NOTE: Most of the questions you need answers to about this module are in this document. Please read it fully and carefully before your first seminar.

NOTE: This document concerns the structure and content of the module. If you have questions about procedures, please consult the School of Psychology Administration Office or via psyoff@sussex.ac.uk.
SCHOOL OF PSYCHOLOGY

Third Year Option 2012/13

CLINICAL PSYCHOLOGY (C8002)

TITLE: Clinical Psychology

TIMING AND DURATION: Year 3, running for 12 weeks during the Spring term.

CONTACT HOURS AND TEACHING METHODS: 2 x 1 hour lectures per week for the first 7 weeks, and three x 2 hour seminars following week 7.

TIME & PLACE:

Monday Lecture: 3-4pm (FUL A-LT)
Wednesday Lecture: 12-1pm (A001)
Seminar Groups: Please check Sussex Direct for the times and locations of your seminar groups. There will be three 2hr seminar groups for each student sometime during weeks 8-12.

FULL MODULE OUTLINE:

This module will give students an insight into aetiology, assessment, treatment, and service provision in clinical psychology in the UK. Selected topics covering adult psychological disorders, child and adolescent problems, research and training in clinical psychology, and learning disabilities will be presented mainly by practicing clinical psychologists with expertise in these areas. At the end of the module students will be expected to be able to describe theories of the aetiology of a selected range of disorders, and compare treatment used across a range of disorders and client groups.

LEARNING OUTCOMES:

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

1. Describe and evaluate theories of the aetiology of a selected range of psychological disorders
2. Describe, compare and evaluate treatments and service provision
across a range of client groups

3. Describe, compare and evaluate treatments used across a range of psychological disorders

4. Describe and evaluate the contribution made by clinical psychologists to the diagnosis, assessment, and treatment of psychological disorders in the UK

FORMAL ASSESSMENT

<table>
<thead>
<tr>
<th>Mode</th>
<th>Learning outcome</th>
<th>Duration/Word Length</th>
<th>Submission date</th>
<th>Relative weighting of sub-units of assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSAY</td>
<td>1-4</td>
<td>3000</td>
<td>SUMMER TERM</td>
<td>80%</td>
</tr>
<tr>
<td>PRESENTATION</td>
<td>1-4</td>
<td>15 min</td>
<td>SPRING TERM (weeks 8-10)</td>
<td>20%</td>
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MODULE REQUIREMENTS

<table>
<thead>
<tr>
<th>Task or requirement</th>
<th>Learning outcome</th>
<th>Duration/Word Length/Comment</th>
<th>Submission date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESENTATION</td>
<td>1-4</td>
<td>15 MINS</td>
<td>Spring Term (Weeks 8-10)</td>
</tr>
</tbody>
</table>

METHOD OF STUDENT FEEDBACK:

Anonymous questionnaire at the end of the module.

MODULE CONVENOR:

Professor Graham Davey (School of Psychology)
Office No.: PEV 1 2B6
Email: grahamda@sussex.ac.uk
Internal telephone No.: 8485

SEMINAR TUTORS:

Suzanne Dash (email - S.Dash@sussex.ac.uk)
Frances Meeten (email – F.M.Meeten@sussex.ac.uk)
Clio Berry (email – C.Berry@sussex.ac.uk)
Rebecca Grist (email – R.M.Grist@sussex.ac.uk)
Donna Ewing (email – d.l.ewing@sussex.ac.uk)
# CLINICAL PSYCHOLOGY

## Broad Overview of the Module

Clinical Psychology – year 3 option  
Convenor: Professor Graham Davey  
Spring Term 2013  
Lectures: Monday 3-4pm (FUL A-LT); Wednesday 12-1pm (A001)

