - Influenza
  - Ross River virus infection
  - Campylobacteriosis
- To identify specific health risks associated with climate-induced environmental changes in the Torres Strait Islands, including but not limited to:
  - Rising sea levels and coastal erosion leading to displacement and overcrowding
  - Extreme weather events such as cyclones and floods increasing vulnerability to waterborne and vector-borne diseases
  - Changes in temperature and rainfall patterns affecting the prevalence of mosquito-borne illnesses
- To draft a factual letter to the Australian government that effectively advocates for urgent climate action in the Torres Strait. The letter should:
  - Clearly outline the health risks posed by climate change in the region
  - Present compelling evidence and data to support the arguments
  - Propose specific policy recommendations and interventions to mitigate these risks
  - Emphasise the importance of prioritising the health and wellbeing of Torres Strait Islander communities.

### **Course themes and related learning activities**

This project relates to the course theme of learning processes and environment and the topic areas of wellbeing and inflammation (infectious disease).

### **Task Description**

#### **Task 1 – Research**

- Review literature on the relationship between climate-induced environmental changes and increased risk in the Torres Strait Islands of one of the three listed infectious diseases.
- Identify specific sociocultural determinants of health associated with climate-induced changes such as rising sea levels, extreme weather events and changes in temperature and rainfall patterns.

#### **Task 2 – Analysis**

- Evaluate the findings of the literature on the current and projected impacts of climate change on the health of Torres Strait Islander populations. Focus on the increased risk of infectious diseases and how these are influenced by climate change.

**Task 3 – Development of Advocacy Letter**

- Draft a factual letter to the Australian government advocating for urgent climate action in the Torres Strait (approx. 500 words).
- The letter should clearly outline the health risks, present compelling evidence (with references), and propose specific policy recommendations. Include the letter in the main body of your assignment.

***Time Allocation Guide***

**Weeks 1 & 2:** Select an accepted model of teamwork to assist your group with observing, analysing and reflecting on your teamwork process.

Research the literature related to each task and compile a plan for your written report.

**Weeks 3 & 4:** Begin writing the report, being careful to address each subtask. Compile the research findings and analysis into the report.

Review some existing advocacy letters to plan how your group will approach writing the letter (visit the Public Health Association of Australia website to read some examples. <https://www.phaa.net.au/Web/Web/Advocacy/Advocacy-Letter-2024/Advocacy-letters-2024.aspx>). Draft the advocacy letter to the Australian government.

Complete the first draft of your report by end of week 4.

**Week 5:** Present your project and a summary of your letter in the SGS-10 session. Integrate feedback from your peers and facilitator to review the report.

**Week 6:** Finalise report writing, including advocacy letter and an appendix with records of group interactions.

Proofread and submit the final report into eMed and Turnitin and email to your facilitator with no track changes by 9am, Monday of Week 7.

***Report Requirements***

Your report should address the subtasks associated with each main task. The report must be a maximum of 2500 words (+ 10% to account for in-text referencing). This word count includes the advocacy letter. The report also includes a teamwork component evaluating the group's approach to teamwork (usually around 300-500 words of the total wordcount) which is assessed as part of the Teamwork generic capability).

Reports must be formatted as per the requirements on the [Medicine Program Website](#) and must include an AI declaration and word count on the title page. The report must be carefully referenced as per the UNSW Medicine referencing style, APA ([APA 7th Edition](#)). Please refer to the Medicine Program website for penalties that will be applied to reports that exceed the maximum length: <https://medprogram.med.unsw.edu.au/penalties> (login required). Further details at: <http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-1>

***Assessment Criteria***

For a P grade, the written report must meet the following criteria:

**Focus Capability 1: Social and Cultural Aspects of Health and Disease**

- Identifies and describes one of the three (3) climate-sensitive infectious diseases that have been identified in the Torres Strait Islands. **(1.2.1 Identifies environmental, psychological, social and cultural issues which contribute to health problems in a scenario.)**
- Outlines the risks and burden of the chosen climate-sensitive infectious disease on Torres Strait Islander populations. **(1.2.2 Explains the mechanisms by which those psychological, social and cultural issues identified affect health.)**
- Identifies and discusses the impacts of climate change and climate-sensitive infectious diseases on both the social determinants of health and cultural determinants of health of Torres Strait Islander Population. **(1.2.5 Understands equity and its implications for health care delivery for individual and population based approaches.)**
- Discusses the differences between social determinants of health and cultural determinants of health through the lens of climate-sensitive infectious diseases in the Torres Strait Islands. **(1.2.1 Identifies environmental, psychological, social and cultural issues which contribute to health problems in a scenario.)**

