



Guidance for Advanced Trainees in Geriatric Medicine

Academic honesty and plagiarism requirements for projects

This material is based on a presentation to VGMTP on 18/2/16.

It should not be used as a substitute to familiarizing yourself with the [RACP Policy on Academic Honesty](#)



- Projects are a major hurdle requirement for a specialist qualification
- The purpose of this requirement is for the trainee to investigate a relevant topic in depth and with scientific rigor; and to communicate original thought in an articulate and succinct manner.
- It is important to carefully read the project guidelines outlined in the handbook, and in particular ensure that you understand the statements regarding academic honesty and plagiarism before you sign the project cover sheet



Imagine that you have chosen the following topic for your project:

**Anticholinergic Medications in older People –
a Literature Review**



Project Requirements



Which of the following 4 scenarios constitutes academic dishonesty or plagiarism?



Research

Anticholinergic burden in older women: not seeing the wood for the trees?

A high anticholinergic medicines burden in this group was driven by the use of multiple medicines with lower anticholinergic potency rather than the use of medicines with higher potency

Older people are particularly vulnerable to adverse medicines-related events. Reasons for this include the physiological changes of ageing, the chronic and comorbid conditions they often have, the types of medicines they are commonly prescribed, and the frequency with which they use multiple medicines.^{1,2} Adverse effects related to medicine use are a significant health problem in this growing population group.³ Many medicines used by older people have anticholinergic effects (effects through one of the body's principal neurotransmitter systems).⁴ The anticholinergic effect of an individual medicine may be small, but the anticholinergic effects of multiple medicines may be additive, constituting "anticholinergic burden".^{1,4,5}

The degree of anticholinergic effect varies greatly between drugs and drug classes.⁶ Drug classes with anticholinergic effects that are commonly used by older people include gastrointestinal antispasmodics, medicines used for urge incontinence, antipsychotics, and tricyclic antidepressants.⁴ The anticholinergic effect may be intrinsic to the therapeutic effect of the medicine or an unintended side effect.⁴

Relatively minor anticholinergic adverse effects that are readily apparent include dry mouth, con-

Abstract

Objectives: To identify medicines contributing to and describe predictors of anticholinergic burden among community-dwelling older Australian women.

Design, setting and participants: Retrospective longitudinal analysis of data from the A Pharmaceutica 30 December 2

Main outcome Anticholinergic for all medicine (semester), me scores (defined

Results: 1126 w anticholinergic semesters. Mos anticholinergic (ADS level 1). In medicines used were predictive of a higher anticholinergic burden.

Conclusions: A high anticholinergic medicines burden in this group was driven by the use of multiple medicines with lower anticholinergic potency rather than the use of medicines with higher potency. This is a novel and important finding for clinical practice as doctors would readily identify the risk of a high anticholinergic burden for patients using high potency medicines, but may be less likely to identify this risk for users of multiple medicines with low anticholinergic potency.

You come across this article that you consider summarizes the topic very well

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Although women outnumber men in the older population,³ research into anticholinergic medicine use has focused predominantly on mixed sex and male samples.^{1,8,11} However, United States studies have shown that 15% of women aged 75 years and older¹² and 11% of women aged 50–79 years¹³ used anticholinergic medicines.

Women may have a particular pro-

Longitudinal Study on Women's Health (ALSWH);

- identify medicines and combinations of medicines that make the greatest contribution to anticholinergic burden; and
- describe the predictors of high anticholinergic medicine burden.

Methods



Research

Anticholinergic burden in older women: not seeing the wood for the trees?

