



**The British
Psychological Society**
Accredited



UNIVERSITY OF
BATH

**Faculty of Humanities & Social Sciences
Department of Psychology**

MSc Health Psychology Programme Handbook 2018/19

This Handbook is available online or in alternative formats.
Please contact your programme administrator Caroline Chapman
c.chapman@bath.ac.uk if required.

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WELCOME

Welcome to the University of Bath. Your programme is delivered by the **Department of Psychology** within the **Faculty of Humanities & Social Sciences (HSS)** (<http://www.bath.ac.uk/hss>). The Faculty (one of three Faculties and one School in the University – see below and <http://www.bath.ac.uk/departments>) comprises six departments.

Economics <http://www.bath.ac.uk/economics>

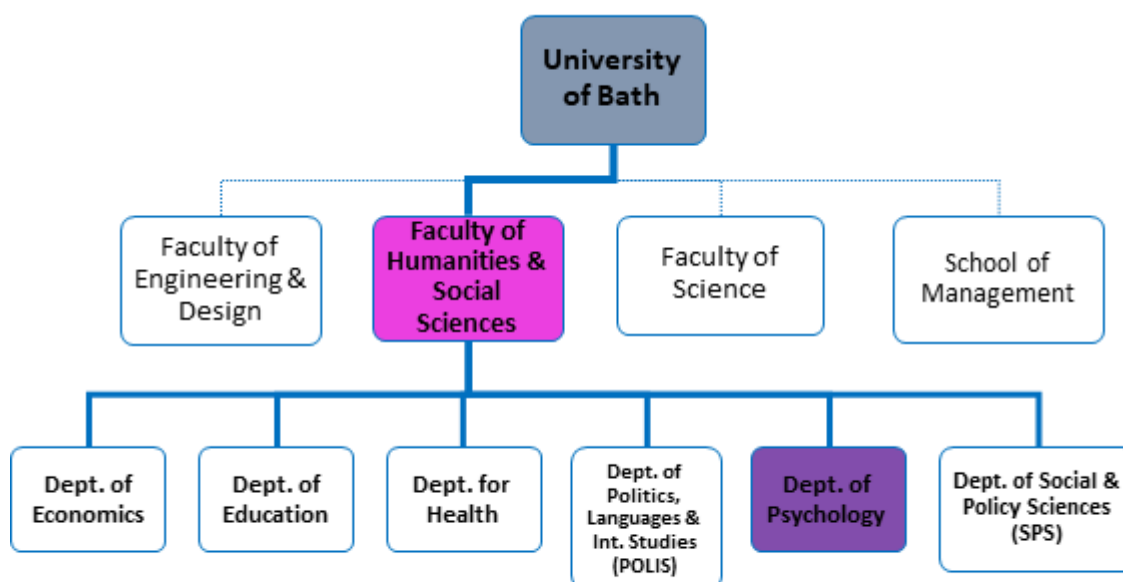
Education <http://www.bath.ac.uk/education>

Health <http://www.bath.ac.uk/health>

Politics, Languages & International Studies <http://www.bath.ac.uk/polis>

Psychology <http://www.bath.ac.uk/psychology>

Social & Policy Sciences <http://www.bath.ac.uk/sps>



Faculty Taught Programmes administration

Undergraduate and Postgraduate Taught (Masters) programmes are delivered by academic staff in departments, with administrative support provided by our Taught Programmes Team. Our Taught Programmes Team consist of expert Managers, Officers, Administrators and Administrative Assistants, located in Hub Offices across our Faculty buildings – 3 East, 1 West North, 1 West and 10 West.

Our Taught Programmes Team is responsible for all aspects of administrative support for all taught programmes in the Faculty, ensuring that services are efficient, effective and adapt to changing circumstances. We provide students with support and advice from registration to graduation, and support academic teaching staff in our departments.