**Focus Capability 2: Effective Communication**

- Composes a 500-word letter to the Australian Federal Government that advocates for climate action in the Torres Strait as a healthcare priority. (**1.4.4 Develops clear written/visual information in relation to health and health promotion for specific target groups.**)
- Uses reliable sources of information and appropriate language to produce logical and coherent arguments that support the message intended. (**1.4.6 Writes clearly and logically, using appropriate language, media and style for the intended audience.**)

In addition to the focus capabilities listed above, the generic capabilities (Effective Communication; Self-Directed Learning and Critical Evaluation; Teamwork) will be assessed using the generic criteria for assignments available in this course guide, in the Program Guide and on the Medicine Program website. <https://medprogram.med.unsw.edu.au/grading>

To meet the generic Teamwork capability, you must include an analysis and reflection on your teamwork of approximately 300 to 500 words. The reflection must involve the application of an accepted model of teamwork (Select from: <https://medprogram.med.unsw.edu.au/teamwork-group-projects>).

This reflection should evaluate how effectively the project group worked as a team and analyse the role of each project group member. In doing so, you should identify strengths and areas for improvement, and discuss these in a constructive manner. Please ensure that you refer to the Teamwork generic capability criteria and address these criteria which include providing documentation of team meetings, evaluation of group process and reflection on features that enhanced or impeded group process.

The group must provide an appendix (not included in the word count) that shows a record of the interactions between your group members, whether by email or group meetings.

**Resources**

The listed references are to be used for background reading on the topic. You must also conduct your own research of published literature.

Grainger, D., Watkin-Lui, F., & Cheer, K. (2021). The value of informed agency for Torres Strait climate change. *Ecological Economics*, 180, 106880. <https://doi.org/https://doi.org/10.1016/j.ecolecon.2020.106880>

Green, D. (2006). How might climate change affect island culture in the Torres Strait. *Australia Commonwealth Scientific and Industrial Research Organisation*. Available from: <https://docs.niwa.co.nz/library/public/1921232307.pdf>.

Hall, N. L., Barnes, S., Canuto, C., Nona, F., & Redmond, A. M. (2021). Climate change and infectious diseases in Australia's Torres Strait Islands. *Australian and New Zealand Journal of Public Health*, 45(2), 122-128. <https://doi.org/https://doi.org/10.1111/1753-6405.13073>

Lafferty, K. D. (2009). The ecology of climate change and infectious diseases. *Ecology*, 90(4), 888-900. <https://doi.org/https://doi.org/10.1890/08-0079.1>

Lansbury, N., Redmond, A. M., & Nona, F. (2022). Community-Led Health Initiatives for Torres Straits Island Communities in a Changing Climate: Implementing Core Values for Mitigation and Adaptation. *International Journal of Environmental Research and Public Health*, 19(24), 16574. <https://www.mdpi.com/1660-4601/19/24/16574>

Verbunt, E., Luke, J., Paradies, Y., Bamblett, M., Salamone, C., Jones, A., & Kelaher, M. (2021). Cultural determinants of health for Aboriginal and Torres Strait Islander people – a narrative overview of reviews. *International Journal for Equity in Health*, 20(1), 181. <https://doi.org/10.1186/s12939-021-01514-2>

Examples of advocacy letters from the Public Health Association Australia:

<https://www.phaa.net.au/Web/Web/Advocacy/Advocacy-Letter-2024/Advocacy-letters-2024.aspx>

**Contact**

Please post any questions regarding this assignment in the discussion board available in Moodle.

## Project 2: Closing the Gap or Widening the Divide? Australia's Indigenous Health Crisis

This group project is suitable for 4-6 students.

### **Graduate capabilities assessed in this project:**

- Self-Directed Learning and Critical Evaluation
- Social and Cultural Aspects of Health and Disease

The report will also be assessed for each of the generic capabilities for projects (Effective Communication, Self-Directed Learning and Critical Evaluation, and Teamwork).

### **Introduction**

General health metrics and outcomes in Aboriginal and Torres Strait Islanders are poorer compared to the Australian average statistics (ABS, 2024d). A commonly cited example of these outcomes is the lower life expectancy for these groups compared to the general population (ABS, 2024a; AIHW, 2024b). Health statistics vary greatly depending on further stratification, for example, by gender, socioeconomic status, disease studied and living conditions. Furthermore, data collection and reporting is complex and highly dependent upon survey methodology, underlying assumptions, and various other factors (ABS, 2024b, 2024c; AIHW, 2024a, 2024c). Although some of this data is publicly available, ethical and access limitations create a barrier to information. This may further be subject to internal reporting biases, as only a few authorised bodies are the major sources of information.