A high anticholinergic burden in this group was driven by the use of multiple medicines with lower anticholinergic potency rather than the use of medicines with higher potency

Older people are particularly vulnerable to adverse medicines-related events. Reasons for this include the physiological changes of ageing, the chronic and comorbid conditions they often have, the types of medicines they are commonly prescribed, and the frequency with which they use multiple medicines.^{1,2} Adverse effects related to medicine use are a significant health problem in this growing population group.³ Many medicines used by older people have anticholinergic effects (effects through one of the body's principal neurotransmitter systems).⁴ The anticholinergic effect of an individual medicine may be small, but the anticholinergic effects of multiple medicines may be additive, constituting "anticholinergic burden".^{1,4,5}

The degree of anticholinergic effect varies greatly between drugs and drug classes.⁶ Drug classes with anticholinergic effects that are commonly used by older people include gastrointestinal antispasmodics, medicines used for urge incontinence, antipsychotics, and tricyclic antidepressants.⁴ The anticholinergic effect may be additive to the therapeutic effect of the medicine or an unintended side effect.⁴

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Abstract

Objectives: To identify medicines contributing to anticholinergic burden among community-dwelling older women.

Design, setting and participants: Retrospective data from the Australian Longitudinal Study on Women's Health (ALSWH) medicine use data from 30 December 2010; for 3694 women born in 1946-1950.

Main outcome measures: Anticholinergic burden was defined as the sum of Anticholinergic Drug Scale (ADS) scores derived for all medicines used by each woman, summed by semester, divided by the number of medicines commonly used by women (defined as 75th percentile of scores).

Results: 1126 women (59.9%) used at least one medicine with anticholinergic properties. The median ADS score was 1.5 (interquartile range 1.0-2.0). Most anticholinergic medicines used were of low potency (ADS score < 9) had an ADS level 1). Increasing age, cardiovascular comorbidities and the number of medicines used were predictive of a higher anticholinergic burden.

Conclusions: A high anticholinergic burden is driven by the use of multiple medicines with lower anticholinergic potency rather than the use of medicines with higher anticholinergic potency. An important finding for clinical practice is that the risk of a high anticholinergic burden for older women is not necessarily related to the number of medicines used, but may be less likely to identify medicines with low anticholinergic potency.

Although women outnumber men in the older population,³ research into anticholinergic medicine use has focused predominantly on mixed sex and male samples.^{1,8,11} However, United States studies have shown that 15% of women aged 75 years and older¹² and 11% of women aged 50-79 years¹³ used anticholinergic medicines.

Women may have a particular pro-

Scenario 1.

You cut and paste the highlighted sentences into your project

As it is only two sentences you do not cite the source.

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Methods



Research

Anticholinergic burden in older women: the wood for the trees?

A high anticholinergic burden in this group was driven by the use of multiple medicines with lower anticholinergic potency rather than the use of medicines with higher potency

Older people are particularly vulnerable to adverse medicines-related events. Reasons for this include the physiological changes of ageing, the chronic and comorbid conditions they often have, the types of medicines they are commonly prescribed, and the frequency with which they use multiple medicines.^{1,2} Adverse effects related to medicine use are a significant health problem in this growing population group.³ Many medicines used by older people have anticholinergic effects (effects through one of the body's principal neurotransmitter systems).⁴ The anticholinergic effect of an individual medicine may be small, but the anticholinergic effects of multiple medicines may be additive, constituting "anticholinergic burden".^{1,4,5}

The degree of anticholinergic effect varies greatly between drugs and drug classes.⁶ Drug classes with anticholinergic effects that are commonly used by older people include gastrointestinal antispasmodics, medicines used for urge incontinence, antipsychotics, and tricyclic antidepressants.⁴ The anticholinergic

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Abstract

Objectives: To identify medicines contributing to anticholinergic burden among community women.

Design, setting and participants: Retrospective data from the Australian Longitudinal Study on Pharmaceutical Benefits Scheme medicines used on 30 December 2010; for 3694 women born in 1910-1919.

Main outcome measures: Anticholinergic burden was defined as the sum of Anticholinergic Drug Scale (ADS) scores derived for all medicines used by each woman, summed (semester), medicines commonly used by women (defined as 75th percentile of scores).

Results: 1126 women (59.9%) used at least one medicine with anticholinergic properties. The median ADS score was 1.5 (interquartile range 1.0-2.0). Most anticholinergic medicines used were of low potency (ADS score < 9) (ADS level 1). Increasing age, cardiovascular comorbidities and medicines used were predictive of a higher anticholinergic burden.