Our duties include:

- managing administrative processes of the Faculty's taught programmes
- acting as a central point of contact for staff and students seeking advice
- offering programme-related operational support for academic teaching staff in departments

It is important that you get to know the administrators who look after your particular programme, as they can often provide invaluable guidance on various aspects of the programme. If your administrator is unavailable then please speak to any other of our other administrators listed below, all of whom will be very happy to help you. If you have any problems then please contact one of the Programmes Officers or Managers.

Programme specific email addresses are used to manage enquiries from students and academic staff and these are regularly monitored by designated members of the team.

Our Taught Programmes Team members are based in Taught Programmes Support Hubs across the Faculty.

Taught Programmes Support Hub

Location: 10 West (office 1.02)

Department: Psychology programmes

Programmes Officer: [Andie Barlow](#)

Undergraduate programmes: psychology-ug@bath.ac.uk

- [Cynthia Spencer](#), Undergraduate Administrator

Postgraduate programmes:

MSc Health Psychology: psy-pg-health@bath.ac.uk / MSc Applied Clinical Psychology: psy-pg-clinical@bath.ac.uk / MSc Applied Psychology and Economic Behaviour: psy-pg-apeb@bath.ac.uk / MRes Psychology

- [Caroline Chapman](#), Postgraduate Taught Administrator

Supporting Undergraduate and Postgraduate programmes:

[Emily Horne](#) Programmes Administrative Assistant

Faculty Taught Programmes Management Team

Programmes Managers

- [Elise Merker](#)
- [Abby Stacey](#)

Programmes Officers: fac-hss-pgo@bath.ac.uk

- [Emma Scrase](#) (Health, Education)
- [Kate Difford](#) (Economics, SPS)
- [Andie Barlow](#) (PoLIS, Psychology)
- [Jo Wright](#) (PGT Distance Learning in Health, Education, SPS)
- [Sharon Firkins](#) (MRes Programmes Coordinator)

ABOUT THIS HANDBOOK

This Handbook is intended for the MSc Health Psychology programme in the academic year 2018/19.

Please note that the contents of this Handbook are accurate at September 2018 but that information may sometimes be subject to change after this Handbook has been issued. Your Director of Studies or Unit Convenor will inform you of any changes that will affect your programme or a particular unit. For further information about unit and programme changes, see the **Unit and programme changes** section in this Handbook.

While this Handbook signposts information about **regulations for students**, it does not have regulatory status itself, and the Regulations available online (Regulations for Students: www.bath.ac.uk/publications/regulations-for-students and Assessment Regulations: www.bath.ac.uk/registry/nfa) are the most up-to-date and take precedence over the contents of this Handbook.

If in doubt about what applies to you, or if your circumstances change (for example if you are returning from a suspension of study, or transferring to a different programme) please contact your Director of Studies Dr Paula Smith for advice.

YOUR PROGRAMME

Welcome from the Director of Studies

On behalf of the Health Psychology team I am very pleased to welcome you onto our Masters in Health Psychology programme which is accredited by the British Psychological Society.

We look forward to meeting you all and getting to know you through teaching, tutoring, placement and various other activities throughout the year. We are here to support your efforts to develop as thoughtful, critical and independent researchers in Health Psychology.

We are immensely proud of our highly rated course and are confident that the many challenges and rewards it brings will equip you for a range of future careers in health related contexts.

A handwritten signature in black ink, reading "Paula Smith". The signature is fluid and cursive, with the first name "Paula" and the last name "Smith" clearly distinguishable.

Dr Paula Smith
Director of Studies, MSc Health Psychology

The MSc Health Psychology programme is delivered by the Department of Psychology. The Department is located in building 10 West – see the campus map at <http://www.bath.ac.uk/travel-advice/location-maps/>

Information regarding the department, including a list of academic staff, their individual research interests, departmental research activities, events (including seminars to which you may be able to attend) and news items can be found by linking from <http://www.bath.ac.uk/hss/postgraduate-study>.