### **Aims**

- In an unbiased manner, explore the data related to life expectancy and two other health outcomes of Aboriginal and Torres Strait Islanders and non-Indigenous population in Australia.
- Review the sociocultural issues that may contribute to the three measured health outcomes.

### **Course themes and related learning activities**

This project relates to the course theme of Experiences of Health and Learning Processes and Environment.

### **Task Description**

1. Report data on life expectancy of Aboriginal and Torres Strait Islanders in Australia
2. Report data on two other health outcomes of Aboriginal and Torres Strait Islanders in Australia
3. Compare these statistics to non-Indigenous population
4. Consult the literature on the presented statistics to provide evidence and underlying reasons for any discrepancies
5. Scrutinise *primary* sources of information (i.e. original research in journal articles) to critique the presented data and explore the sociocultural issues contributing to the measured health outcomes, comparing these contributing issues between Indigenous and non-Indigenous cohorts.

Information presented should be based on multiple sources of primary literature. **One** robust article should be selected (preferably a meta-analysis or systematic review but a strong primary article can be used), on which a full critical appraisal should be conducted as per your QMP EBM practical (other supporting and cited articles in the essay should still be critically reviewed, but need not be subjected to a full appraisal).

### **EBM STEP 1 – ASK**

- Form a specific population, intervention, comparison and outcome (PICO) style research question to help you research this topic.
- Put this at the top of your search table.

### **EBM STEP 2 – ACQUIRE**

- Use key words from this PICO question to carry out a structured literature search to find the best evidence available to answer this question. Record your full research question, full search strategy and key results.
- Write this up as a summary table. The summary search table should show enough information for the search to be repeatable.

- Start the literature search in the PubMed database, or an equivalent literature search tool. Then use these terms in other relevant databases. Use Boolean operators as necessary.
- Attach this literature search summary to your project report as Appendix 1.

#### **EBM STEP 2-3 – ACQUIRE-APPRAISE**

- Choose the best evidence available according to an established rubric for evaluation of reliability and relevance of each source (for example, using currency, relevance, authority, accuracy and purpose (CRAAP) analysis).
- The final columns of the search strategy table should show the number of hits for each complete search set, the useful articles found, and why they were chosen.

#### **EBM STEP 3 – APPRAISE**

- Read and interpret all the useful evidence from your focused search.
- Adapt and use the UNSW Critical Appraisal Multi-Use worksheet (or other EBM appraisal tool) to appraise the key article that you have chosen to help answer the research question (i.e. you need to change the worksheet to make it relevant for a systematic review/meta-analysis/cohort study, as appropriate).
- Attach the full critical appraisal worksheet to your project as Appendix 2. You may conduct the critical analysis on a few sources as part of your research, however, only ONE (the best) form should be submitted with the project.

#### **EBM STEP 4 – APPLY**

- Using all your appraised articles, critically discuss the evidence with respect to the research question. Conclude by making a statement on the reliability and interpretational context of health statistics regarding Aboriginal and Torres Strait Islanders in Australia.

#### ***Time Allocation Guide***

**Weeks 1 & 2:** Select an accepted model of teamwork to assist your group with observing, analysing and reflecting on your teamwork process.

Research the literature related to each task and compile a plan for your written report.

**Weeks 3 & 4:** Begin writing the report, being careful to address each subtask. Complete the first draft of your report by end of week 4.

**Week 5:** Prepare group presentation and edit the report.

**Week 6:** Present your project in the SGS-10 session (Monday/Tuesday).

Integrate feedback from your peers and facilitator to review the report. Finalise report writing, including reflection on teamwork and appendix with records of group interactions.

**Week 7:** Proofread and submit the final report into eMed and Turnitin and email to your facilitator with no track changes by 9am, Monday of Week 7.

#### ***Report Requirements***

Your report should address the subtasks associated with each main task. The report must be a maximum of 2500 words (+ 10% to account for in-text referencing). This word count includes the advocacy letter. The report also includes a teamwork component evaluating the group's approach to teamwork (usually around 300-500 words of the total wordcount) which is assessed as part of the Teamwork generic capability).

