INFORMATION FOR TRAINEES

The following is provided for the assistance of Advanced Trainees of the AFRM who have registered with the AFRM Senior Executive Officer, for this course:

Behavioral Sciences Course

NOTE: All course material and queries will be handled through the Faculty office.

COURSE OVERVIEW & OBJECTIVES:

The trainee is expected to develop an understanding of psychological and sociological theories and research relevant to the understanding of how people experience disability and rehabilitation. The trainee should be able to demonstrate knowledge of the psychological and social factors influencing peoples’ reactions to disability, and an understanding of the implications of the behavioural sciences for rehabilitation care.

This module aims to provide an opportunity for the trainee to relate concepts and processes in Rehabilitation Medicine to psychological, behavioural and social sciences literature, theories and research, and to develop an understanding of theories and research in behavioural sciences relevant to:

1. people with disability in society.
2. a person’s experience of becoming and being disabled.
3. psychological, social and cultural factors influencing rehabilitation.
4. rural and remote communities.

Course Objectives: At the completion of this course, the trainee will be able to:

1. employ relevant behavioural sciences concepts to describe and/or explain issues in rehabilitation.
2. utilise selected examples of the behavioural sciences literature to explore psycho-behavioural and psycho-social aspects of rehabilitation.
3. write about contemporary issues in Rehabilitation Medicine in a manner that displays knowledge of and readings in the behavioural sciences.
4. identify and understand that rehabilitation is influenced by geographical, social and cultural factors.
MECHANICS OF THE COURSE:

1. Trainees need to write four (4) assignment papers.
2. The four assignments are to be 2000 words each.
3. Completed assignments must be clearly marked with your name and forwarded to the Faculty Office by email to rehab@racp.edu.au.
4. A copy of each assignment sent by the trainee should be retained in case the originals are lost or misplaced.
5. Assignments are to be written in formal academic style, including a comprehensive list of references presented in the form used in the reading list.
6. The Faculty office will advise candidates regarding the assessment of assignments. The assessment will take the form of written comments and a mark. Marking of the assignments is by one of a panel of four markers with expertise in Behavioural Sciences in relation to rehabilitation.
7. Each assignment is marked on a scale of 1 to 7 with descriptors for each category as are used by the Faculty in trainee assessments. A mark of less than 4 means that the assignment has to be revised and resubmitted.
8. Trainees should note the College's Academic Honesty and Plagiarism Policy, which is available on the RACP website under Education Policies in the Educational and Professional Development Section.
9. Paediatric Rehabilitation Medicine Trainees have assignment topics specific to children and adolescents.

METHOD OF ASSESSMENT:

Assessment will consist of four assignment papers, selected from the list of Assignment Topics. The first topic "The Biopsychosocial Model of Medical Care" is compulsory for all Trainees. The Trainee must also complete one from Section B, one from Section C and one from Section D.

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<tr>
<th>Compulsory assignment</th>
<th>Three assignments</th>
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KEY CONTENT:

1. Definitions and classifications of disability and functioning
   - the problems of defining and classifying disability, and the major current systems, including:
     - WHO International Classification of Diseases
     - WHO International Classification of Functioning, Disability and Health (ICF)

2. Epidemiology of disability in Australia
   - the Australian Bureau of Statistics Survey of Disability, Ageing and Carers (2003), and the implications of this study for the provision of medical and rehabilitation services

3. The experience of becoming disabled
   - the differing behavioural reactions to disability arising from congenital, traumatic and progressive impairments
   - behavioural theories and research relevant to the different reactions expected in each situation
4. **The experience of living with disability**
   - the effects of disability on all aspects of daily living including education, work, relationships and avocational pursuits
   - attitudes to disability, including:
     - the attitudes of “able-bodied people” to disability
     - the attitudes of people with disability towards disability
     - the attitudes of health professional to disability, the reasons for such attitudes, and the potential for such attitudes to foster dependency
   - negative attitudes to disability
     - theories relevant to the causes and perpetuation of such attitudes
     - strategies for changing such attitudes at personal, community and government levels
     - characteristics of effective and ineffective programmes of attitudinal change
   - in a rural and remote community*
   - problems of specific disability groups, including:
     - spinal cord injury
     - traumatic brain injury
     - multiple sclerosis
     - developmental disability
     - children, adolescents and older people
     - other groups, including people from culturally and linguistically diverse backgrounds and their families

[* A rural and remote community is as defined by the ARIA criteria - http://www.aihw.gov.au/publications/index.cfm/title/9993

5. **The health system’s response to people with disability**
   - having a disability and interacting with the health system
     - new disability
     - pre-existing disability
     - disability in the context of geographically and culturally diverse populations
ASSIGNMENT TOPICS – Adult Rehabilitation

A  **Biopsychosocial Approach** (compulsory question)

Compare and critically contrast the traditional medical model of care with the biopsychosocial approach presented by the International Classification of Functioning, Disability and Health. Use case examples from your own practice to illustrate the way that either Personal or Environmental (Contextual) factors influence the Participation outcomes achieved with particular patients.