KEY CONTACTS/STAFF LIST

Key contacts include your Director of Studies (a member of academic staff who has overall responsibility for the programme) and your programme administrator, specifically:

<u>Academic Team</u>	Role	Room	Ext. No.	email
Dr Sally Adams	Lecturer	10 West 3.20	4004	s.adams@bath.ac.uk
Dr Ben Ainsworth	Lecturer	10 West 3.28	3114	b.ainsworth@bath.ac.uk
Prof Julie Barnett	Professor	10 West 3.21	3167	j.c.barnett@bath.ac.uk
Prof Mitch Callan	Professor	10 West 4.27	3070	m.j.callan@bath.ac.uk
Dr Tom Freeman		tbc		
Dr Abbie Jordan	Senior Lecturer	10 West 3.10	6982	a.l.jordan@bath.ac.uk
Dr Paula Smith	Director of Studies, Senior Lecturer	10 West 3.18	4844	p.c.smith@bath.ac.uk
Dr Andrew Weyman	Senior Lecturer	10 West 4.31	5279	a.veyman@bath.ac.uk
<u>Administration</u>				
Caroline Chapman	Programme Administrator	10 West 1.02	5597	c.chapman@bath.ac.uk
<u>Placements Team</u>				
Dr Abbie Jordan	Senior Lecturer, Placement Advisor	10 West 3.10	6982	a.l.jordan@bath.ac.uk
Amy Haughton	Placement Officer	1 West 3.06	6299	a.haughton@bath.ac.uk

Dr Paula Smith is the Director of Studies for the MSc in Health Psychology. Paula is responsible for the overall running of the course and ensuring students' welfare. Should you have any questions or queries you can contact her at the above e-mail address.

Internal messages are usually sent by email and you should make a point of checking your account every day. You can also access your account via the internet by typing <https://mail.bath.ac.uk> or clicking on 'Webmail' on the University's internal home page. **You must ensure that your email inbox does not become full otherwise emails cannot be sent to you and you therefore run the risk of missing important information.**

The best way to contact staff is by email. If you want to send hard copy mail to a member of staff, you can hand this to the administrator in the 10 West programme office who will place it in the appropriate 'pigeon-hole' (mail box).

Should you have any queries or problems (that you have not been able to resolve using the various sources of information in this handbook and elsewhere) we strongly recommend you talk to us. Any issues relating to your work then please contact either the lecturer concerned or your Director of Studies (most academic staff are available at specific times of the week). Administrators are available in office hours (typically 10.00 to 12.00, 14.00 to 16.00, Monday to Friday).

You can collect your post from the pigeon holes located in 10 West. Any mail addressed to you care of the University or the Department, internal mail, and messages from members of staff will be placed there, and you can also leave messages for other students. You should check your pigeon-hole as soon as you arrive at the University and at least once a week thereafter. The Department cannot accept responsibility for mail not collected by students. Any post should be addressed as follows:

*Your name C/O
The Department of Psychology
MSc Health Psychology
University of Bath
Claverton Down
Bath BA2 7AY*

EXPECTATIONS

It is a University Regulation that you attend regularly. If you are not able to do so, or will be absent for longer than three days due to ill health, then you must contact your Director of Studies to discuss your situation and an appropriate course of action.

Further information

See Regulation 3: www.bath.ac.uk/publications/regulations-for-students

Attendance of Units

In our postgraduate taught units, we seek to create an interactive rather than a didactic teaching environment, with students actively contributing to the educational experience of the group as a whole. In many cases, as part of this collective educational experience, we have students working in groups, and then making presentations to the class as a whole. Sometimes these presentations might be formal. This rich learning environment, be it in lectures or in group activities, obviously relies on students attending and participating in all activities.