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Lecture</th>
<th>Date</th>
<th>Lecture Title</th>
<th>Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>1</td>
<td>Mon Jan 21st</td>
<td>Introduction To The Module</td>
<td>Graham Davey</td>
</tr>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2</td>
<td>Weds Jan 23rd</td>
<td>Clinical Psychology Training</td>
<td>Fergal Jones*</td>
</tr>
<tr>
<td>2</td>
<td>Introduction</td>
<td>3</td>
<td>Mon Jan 28th</td>
<td>An Understanding of What Clinical Psychologists Do</td>
<td>Fergal Jones*</td>
</tr>
<tr>
<td>2</td>
<td>Childhood &amp; Developmental Disorders</td>
<td>4</td>
<td>Weds Jan 30th</td>
<td>Play therapy &amp; Parenting Approaches</td>
<td>Susy Brown-Jones*</td>
</tr>
<tr>
<td>3</td>
<td>Adult Mental Health</td>
<td>5</td>
<td>Mon Feb 4th</td>
<td>Low intensity CBT for Common Mental Health problems</td>
<td>Kate Cavanagh</td>
</tr>
<tr>
<td>3</td>
<td>Childhood &amp; Developmental Disorders</td>
<td>6</td>
<td>Weds Feb 6th</td>
<td>Family therapy approaches to child and adolescent mental health</td>
<td>Warren Matofsky*</td>
</tr>
<tr>
<td>4</td>
<td>Adult Mental Health</td>
<td>7</td>
<td>Mon 11th Feb</td>
<td>Understanding Psychotic Experiences</td>
<td>Mark Hayward</td>
</tr>
<tr>
<td>4</td>
<td>Adult Mental Health</td>
<td>8</td>
<td>Weds 13th Feb</td>
<td>Substance Abuse &amp; Dependency</td>
<td>Graham Davey</td>
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<tr>
<td>5</td>
<td>Adult Mental Health</td>
<td>9</td>
<td>Mon 18th Feb</td>
<td>Introduction to Personality Disorders</td>
<td>Renee Harvey*</td>
</tr>
<tr>
<td>5</td>
<td>Adult Mental Health</td>
<td>10</td>
<td>Weds 20th Feb</td>
<td>Self-Harm &amp; Suicidality</td>
<td>Susy Brown-Jones*</td>
</tr>
<tr>
<td>6</td>
<td>Adult Mental Health</td>
<td>11</td>
<td>Mon 25th Feb</td>
<td>Clinical Psychology in the Community</td>
<td>Jane Clatworthy*</td>
</tr>
<tr>
<td>Week</td>
<td>Course</td>
<td>Date</td>
<td>Title</td>
<td>Speaker</td>
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</tr>
<tr>
<td>6</td>
<td>Research &amp; Training</td>
<td>12 Weds</td>
<td>Doing Clinical Psychology Research in the NHS</td>
<td>Mark Hayward</td>
<td></td>
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<td></td>
<td>27th Feb</td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Learning Disabilities</td>
<td>13 Mon</td>
<td>The Aetiology &amp; Epidemiology of Learning Disabilities</td>
<td>Diane Bissmire*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4th Mar</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Learning Disabilities</td>
<td>14 Weds</td>
<td>Assessment &amp; Service Provision for Learning Disabilities</td>
<td>Diane Bissmire*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6th Mar</td>
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</table>

*External lecturer
# CLINICAL PSYCHOLOGY – SPRING TERM 2013

## LECTURE SYNOPSIS

### LECTURE 1

**INTRODUCTION TO THE MODULE**  
**PROFESSOR GRAHAM DAVEY – UNIVERSITY OF SUSSEX**

This lecture will be an Introduction to the module and will describe the structure of the module, its learning outcomes, the assessments and modulework requirements, and the lecture and seminar structure. The module basically attempts to cover many aspects of Abnormal Psychology within the framework of professional Clinical Psychology, and is presented primarily by practicing clinical psychologists.


**LEARNING OUTCOMES: NONE**

### LECTURE 2

**DR. FERGAL JONES, CANTERBURY CHRIST CHURCH UNIVERSITY & SUSSEX PARTNERSHIP NHS FOUNDATION TRUST**

**CLINICAL PSYCHOLOGY TRAINING**

This lecture will give an overview of the training process for clinical psychologists and the entry requirements for clinical psychology training modules.


**Learning Outcomes:** An understanding of what clinical psychology training involves and how to become a clinical psychologist.

### LECTURE 3

**AN UNDERSTANDING OF WHAT CLINICAL PSYCHOLOGISTS DO**

**DR. FERGAL JONES, CANTERBURY CHRIST CHURCH UNIVERSITY & SUSSEX PARTNERSHIP NHS FOUNDATION TRUST**


**Learning Outcomes:** This lecture will give an overview of what it means to be a clinical psychologist and cover some of the different services that clinical psychologists can provide.