B  **Process/experience of Rehabilitation** (1 topic to be attempted)

1. Outline a variety of models of interaction between the rehabilitation physician and the rehabilitation team. Explore the consequences of these models for interdisciplinary team dynamics and team effectiveness.

2. As the popularity of alternate and complementary medicine rises, discuss your approach of integration of care within the rehabilitation team.

3. Different service models, including peer support programs and chronic condition self-management, are acknowledged by health service planners to assist adjustment outcomes following disablement. Select one of these models and discuss how it can be used to improve rehabilitation services.

4. Is breaching patient confidentiality justified in some circumstances? Discuss this with reference to rehabilitation care.

5. You are asked to provide a consultation for a new patient and family. The family expresses their anger about the primary medical team and would like you to take on their care. Explore your approach in liaising with the family and medical team.

6. Rehabilitation professionals’ attitudes to people with disability mirror those of the general community. Do you agree? Review the evidence for and against this statement.

C  **Process/experience of Disability** (1 topic to be attempted)

1. Describe and contrast the psychological reactions that are associated with rapid onset disablement, and chronic progressive disablement. What implications are there for rehabilitation?

2. Discuss the importance of ‘quality of life’ as an outcome of rehabilitation. Who should evaluate this; when, where and how? Are other measures as important in evaluating adaptation to disablement?

3. Numerous psychosocial factors have been identified as playing a role in the onset and/or maintenance of various chronic pain syndromes. Please discuss, giving consideration to both the role of these factors in the pain cycle and the efficacy of current treatment approaches.

Last revised: February 2017
4. Discuss the role of personal coping strategies in long-term adjustment to disablement.

5. Discuss the effect of physical disfigurement (eg burns, amputation) on self-image. Can self-image be preserved in the situation of severe loss?

6. Describe the nature and effects of depressive illness in long-term disablement.

7. Spiritual and religious beliefs may be important in a person’s understanding and acceptance of disability. Discuss their possible influence.

8. What is “carer stress”? What factors contribute to carer stress occurring and what can be done to help prevent or alleviate it?

D Rural, Remote and Culturally Appropriate Rehabilitation (1 topic to be attempted)

Choose one or more populations from the following:
- Aboriginal and Torres Strait Islanders
- Maori and Pacific Islanders
- Rural and Remote Communities
- Refugees
- People from Culturally and Linguistically Diverse Backgrounds

Select one of the following health conditions in the context of the population that you have chosen:
- Spinal cord injury
- Traumatic brain injury
- Stroke
- Amputation
- Developmental disability and adolescent transition care
- Dementia

For the population and health condition that you have selected, discuss each of the following issues in relation to provision of rehabilitation services:
- Cultural security
- Clinical assessment and management of the individual and environment
- Models of care (including workforce issues)
ASSIGNMENT TOPICS – Paediatric Rehabilitation

A **Biopsychosocial Approach** (compulsory question)

Compare and critically contrast the traditional medical model of care with the biopsychosocial approach presented by the International Classification of Functioning, Disability and Health. Use case examples from your own practice to illustrate the way that either Personal or Environmental (Contextual) factors influence the Participation outcomes achieved with particular patients.

B **Process/experience of Rehabilitation** (1 topic to be attempted)

1. Outline a variety of models of interaction between the rehabilitation physician and the rehabilitation team. Explore the consequences of these models for interdisciplinary team dynamics and team effectiveness.

2. Discuss the differences in approach to the management of a child and adolescent with a chronic disability.

3. As the popularity of alternate and complementary medicine rises, discuss your approach of integration of care within the rehabilitation team.

4. Different service models, including peer support programs and chronic condition self-management, are acknowledged by health service planners to assist adjustment outcomes following disablement. Select one of these models and discuss how it can be used to improve rehabilitation services.

5. Is breaching patient confidentiality justified in some circumstances? Discuss this with reference to rehabilitation care.

6. You are asked to provide a consultation for a new patient and family. The family expresses their anger about the primary medical team and would like you to take on their care. Explore your approach in liaising with the family and medical team.