We expect you to attend all lectures and participate in any group-work activities (unless mitigating circumstances dictate otherwise). Non-attendance would not only reduce your own learning experience but could potentially reduce that of others in the group. In order to reinforce this principle, in **some units, students who have not attended timetabled group activities (even if non-assessed) may have unit marks deducted.**

We hope that you will appreciate the importance of this issue, in that students are partners in a collective learning experience.

PROGRAMME AIMS AND LEARNING OUTCOMES

The MSc Health Psychology comprises a number of Aims and Learning Outcomes which are listed below. Key information (including this Handbook, various forms and other links) can be found on the [MSc Health Psychology programme Moodle page](#)

Details of programme and individual units can be found in the [Programme & Unit Catalogue](#)

Synopsis and academic coherence of programme

The programme is the responsibility of the Department of Psychology and was established in 1996. We have built an excellent track record for the training of health psychologists since it began. Our programme was one of the first in Britain to be accredited by the British Psychological Society (BPS) in 1999. The content of the programme adheres to the skills and curriculum requirements of the BPS.

The programme aims to provide the first stage (stage 1) in training towards becoming a BPS Chartered Psychologist via the health psychology route and Practitioner Psychologist with the Health and Care Professions Council (HCPC), for working in the UK. Guidance is

provided during the course for those who wish to pursue health psychology as a profession through a stage 2 qualification.

The inclusion of a placement in the programme provides practical experience with a psychologist working in a health-related setting, as well as the opportunity to integrate applied psychology. We also aim to provide a multidisciplinary programme through our own teaching and with the assistance of colleagues working on other health disciplines.

CORE PHILOSOPHY OF THE MASTERS IN HEALTH PSYCHOLOGY PROGRAMME

The core philosophy that underpins the MSc in Health Psychology at the University Bath is one that emphasises the practical, evidence-based application of health psychology. The aim of the programme is to develop the appropriate knowledge base and skills required for students to become scientist practitioners working in health settings. The programme is structured in such a way that the first semester focuses on the core knowledge base in health psychology theory and research, whereas the second semester allows students to develop their practical skills within the classroom. The inclusion of a work-based placement and dissertation within the final stages of the programme provides students with an opportunity to develop their knowledge-base through direct practical experience working with a psychologist in a health related setting, as well as for students to integrate health psychology theory in an applied manner. The academic members of staff who teach on the programme are all research active and their research interests are reflected in the course content. These span a wide range of different health-related areas and methodologies, including quantitative, qualitative and mixed methods approaches. Students who graduate from Bath leave with a unique set of academic and practical experiences, which should place them in a good position to follow a variety of health-related careers.

Educational aims of the programme

The Masters in Health Psychology will enable students:

- To develop students' knowledge and understanding of health psychology
- To develop the general critical and analytical powers of the student
- To develop critical, analytical problem-based learning skills and the transferable skills to prepare the student for postgraduate employment or further study
- To enhance the development of the students interpersonal skills
- To develop research skills
- To provide the student with opportunities for collaborative learning with others
- To assist the student to develop the skills required for both autonomous and team work

Learning outcomes

Students gaining an award from this programme should be able to:

- Identify and engage critically with appropriate and representative literature in the field of health psychology
- Understand current contributions to health psychology
- Demonstrate clarity of thought and quality of argument in health psychology theory and application
- Have the ability to conduct appropriate statistical analysis
- Appreciate the uses of qualitative and quantitative methods and their application
- Locate issues and concerns of health psychology in the wider health sciences research context
- Understand the psychological processes involved in the consultation and provision of treatment
- Appreciate how ill people cope with chronic and acute health conditions

In addition to the above, students successfully completing the placement and dissertation and therefore who are awarded the Masters in Health Psychology should be able to demonstrate the ability to:

- Select and justify the focus, scope and methodology of a study in health psychology
- Carry out independent research in health psychology
- Critically review, employ and engage with the appropriate literature on the study area
- Draw appropriate conclusions from the research study, being aware of its strengths and limitations
- Work independently and as part of a multidisciplinary team
- Effectively and efficiently apply principles of health psychology within a variety of health contexts