Conclusions: A high anticholinergic burden was driven by the use of multiple medicines with lower anticholinergic potency rather than the use of medicines with higher anticholinergic potency. This is an important finding for clinical practice as doctors may not identify the risk of a high anticholinergic burden for patients using multiple medicines, but may be less likely to identify medicines with low anticholinergic potency.

Although women outnumber men in the older population,³ research into anticholinergic medicine use has focused predominantly on mixed sex and male samples.^{1,8,11} However, United States studies have shown that 15% of women aged 75 years and older¹² and 11% of women aged 50-79 years¹³ used anticholinergic medicines.

Women may have a particular pro-

Scenario 2.

You cut and paste the highlighted sentences into your project.

You cite the source.

As it is only two sentences, and you have cited the source, you do not use quotation marks.

Methods

- describe the predictors of high anticholinergic medicine burden.



Research

Anticholinergic burden in older women: not seeing the wood for the trees?

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Abstract

Objectives: To identify medicines contributing to anticholinergic burden among community women.

Design, setting and participants: Retrospective data from the Australian Longitudinal Study on Women's Health (ALSWH) medicir 30 December 2010; for 3694 women born 1946-1955.

Main outcome measures: Anticholinergic Anticholinergic Drug Scale (ADS) scores defined for all medicines used by each woman, summed (semester), medicines commonly used by scores (defined as 75th percentile of score).

Results: 1126 women (59.9%) used at least one anticholinergic medicine. The median ADS score was 1.5 (range 0-12). Most anticholinergic medicines used were with low anticholinergic potency (ADS level 1). Increasing age, cardiovascular medicines used were predictive of a high anticholinergic burden.

Conclusions: A high anticholinergic burden is driven by the use of multiple medicines with low anticholinergic potency rather than the use of medicines with high anticholinergic potency. This is an important finding for clinical practice as it highlights the risk of a high anticholinergic burden from medicines, but may be less likely to identify medicines with low anticholinergic potency.

Although women outnumber men in the older population,³ research into anticholinergic medicine use has focused predominantly on mixed sex and male samples.^{1,8,11} However, United States studies have shown that 15% of women aged 75 years and older¹² and 11% of women aged 50-79 years¹³ used anticholinergic medicines.

Women may have a particular pro-

Scenario 3.

You re-write the highlighted section in your own words.

As you have used your own words you do not use quotation marks or cite the reference.

Longitudinal Study on Women's Health (ALSWH);

- identify medicines and combinations of medicines that make the greatest contribution to anticholinergic burden; and
- describe the predictors of high anticholinergic medicine burden.

Methods



Research

Anticholinergic burden in older women: not seeing the wood for the trees?

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Older people are particularly vulnerable to adverse medicines-related events. Reasons for this include the physiological changes of ageing, the chronic and comorbid conditions they often have, the types of medicines they are commonly prescribed, and the frequency with which they use multiple medicines.^{1,2} Adverse effects related to medicine use are a significant health problem in this growing population group.³ Many medicines used by older people have anticholinergic effects (effects through one of the body's principal neurotransmitter systems).⁴ The anticholinergic effect of an individual medicine may be small, but the anticholinergic effects of multiple medicines may be additive, constituting "anticholinergic burden".^{1,4,5}

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Abstract

Objectives: To identify medicines of anticholinergic burden among women.

Design, setting and participant data: from the Australian Longi Pharmaceutical Benefits Scheme 30 December 2010; for 3694 women.

Main outcome measures: Anti Anticholinergic Drug Scale (ADS) for all medicines used by each (semester), medicines common scores (defined as 75th percent).

Results: 1126 women (59.9%) anticholinergic properties. The semesters. Most anticholinergic anticholinergic burden (ADS score) (ADS level 1). Increasing age, comorbidities, and medicines used were predictive.

Conclusions: A high anticholinergic burden driven by the use of multiple medicines rather than the use of medicines with high anticholinergic potency. An important finding for clinical practice is the risk of a high anticholinergic burden from medicines with low anticholinergic potency.