### LECTURE 4

**PLAY THERAPY & PARENTING APPROACHES**
Dr. Susan Brown-Jones, Sussex Partnership NHS Trust, Child and Adolescent Mental Health Service

This lecture will provide a broad overview of different types of play-based approaches and parenting interventions. There will be discussion of linking different types of presenting problems with the various therapeutic interventions.

Reading List


Learning Outcomes: From this lecture students should have an awareness of play-based therapies and parenting interventions that can be used with children, adolescents and their families.

Lecture 5

Low Intensity CBT for Common Mental Health Problems

Dr. Kate Cavanagh, University of Sussex

The National Institute for Clinical Excellence has recommended that Cognitive Behavioural Therapies (CBT) be available to people suffering from anxiety or depression via the NHS. Over the past 5 years new psychology services have been commissioned in order to increase access to CBT for these common mental health problems.

This lecture is an introduction to CBT for common mental health problems in the context of Increasing Access to Psychological Therapies (IAPT) Services. For mild-to-moderate anxiety and depression, High Intensity and Low Intensity services are available within the
NHS. High Intensity work is characterised by 8-20 sessions of traditional CBT, delivered by a CBT therapist. Low Intensity work is characterised by guiding and monitoring self-help interventions such as workbooks and computer-based therapy programmes based on the principles of CBT and is delivered by Psychological Wellbeing Practitioners. This lecture will introduce the IAPT model, describe the interventions used and evaluate the evidence base for these kinds of services.


**LEARNING OUTCOMES:** At the end of this lecture students should be aware of the definition of common mental health problems and of how Increasing Access to Psychological Therapies services work for people with these difficulties. Students will be able to describe and evaluate key research findings regarding the effectiveness of low and high intensity CBT interventions for anxiety and depression in research trials and in practice

**LECTURE 6**

**FAMILY THERAPY APPROACHES TO CHILD AND ADOLESCENT MENTAL HEALTH**

**DR WARREN MATOFSKY, SUSSEX PARTNERSHIP FOUNDATION TRUST**

Psychology has often been criticised for being too focused on the individual and thereby obscuring the familial, social, economic and cultural roots of distress. The lecture will explore how the concepts and practices of family (or systemic) therapy can serve as a buffer against such thinking and inform clinical work with young people, their families and communities. Case study material will be used to show how systemic hypotheses are constructed and techniques employed in therapeutic conversations.


**LEARNING OUTCOMES:** Students should have awareness of some of the main ideas in family therapy and how they can be applied in working with families

<table>
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<tr>
<th>LECTURE 7</th>
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</table>

**UNDERSTANDING PSYCHOTIC EXPERIENCES**

**DR. MARK HAYWARD, UNIVERSITY OF SUSSEX & SUSSEXPARTNERSHIP TRUST**

This lecture will take a symptom (rather than a syndrome) approach to understanding psychotic experiences. Specifically, the experience of hearing voices will be explored with reference to cognitive and relational models. Attention will be drawn to the meaning of the voice hearing experiences and how this influences therapeutic responses.
Developing a cognitive understanding


Using a relational framework


Phenomenological understandings


Learning Outcomes: By the end of the lecture the students will: (1) be able to describe at least one model for understanding voice hearing experiences, and (2) have a framework for understanding therapeutic responses to distressing voices.

LECTURE 8

SUBSTANCE ABUSE AND DEPENDENCY

GRAHAM DAVEY, UNIVERSITY OF SUSSEX

This lecture will describe the main diagnostic criteria for substance abuse and dependency, and will continue by describing the characteristics of drugs that give rise to abuse and dependency. A developmental model of substance dependency will be described and evaluated, and the main types of treatment for substance dependency will be discussed.


Ridenour TA, Maldonado-Molina M, Compton WM, Spitznagel EL & Cottler LB


Learning outcome: At the end of this lecture students should be able to describe the main diagnostic criteria for substance use and dependency, describe and evaluate a developmental model of substance dependency and evaluate the risk factors that contribute to the different stages in this model, and describe and evaluate a tiered approach to treating substance use disorders, and evaluate the efficacy of a range of psychological and biological treatment methods.