Knowledge and Understanding	<ul style="list-style-type: none"> • Knowledge of the theoretical basis of learning processes and effective learning. • Fundamental concepts of health psychology relevant to the student becoming an effective practitioner. • Theoretical basis of health psychology. • Current developments in practice and research in health psychology • To understand how these knowledge outcomes apply in work based situations.
Intellectual Skills	<ul style="list-style-type: none"> • To think creatively and analytically • To communicate an argument • To evaluate others arguments and research • To learn independently and to be able to assess own learning needs. • To critically evaluate and assess research and evidence as well as a variety of other information. • To gather information, data, research and literature from a number of different sources. • To synthesise information from a number of sources in order to gain a coherent understanding. • To utilise problem solving skills. • To work independently • To communicate an argument to other health professionals
Professional Practical Skills	<ul style="list-style-type: none"> • To reflect upon new technology and innovation within social sciences and to make decisions regarding legitimacy, reliability and effectiveness. • To effectively and efficiently apply principles of health psychology within a variety of health contexts. • To develop sensitivity to the values and interests of others.
Transferable/Key Skills	<ul style="list-style-type: none"> • Study and learning skills. • Basic information and computing technology skills. • To be aware of ethical issues in carrying out research. • Inter-personal and communication skills. • Essay research, preparation and writing skills. • Revision and examination skills. • Time management and administration skills. • Presentation skills and verbal communication. • Advanced information technology and computing technology (e.g. SPSS) • Team and group working skills. • To reflect on his/her academic and professional performance and take responsibility for personal and professional learning and development. • To solve problems in a variety of situations. • To prioritise workloads. • Independent and group working skills • Advanced oral communication skills • Advanced numeracy skills

	<ul style="list-style-type: none">• Leadership skills• To understand career opportunities and challenges ahead
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PROGRAMME DESCRIPTION: STRUCTURE OF THE PROGRAMME

Please note that the content of the programme description below is correct at the time of production of this Handbook and that programmes and units may be subject to reasonable change (see **Unit and Programme Changes** below).

Current versions of unit and programme descriptions are available via the online Unit and Programme Catalogues: www.bath.ac.uk/catalogues

Programme code	THPS-AWM01 MSc Health Psychology (Full-time) THPS-APM01 MSc Health Psychology (Part-time)
Programme title	MSc HEALTH PSYCHOLOGY
Award type	
Award title	MSc in Health Psychology, with the following intermediate qualifications. THPS-AFC01 PG Cert Health Psychology (Full-time) THPS-AFL04 PG Dip Health Psychology (Full-time)
Mode of Attendance	FULL TIME / PART TIME
Length	12 months (F/T) or 24 months (P/T)
State any designated alternative programme(s)	PG Certificate in Health Psychology (DAP for PGDip and MSc) comprising 30 TSC of which units PS50029 and PS50148 are compulsory PG Dip Health Psychology (DAP for MSc) comprising 60 TSC
Approving body and date of approval	DLTQC March 2015 for 2015/16 onwards

2018/19										
Part	Stage	Normal period of study for this Mode	Unit code	Unit title	Unit status	Credits	DEU status	SRU status	Taught, or Dissertation/ project credits	Notes
4	1	S1	PS50029	Introduction to issues in health & health beliefs	C	6	DEU		TSC	
			PS50030	Biopsychosocial mechanisms in health	C	6	DEU		TSC	
			PS50031	Communication in Health	C	6	DEU		TSC	
			PS50033	Advanced research design in health	C	6	DEU		TSC	
			PS50148	Multivariate statistics for use in health contexts	C	6	DEU		TSC	
		S2	PS50160	21st Century Public Health	C	6	DEU		TSC	
			PS50161	Advanced Qualitative Analysis	C	6	DEU		TSC	
			PS50162	Informing Interventions with Health Psychology	C	6	DEU		TSC	
			PS50112	Advanced statistics for use in health contexts	C	6	DEU		TSC	
			Students wishing to be considered for a postgraduate diploma should take PS50081 Part-time students should take PS50081 in Year 2							
			PS50081	Extended essay in Health Psychology	O	6	-		TSC	
	2	S2/ Summer	PS50051	Placement	C	6	DEU		DPC	
			PS50055	Dissertation	C	30	DEU		DPC	