Reports must be formatted as per the requirements on the [Medicine Program Website](#) and must include an AI declaration and word count on the title page. The report must be carefully referenced as per the UNSW Medicine referencing style, APA ([APA 7th Edition](#)). Please refer to the Medicine Program website for penalties that will be applied to reports that exceed the maximum length: <https://medprogram.med.unsw.edu.au/penalties> (login required). Further details at: <http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-1>

#### ***Assessment Criteria***

For a P grade, the written report must meet the following criteria:

#### **Focus Capability 1: Self-Directed Learning and Critical Evaluation**

- Conducts and documents a thorough literature search to find the best evidence to answer the research question. (1.6.4 Demonstrates skills in: Formulating and applying appropriate information searching strategies. Using databases such as Medline and other information sources appropriately. Appraising the quality and relevance of the information found. Using appropriate citation standards.)

- Critically appraises the best primary research study using the critical appraisal worksheet. **(1.6.4 Demonstrates skills in: Formulating and applying appropriate information searching strategies. Using databases such as Medline and other information sources appropriately. Appraising the quality and relevance of the information found. Using appropriate citation standards.)**
- Using EBM principles, analyses the findings and quality of the useful evidence regarding the researched health outcomes. This should include discussion about life expectancy and the two other selected health outcomes. **(1.6.4 Demonstrates skills in: Formulating and applying appropriate information searching strategies. Using databases such as Medline and other information sources appropriately. Appraising the quality and relevance of the information found. Using appropriate citation standards.)**
- Correctly and contextually interprets the statistical evidence. Supplements or refutes this evidence based on the primary literature. **(1.6.5 Demonstrates an understanding of basic statistical principles and ability in handling and presenting quantitative, and to a lesser degree qualitative, information appropriately.)**

#### **Focus Capability 2: Social and Cultural Aspects of Health and Disease**

- Identifies the sociocultural issues contributing to life expectancy and two other measured health outcomes. Compares these contributing issues for Indigenous and non-Indigenous cohorts. **(1.2.1 Identifies environmental, psychological, social and cultural issues which contribute to health problems in a scenario [e.g. sexuality, stress, family relationships, risky behaviours].)**
- Explains the mechanisms by which identified sociocultural issues may affect these health outcomes and provides justification for these views. **(1.2.2 Explains the mechanisms by which those psychological, social and cultural issues identified affect health.)**
- Identifies and discusses stratification of cohorts within Indigenous and non-Indigenous populations. Explains how these stratifications may influence interpretation of available data, e.g. as confounding factors. **(1.2.3 Identifies health care needs of different groups in society [e.g. the elderly, indigenous people, immigrant groups and refugees].)**

In addition to the focus capabilities listed above, the generic capabilities (Effective Communication; Self-Directed Learning and Critical Evaluation; Teamwork) will be assessed using the generic criteria for assignments available in this course guide, in the Program Guide and on the Medicine Program website. <https://medprogram.med.unsw.edu.au/grading>

To meet the generic Teamwork capability, you must include an analysis and reflection on your teamwork of approximately 300 to 500 words. The reflection must involve the application of an accepted model of teamwork (Select from: <https://medprogram.med.unsw.edu.au/teamwork-group-projects>).

This reflection should evaluate how effectively the project group worked as a team and analyse the role of each project group member. In doing so, you should identify strengths and areas for improvement, and discuss these in a constructive manner. Please ensure that you refer to the Teamwork generic capability criteria and address these criteria which include providing documentation of team meetings, evaluation of group process and reflection on features that enhanced or impeded group process.

The group must provide an appendix (not included in the word count) that shows a record of the interactions between your group members, whether by email or group meetings.

#### **Resources**

The listed references are to be used for background reading on the topic. You must also conduct your own research of published literature.

Australian Bureau of Statistics. (2024a). *Aboriginal and Torres Strait Islander life expectancy*. ABS. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/aboriginal-and-torres-strait-islander-life-expectancy/latest-release>

Australian Bureau of Statistics (2024b). *Causes of Death, Australia*. ABS <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>

Australian Bureau of Statistics (2024c). *Closing the Gap and National Government Reporting*. ABS. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/closing-gap-and-national-government-reporting/2022-23>

Australian Bureau of Statistics (2024d). *National Aboriginal and Torres Strait Islander Health Survey*. ABS. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>

Australian Institute of Health and Welfare (2024a). *Health and wellbeing of First Nations people*. AIHW. <https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing>

Australian Institute of Health and Welfare (2024b). *Measure 1.19 Life expectancy at birth*. AIHW. <https://www.indigenoushpf.gov.au/measures/1-19-life-expectancy-at-birth>