Although women outnumber men in the older population,⁷ research into anticholinergic medicine use has focused predominantly on mixed sex and male samples.^{1,8,11} However, United States studies have shown that 15% of women aged 75 years and older¹² and 11% of women aged 50–79 years¹³ used anticholinergic medicines.

Women may have a particular pro-

Scenario 4.

You read all the articles in the bibliography of this article and summarize them in your own words.

As this is a recent article you do not do another literature search.

- Health (ALSWH);
- identify medicines and combinations of medicines that make the greatest contribution to anticholinergic burden; and
- describe the predictors of high anticholinergic medicine burden.

Methods



Academic Honesty



Which of these 4 scenarios constitutes academic dishonesty or plagiarism?

1. Cutting and pasting two sentences
2. Cutting and pasting two sentences, and citing the reference
3. Rewriting the content of the two sentences in your own words but not citing the reference
4. Relying on the bibliography without repeating the literature search



Academic Honesty



Which of these 4 scenarios constitutes academic dishonesty or plagiarism?

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4. Relying on the bibliography without repeating the literature search

All 4 scenarios constitute plagiarism



Academic Honesty



Plagiarism is the act of representing the original work of another as one's own work, without appropriate acknowledgement of the source.

Plagiarism, whether intentional or unintentional, is deemed by RACP as a form of misconduct and carries strict penalties.

Examples of plagiarism include:

- i. Cutting and pasting without using quotation marks or citing the source.
- ii. Paraphrasing of another person's work that keeps its meaning or progressive thread of ideas intact, with very minor changes from the original.
- iii. Claiming to have done a greater percentage of work than is actually the case.



Academic Honesty



Scenarios:

1. Cutting and pasting two sentences

Cutting and pasting is in breach of the policy.

2. Cutting and pasting two sentences, and citing the reference

Direct quotes should be in quotation marks.

Generally this should not be more than one or two lines.

3. Rewriting the content of the two sentences in your own words but not citing the reference

If the meaning or thread of ideas is intact, even if rewritten in your own words, you must cite the source.

4. Relying on the bibliography without repeating the literature search

This is plagiarism as the literature search was represented as the work of the trainee.



Academic Honesty Resources



On-line tutorials on referencing and plagiarism are widely available including from [Monash University](http://www.monash.edu/library) and [University of Technology Sydney](http://www.library.usyd.edu.au).

Take this [10 question quiz](#)



Monash University Library | Tutorials

Demystifying citing and referencing

The screenshot shows a presentation slide from the Monash University Library. The slide title is "What to cite and reference". On the left, there is a navigation menu with the following items: Academic Integrity, Help: Instructions, Introduction, Module objectives, Topic 1: About citing and referencing, Topic 2: How to cite and reference (selected), Introduction, Publication details, Activity: Understanding a reference, Finding publication information, Activity: Recognising book publicat..., Activity: Recognising journal public..., What to cite and reference, Common knowledge, Activity: Common knowledge, and Avoiding plagiarism. The main content area includes a yellow box with the text "Click each of the images to read more about when you should cite and reference.", a green "Tip" box stating "Always keep a record of the sources that you consult. Ensure you note the full publication details as this can save you time later when constructing the reference list.", a text box stating "Many people think that you only need to cite and reference when you have copied the words of another writer, but there is more to it than that.", and four small images labeled "Quotations", "Factual information", "Data, methods & images", and "Ideas". At the bottom, there is a blue box with the text "Whenever you directly copy the words of another author (quote), ensure you use quotation marks, or block text for longer quotations. Please note that in technical disciplines it is not acceptable to quote more than a line or two." The slide footer shows "Screen 21 of 30" and navigation buttons for "Back" and "Next".



[RACP Geriatric Medicine Training Handbook](#)

[RACP policy on Academic Honesty and Plagiarism](#)

Online tutorial from [Monash University](#)

Online tutorial and quiz from [University of Technology Sydney](#)

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