Assessment weightings and decision references		
Stage	Weighting within programme	NFAAR-PGT decisions reference See <u>NFAAR-PGT</u> information at: www.bath.ac.uk/registry/nfa
Stage 1	60% / 90 credits	All assessment: Appendix 11 /12 / 13
Stage 2	40% / 90 credits	All assessment: Appendix 11 /12 / 13

Key: TSC Taught stage credit DEU Designated essential unit

Further information

Section in this handbook on **Assessment**.

Definitions of assessment terms: www.bath.ac.uk/registry/nfa/nfaar-pgt-appendix-02.pdf

UNIT AND PROGRAMME CATALOGUES

This is where you will find details about all individual units for the current academic year:
www.bath.ac.uk/catalogues

The Catalogues also provide links to the University's assessment regulations, showing how these are applied to programmes of study.

PROFESSIONAL BODY ACCREDITATION



**The British
Psychological Society**

Accredited

The MSc Health Psychology programme is accredited by the British Psychological Society and meets their requirements for Stage 1 training towards Chartered Health Psychology status.

Those who wish to become a Chartered Psychologist in Health with the BPS will need to go on to complete Stage 2 training, details can be found on the British Psychological Society Website: <http://www.bps.org.uk/careers-education-training/how-become-psychologist/types-psychologists/becoming-health-psychologis-0>

Health Psychology Research In the Department

Current research and research interests of the Health Psychology staff can be found at <http://www.bath.ac.uk/psychology/research/groups/health-psychology/>

Summary Table of Progression in Health Psychology

Students are required to obtain a minimum of 40% in every taught unit to be able to progress beyond the diploma level (i.e., onto the placement and dissertation). A pass in all units is required for the award of an MSc in Health Psychology.

Semester 1	Credits	Notes
PS50029: Introduction to Issues in Health & Health Beliefs	6 credits	
PS50030: Biopsychosocial Mechanisms in Health	6 credits	
PS50033: Advanced Research Design in Health	6 credits	
PS50031: Communication in Health	6 credits	
PS50148: Multivariate Statistics For Use in Health Contexts	6 credits	
Total Number of credits	30	A postgraduate certificate can be awarded comprising 30 TSC of which units PS50029 and PS50148 are compulsory
Semester 2 (Part 1)		
PS50160: 21 st Century Public Health	6 credits	
PS50161: Advanced Qualitative Analysis	6 credits	
PS50162: Informing Interventions with Health Psychology	6 credits	
PS50112: Advanced Statistics For Use in Health Contexts	6 credits	
Total Number of Credits	54	In the latter part of Semester 2 part 1, if a student wishes to be considered for a postgraduate diploma, they will be required to pass the extended essay requirement for PS50081* which will allow them to accrue a further 6 credits, thus reaching the number of credits (60) required to qualify for a Diploma award. Students are not permitted to defer to the Diploma option once they have commenced the placement and dissertation stage. Students should consult with the Director of Studies before embarking on the Diploma route.
Semester 2 (Part 2)		
PS50051 : Placement	6 credits	
PS50055 : Dissertation	30 credits	
Total number of credits	90	Qualify for the Masters in Health Psychology

* PS50081: Extended Essay in Health Psychology – students are required to complete a 4000 word essay on a specialist topic of health psychology