Australian Institute of Health and Welfare (2024c). *Profile of First Nations people*. AIHW. <https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians>

Ogilvie, J. M., Tzoumakis, S., Allard, T., Thompson, C., Kisely, S., & Stewart, A. (2021). Prevalence of psychiatric disorders for Indigenous Australians: a population-based birth cohort study. *Epidemiology and Psychiatric Sciences*, 30, e21. doi: <https://10.1017/S204579602100010X>

Zhao, Y., Li, S.Q., Wilaon, T. & Burgess, C.P. (2022). Improved life expectancy for Indigenous and non-Indigenous people in the Northern Territory, 1999–2018: overall and by underlying cause of death, *Med J Aust*, 217: 30-35. <https://doi.org/10.5694/mja2.51553>

### Contact

Please post any questions regarding this project in the discussion board available in Moodle.

## Project 3: Exploring Types of Dermal Inflammation

This group project is suitable for 4-6 students.

### **Graduate capabilities assessed in this project:**

- Using Basic and Clinical Sciences
- Patient Assessment and Management

The report will also be assessed for each of the generic capabilities for projects (Effective Communication, Self-Directed Learning and Critical Evaluation, and Teamwork).

### ***Introduction***

Inflammation is a crucial biological response of the body's immune system to harmful stimuli, such as pathogens, damaged cells, or irritants. It is a protective mechanism that aims to remove the injurious stimuli and initiate the healing process. Without inflammation, infections would not resolve and wounds would never heal, leading to severe health consequences. Understanding the differences between acute and chronic inflammation is crucial for diagnosing and treating various medical conditions. Acute inflammation is generally beneficial and necessary for healing, while chronic inflammation can lead to significant health problems if not effectively managed.

This project is designed for students to further explore the fundamental science of inflammation, including both acute and chronic inflammation, its biological mechanisms, and to demonstrate further understanding using two clinical conditions, eczema and psoriasis.

### **Aims**

- To understand the different types of inflammation (acute and chronic) and their roles in healing and disease processes.
- To understand inflammatory mechanisms.
- To understand the pathophysiology of eczema and psoriasis, with a focus on inflammatory mechanisms.
- To examine the role of inflammation in various diseases and its implications for patient care.

### ***Course themes and related learning activities***

This project relates to the topic area of Inflammation.

### ***Task Description***

#### **Task 1 – the concept of inflammation**

- Explain what inflammation is and its role in the body's defence mechanism.
- Differentiate between acute and chronic inflammation, highlighting the key differences between these two types.
- Describe the classic symptoms and signs of inflammation.

#### **Task 2 – the mechanisms of inflammation**

- Discuss the role of cellular components such as white blood cells, endothelial cells and platelets.
- Explain the function of chemical mediators including cytokines, chemokines, prostaglandins and other mediators.
- Outline the stages of the inflammatory response, focusing on both the vascular and cellular stages.

#### **Task 3 - Clinical application of knowledge of the pathophysiology of inflammation to two diseases: eczema and psoriasis**

Eczema:

- Explain how inflammation contributes to its development and progression.
- Describe the symptoms and signs of eczema, and briefly outline therapeutic approaches targeting inflammation in its management.

Psoriasis

- Explain how inflammation contributes to its development and progression.
- Describe the symptoms and signs of psoriasis, and briefly discuss therapeutic approaches to managing inflammation in this condition.

**Task 4**

- Briefly mention ongoing research and potential future therapies for eczema and psoriasis which targets inflammation.

In the conclusion of your project, provide a summary of the key points covered in your report and presentation. Recap the main concepts related to inflammation, its mechanisms and its clinical applications to diseases such as eczema and psoriasis.

***Time Allocation Guide***

**Weeks 1 & 2:** Select an accepted model of teamwork to assist your group with observing, analysing and reflecting on your teamwork process.

Research the literature related to each task and compile a plan for your written report.

**Weeks 3 & 4:** Begin writing the report, being careful to address each subtask. Complete the first draft of your report by end of week 4.

**Week 5:** Present your project in the SGS-10 session. Integrate feedback from your peers and facilitator to review the report.

**Week 6:** Finalise report writing, including an appendix with records of group interactions.  
Proofread and submit the final report into eMed and Turnitin and email to your facilitator with no track changes by 9am, Monday of Week 7.