LECTURE 9

INTRODUCTION TO PERSONALITY DISORDERS

RENEE HARVEY, SUSSEX PARTNERSHIP MENTAL HEALTH TRUST

Reading List

1. *Understanding Personality Disorder: A Professional Practice Board Report* by the British Psychological Society. Published by The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR.

   Available at: [http://www.bps.org.uk/content/understanding-personality-disorder-report-british-psychological-society](http://www.bps.org.uk/content/understanding-personality-disorder-report-british-psychological-society)


**Learning outcomes:** To gain an understanding of what is meant by the term ‘personality disorder’, and an introduction to some of the challenges and controversies around the concept itself as well as working with this client group in the clinical field

LECTURE 10

SELF-HARM & SUICIDALITY
**DR. SUSAN BROWN-JONES, SUSSEX PARTNERSHIP NHS TRUST, CHILD AND ADOLESCENT MENTAL HEALTH SERVICE**

Provides an overview of self-harm particularly but also will discuss and contrast this with suicidality.


Learning Outcomes: Increased understanding of self-harm and suicidality and factors linked with both. Differences and links between self-harm and suicidality. Understanding of treatment approaches

**LECTURE 11**

**CLINICAL PSYCHOLOGY IN THE COMMUNITY**

**DR JANE CLATWORTHY, UNIVERSITY OF SUSSEX/ GROW2GROW**
Lecture summary
This lecture will highlight some of the challenges of meeting mental health needs within traditional service settings and will describe a variety of community-based interventions led by clinical psychologists, including ‘street therapy’ with gangs and ‘green therapies’ such as gardening-based interventions.

Reading List


Learning Outcome(s)
Students will have an awareness of critical/community psychological perspectives on mental health and an understanding of the broad range of settings that clinical psychologists may work within.

LECTURE 12

DOING CLINICAL PSYCHOLOGY RESEARCH IN THE NHS

DR MARK HAYWARD, UNIVERSITY OF SUSSEX & SUSSEX PARTNERSHIP TRUST

This lecture will define the nature, landscape and processes of research within the NHS. Specifically, the relationship between clinical psychology and research within the NHS will be considered. Attention will be drawn to the limited research activity of many clinical psychologists, and the possible barriers to participation.


Learning Outcomes: By the end of the lecture the students will:

1) be able to define research within an NHS context.
2) understand some of the variables that can enable and prohibit the research activity of clinical psychologists.

LECTURE 13

THE AETIOLOGY & EPIDEMIOLOGY OF LEARNING DISABILITIES

DR. DIANE BISSMIRE, SUSSEX PARTNERSHIP FOUNDATION TRUST

- What do we mean by Learning Disabilities?
- Causes and syndromes
- Epidemiology – and statistics
- History of support services

- British Psychological Society. Learning Disabilities: Definitions and Contexts. BPS. 2002 (Downloadable from the BPS website)
### Learning Outcome:
- A broad understanding of:
  - The definition of Learning Disabilities,
  - Some causes and various syndromes
  - Aspects of society’s response to and support for people with Learning Disabilities

### LECTURE 14

#### THE ROLE OF PSYCHOLOGY IN LEARNING DISABILITY SERVICES

**DR DIANE BISSMIRE, SUSSEX PARTNERSHIP FOUNDATION TRUST**

- The changing role of psychology in learning disability services
- The range of psychological models used within Learning Disability Services (assessment techniques, formulation and interventions)
- Working with systems in human services


### Learning Outcome:
- Knowledge of
  - The role of psychology in learning disability services
  - The main approaches to assessment and intervention
  - The importance of working with systems in human services
CLINICAL PSYCHOLOGY

SEMINARS

You will attend three x 2-hour seminars during weeks 8-12 of the Spring Term after the lecture module has finished. The purpose of these seminars is to discuss any issues that may arise from the lectures and for each student on the module to make their 10-15-min presentation that contributes 20% to the formal module assessment. It is important that you take advantage of these seminars, because it is unlikely that you will have direct access to any of the practitioners who are providing lectures, other than during the lectures themselves.