7. Rehabilitation professionals’ attitudes to people with disability mirror those of the general community. Do you agree? Review the evidence for and against this statement.

C **Process/experience of Disability** (1 topic to be attempted)

1. Describe and contrast the psychological reactions that are associated with rapid onset disablement, and chronic progressive disablement. What implications are there for rehabilitation?

2. Numerous psychosocial factors have been identified as playing a role in the onset and/or maintenance of various chronic pain syndromes. Please discuss, giving consideration to both the role of these factors in the pain cycle and the efficacy of current treatment approaches.

3. Discuss the specific issues that confront adolescents who have a chronic physical disability and the impact of mental health issues in this patient group.
4. Discuss the general principles of ethics in the management of a child and family in establishing limiting treatment and supporting withdrawal of life sustaining treatment.

5. Discuss the range of mental health issues that impact upon management of adolescents who have a chronic disability.

6. Discuss your approach to the management of an adolescent with a new diagnosis and the range of psychosocial issues that impact in the post acute period.

7. Discuss the effect of physical disfigurement (eg burns, amputation) on self-image. Can self-image be preserved in the situation of severe loss?

8. What is “carer stress”? What factors contribute to carer stress occurring and what can be done to help prevent or alleviate it?

D Rural, Remote and Culturally Appropriate Rehabilitation (1 topic to be attempted)

Choose one or more populations from the following:

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Select one of the following health conditions in the context of the population that you have chosen:

- Spinal cord injury
- Traumatic brain injury
- Stroke
- Amputation
- Developmental disability and adolescent transition care
- Dementia

For the population and health condition that you have selected, discuss each of the following issues in relation to provision of rehabilitation services for the child or adolescent:

- Cultural security
- Clinical assessment and management of the individual and environment
- Models of care (including workforce issues)
TEXTBOOKS (OPTIONAL):


READING LIST:

1. The following is a brief reading list. When seeking information for the essay topics Medline, CINHAL, Embase and other electronic databases should be searched.


Journals that may include relevant material are:
- Rehabilitation Psychology
- International Journal of Rehabilitation Research
- Psychosomatic Medicine
- Psychological Medicine
- Journal of Psychosomatic Research
- Archives of General Psychiatry
- International Electronic Journal of Rural and Remote Health

COURSE COMPLETION
External Training Module 6 must be satisfactorily completed prior to admission to Fellowship. It is recommended that trainees submit this module six months prior to completion of training, to allow time for marking and resubmission of assignments initially marked 'Resubmit'.

Last revised: February 2017
Appendix 1:
Tips on Preventing Plagiarism

PREVENTING PLAGIARISM

Learning how to reference correctly and acknowledge all sources is a crucial part of academic and scholarly work. It is not merely an add-on but an integral part of the assignment preparation process. The more proficient a trainee becomes in referencing, he or she will develop a more critical mind and be able to evaluate more rigorously their sources.

All trainees will need to consider the following to avoid unintentional plagiarism:

- master correct referencing practices (most Universities have a range of resources on good referencing techniques — for example, The University of Melbourne and Monash University have developed Acknowledgement, an online resource to educate both staff and students on academic honesty and plagiarism issues — http://calt.monash.edu.au/staff-teaching/plagiarism/acknowledgement/about/index.html)
- attribute appropriately all cited materials (including written text, diagrams and images) where citations occur
- avoid taking short cuts when preparing assignments
- manage time efficiently and effectively when preparing assignments
- write out more than one draft of an assignment
- take the time to check carefully all quoted material used in assignments and ensure quotes/references are fully and correctly referenced.

Trainees should be familiar with the Faculty’s strict policy on plagiarism. Please refer to: https://www.racp.edu.au/docs/default-source/default-document-library/academic-honesty-and-plagiarism-policy.pdf

The following module, developed by the University of Adelaide, is provided to assist understanding of what constitutes plagiarism: http://www.adelaide.edu.au/writingcentre/articulate/avoidingPlagiarism/player.html

Turnitin, a software program for plagiarism detection, also offers a range of webinars (free registration) http://turnitin.com/en_us/resources/category/preventing-plagiarism

Writing and grammar

It is expected that essays will have correct English expression, spelling and/or grammar. If there are significant deficiencies in this area, an essay will need to be resubmitted.

The following are useful introductory resources to academic writing:
- Academic Phrasebank (University of Manchester): http://www.phrasebank.manchester.ac.uk/
- Academic writing (University of Hull): http://www2.hull.ac.uk/lli/skillsteam/essaysother.aspx