***Report Requirements***

Your report should address the subtasks associated with each main task. The report must be a maximum of 2500 words (+ 10% to account for in-text referencing). This word count includes the advocacy letter. The report also includes a teamwork component evaluating the group's approach to teamwork (usually around 300-500 words of the total wordcount) which is assessed as part of the Teamwork generic capability).

Reports must be formatted as per the requirements on the [Medicine Program Website](#) and must include an AI declaration and word count on the title page. The report must be carefully referenced as per the UNSW Medicine referencing style, APA ([APA 7th Edition](#)). Please refer to the Medicine Program website for penalties that will be applied to reports that exceed the maximum length: <https://medprogram.med.unsw.edu.au/penalties> (login required). Further details at: <http://medprogram.med.unsw.edu.au/assignments-and-projects-phase-1>

***Assessment Criteria***

For a P grade, the written report must meet the following criteria:

**Focus Capability 1: Using Basic and Clinical Sciences**

- Describes acute and chronic inflammatory processes and their roles in disease, with particular focus on how inflammation contributes to the development and progression of eczema and psoriasis. **(1.1.3. Describes the pathophysiological process of health problems and can explain their basis at the whole person, organ system, cellular and molecular levels.)**
- Explores the pathophysiology of eczema and psoriasis, with a focus on inflammatory mechanisms. **(1.1.4 Identifies the components of “basic/ medical” science that are necessary to understand a scenario that has not been studied, locates relevant information and interprets the scenario when the relevant information is available.)**

**Focus Capability 2: Patient Assessment and Management**

- Describes the symptoms and signs of eczema and psoriasis. **(1.3.2 Relates symptoms and signs to relevant underlying basic and clinical sciences.)**
- Briefly discusses therapeutic approaches targeting inflammation in eczema and psoriasis. **(1.3.8 Applies clinical reasoning to relevant health scenarios, including the identification of key features and clinical patterns; 1.3.9 Articulates a general strategy of management, consistent with pathophysiological model of illness at an elementary level that includes an understanding of foundation principles, e.g. pharmacology. There is no expectation for students to devise management plans.)**

In addition to the focus capabilities listed above, the generic capabilities (Effective Communication; Self-Directed Learning and Critical Evaluation; Teamwork) will be assessed using the generic criteria for assignments available in this course guide, in the Program Guide and on the Medicine Program website. <https://medprogram.med.unsw.edu.au/grading>

To meet the generic Teamwork capability, you must include an analysis and reflection on your teamwork of approximately 300 to 500 words. The reflection must involve the application of an accepted model of teamwork (Select from: <https://medprogram.med.unsw.edu.au/teamwork-group-projects>).

This reflection should evaluate how effectively the project group worked as a team and analyse the role of each project group member. In doing so, you should identify strengths and areas for improvement, and discuss these in a constructive manner. Please ensure that you refer to the Teamwork generic capability criteria and address these criteria which include providing documentation of team meetings, evaluation of group process and reflection on features that enhanced or impeded group process.

**The group must provide an appendix** (not included in the word count) that shows a record of the interactions between your group members, whether by email or group meetings.

#### **Resources**

The listed references are to be used for background reading on the topic. You must also conduct your own research of published literature.

- Abbas, A. K., Lichtman, A. H., & Pillai, S. (2023). *Basic immunology: Functions and disorders of the immune system* (7th ed.). Elsevier.
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#### **Contact**

Please post any questions regarding this project in the discussion board available in Moodle.

***Feedback and Peer-Review for Foundations Assignments and Projects*****Peer feedback:**

You will engage in a peer-review process with another student from your SG during SGS5. You will be given the opportunity to pair up with another student from the SG to swap drafts of your assignments.

You should assess your partner's assignment against the assignment rubric provided above and select the appropriate standard that the work represents for each criterion (F, P-, P, P+). You should also give written feedback on the strengths and weaknesses of the work and specify where you think improvements could be made. Engaging in this process will allow you to understand the criteria and standards at a deeper level. Furthermore, this process will provide feedback that is intended to help improve the standard of your work.

**Feedback from assessors:**

You can expect feedback from your Foundations facilitator, who will provide you with specific and constructive feedback for your first assignment. This will come in the form of highlighting areas of the rubric that are evident in the assignment and provision of comments with feedback on areas of strength and areas that could be improved.

In future courses, you will receive assessor feedback on the relevant focus and generic capabilities of your assignments and projects via the eMed system (i.e. not from your facilitator), and this feedback will be included in your Phase 1 Portfolio. You should utilise this feedback to improve the identified areas in future assessments. It may be appropriate to also reflect on this feedback in your portfolio essay.