SEMINAR PRESENTATIONS

During weeks 8-12 in one of your seminar sessions you must give a 10-15 minute presentation based on one of the titles given below under “Presentation Topics”. This must be a PowerPoint presentation and will be formally assessed by your seminar tutor according to the assessment guidelines for presentations given in Appendix 1. The timetable for individual student presentations will be organised during the term. Because you will only get access to the lecturers during their lectures, student-led presentations are a useful way for the class to supplement the lecture material on individual topics on the module. You should therefore treat the presentations as an important source of supplementary information.

You MUST also provide your seminar tutor with a hardcopy print out of your PowerPoint presentation at the seminar in which you give your presentation.

However, because there are a large number of students on the module and only a limited number of presentation slots, there will be NO OPPORTUNITY FOR THOSE WHO MISS THEIR PRESENTATION SLOT TO RESCHEDULE THEIR PRESENTATION. If you fail to give your presentation in the pre-arranged time slot you should arrange to see a student advisor and take your evidence for missing the presentation with you to that meeting. If your evidence is accepted the absence will be condoned. If the evidence is not accepted then a mark of 0% will be given for the presentation.

Your presentation and your end of year essay MUST be on topics from different lectures.
PRESENTATION TOPICS

1. Pick one approach to understanding and addressing mental health problems out of the following: cognitive-behavioural, psychodynamic and systemic. Describe the key principles of the approach that you have chosen and give examples of how these principles might be applied in clinical work. (Lecture 3).

2. What use might creativity, i.e. drawing, games, drama have in the application of CBT for use with children and young people? (Lecture 4)

3. How has society’s response to people with learning disabilities changed over time? Consider this both in terms of the concept of learning disability and the types of service offered to this group of people. (Lecture 13)

4. What might need to be taken into account when using a CBT model of intervention with someone with a learning disability, and what adaptations might need to be made? (Lecture 14)

5. What factors lead individuals to become regular users of a substance? (Lecture 8)

6. Is substance dependency merely a physical dependency? (Lecture 8)

7. What family therapy approaches could be used to help Homer and Marge Simpson who are concerned about their son, Bart, because of his defiant behaviour? Which other professionals (teacher, social worker, church youth worker etc) involved in Bart’s life might it be useful to involve and why? (Lecture 6)

8. What do family therapists mean by reflexivity? Construct a genogram of your family and identify the main themes that arise in stories about your family. How might these stories have influenced your choice of degree and future career plans? (Lecture 6)

9. How is deliberate self-harm defined and what kinds of problems lead adolescents in particular to self-harm? (Lecture 10).

10. What are the risk factors for adolescent self-harm and can self-harm be predicted and prevented? (Lecture 10)

11. What are the advantages and disadvantages of low intensity cognitive behavioural interventions for common mental health problems? Given the pros and cons, how might you optimise their use in practice? (Lecture 5)
12. Do low intensity cognitive interventions for common mental health problems work? (Lecture 5)

13. Psychosis – Madness or misunderstanding? (Lecture 7)

14. Why do many people suffering psychosis hear voices? (Lecture 7)

15. Many clinical psychologists don't publish any research. Is this helpful to the profession? (Lecture 12)

13. Describe two factors that might prevent people from accessing mental health services. How might a community-based intervention help to reduce these barriers? (Lecture 11)

14. Should we diagnose personality disorders? A consideration of the pros and cons. (Lecture 9)

15. How can personality disorders be treated? (Lecture 9)
**END OF YEAR ESSAY (80% of formal assessment)**

The essay titles that you can choose from for this final assignment will be emailed to you during the Spring Term.
### PRESENTATION ASSESSMENT GUIDELINES

**Assessment Guidelines for Oral Presentations of single studies or literature reviews**

<table>
<thead>
<tr>
<th>Categorical Marks</th>
<th>Classification</th>
<th>Slides</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>92, 98</td>
<td>Exceptional 1\textsuperscript{st}</td>
<td>A truly exceptional presentation, combining a faultless presentation with very substantial novel insights. The presentation is similar in standard to that for a very good presentation at an international research conference.</td>
<td>Student delivers presentation with clarity and authority, within allocated time, showing evidence of knowledge and engagement. Able to answer questions confidently.</td>
</tr>
</tbody>
</table>
| 82, 88            | Outstanding 1\textsuperscript{st} | An outstanding presentation, with near-perfect delivery, excellent structure and use of visual aids.  
Single Study: All key aspects are clear, concise and precise, and there is substantial evidence of critical thinking and novel insights.  
Literature review: The review makes substantial use of novel material beyond the core reading.  
For the higher mark there is clear evidence of both insight and analysis and integration of novel work demonstrating outstanding research and presentation skills. | |
| 72, 78            | Clear 1\textsuperscript{st} | The presentation is very clear and well presented. The background/rationale is presented clearly and concisely. There is a very clear structure with clearly identified sections. The use of figures and visual aids is excellent. The take-home message is very clearly stated.  
Single study: the key aspects of the method and results are highlighted without any clutter. There is evidence of critical insight regarding the implications of the studies.  
Literature review: The core material is covered well and presented in a logical sequence. For the higher mark there is substantial evidence of the student’s insight and analysis of the literature OR integration of material beyond core reading. | |
<table>
<thead>
<tr>
<th>No.</th>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>62, 65, 68</td>
<td>2.1</td>
<td><strong>The presentation is generally clear and well presented but could be improved.</strong> The background/rationale is generally clear. The slides layout and organisation facilitates logical flow of content. The use of figures and visual aids is good. The take-home message is stated clearly. Single study: the key aspects of the methods and results are highlighted without too much clutter. The conclusions drawn are appropriate for the results obtained and reveal some evidence of independent thought. Literature review: the analysis of the literature is appropriate and explained well. The review shows evidence of wide reading and generally good use and understanding of material.</td>
</tr>
<tr>
<td>52, 55, 58</td>
<td>2.2</td>
<td><strong>The presentation is adequate but lacks clarity in a number of places.</strong> The slides layout and organisation lack structure and do not facilitate the logical flow of the content. Sections may be too long or too short, or one section may be missing. The background/rationale is stated but lacks focus. There are too many/too few figures and visual aids OR the level of detail is inappropriate. The take-home message is stated but lacks clarity/focus. Single study: the method and results can be generally understood but require more explanation. There is a good level of detail in some areas but important aspects are missing. The conclusions drawn are appropriate for the results obtained but there is little evidence of independent thought. Literature review: the review is relevant, and there is reasonable coverage of core material, but the analysis but lacks depth.</td>
</tr>
<tr>
<td>42, 45, 48</td>
<td>3rd</td>
<td><strong>Some understanding of the material is evident, but the effectiveness of the presentation is limited by some of the following problems:</strong> the background/rationale is unclear; the presentation lacks a clear structure; the presentation is insufficiently or overly detailed; the use of figures and other visual</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Some basic information is communicated but delivery is</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Student delivers presentation with clarity, and shows evidence of engagement, but 1 or 2 small gaps in knowledge. Presentation might be slightly too long or too short. Able to answer questions but not with complete confidence.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Adequate delivery of presentation, with several gaps in knowledge, satisfactory engagement. Presentation might be significantly too long or too short. Limited ability to answer related questions.</strong></td>
</tr>
<tr>
<td>Score</td>
<td>Grade</td>
<td>Description</td>
</tr>
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<td>-------</td>
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<td>-----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>35, 38</td>
<td>Marginal</td>
<td>Very limited understanding of basic principles of oral presentation. The presentation is very poor and either insufficiently or overly detailed. The use of figures and other visual aids is inappropriate. There is no take-home message. <strong>Single study:</strong> the methods and results sections lack basic details AND/OR the methods and results cannot be discerned. The conclusions drawn are not supported by the results. <strong>Literature review:</strong> the analysis of the papers is crude or inappropriate, suggesting little understanding of the topic.</td>
</tr>
<tr>
<td>0, 10, 20, 30</td>
<td>Absolute Fail</td>
<td>The presentation has little or no structure, and contains no appropriate material, or disconnected and mostly irrelevant fragments. There is minimal evidence of information beyond the level expected from a layperson.</td>
</tr>
</tbody>
</table>

**Note:** These criteria are interpreted more generously for students in earlier stages of their degree module, in the sense that first- and second-year students are not expected to display the breadth of knowledge or maturity of judgement expected of finalists.