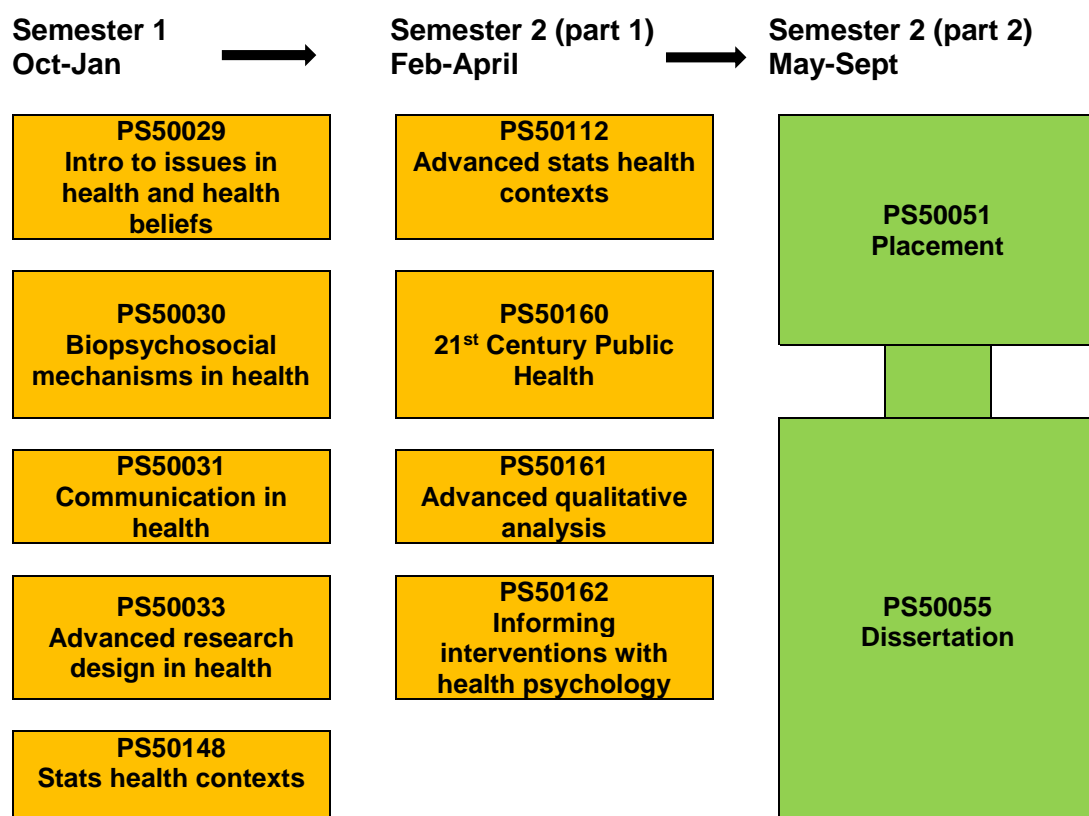
Important Dates

Timetable Week No.	Date 2018/19	Event
	September	
	Thursday 27 Sept	Programme Induction
	October	
1	Monday 1 Oct	Semester 1 Teaching begins
3 & 4		Attend individual placement meeting with Abbie or Charlotte*
4	Monday 22 Oct	Submit Placement Personal Statement*
4	mid Oct (tbc)	SSLC meeting (student academic reps)
5	Tuesday 30 Oct	PS50031 Pt 1 coursework deadline 13:00
	November	
8	Monday 19 Nov	Submit Placement Form 1: Placement Request Form*
9	Thursday 29 Nov	PS50148 Pt 1 coursework deadline 13:00
	December	
10	early Dec (tbc)	SSLC meeting (student academic reps)
	Dec and Jan	Arrange meeting with Placement Supervisor in December/January to discuss placement.*
12,13,14	Mon 17 Dec – Fri 4 Jan 2019	Christmas vacation
	January 2019	
15	Monday 7 Jan	Submit Form 2: Student Placement details to Moodle*
	Monday 7 Jan	PS50031 Pt 2 coursework deadline 13:00
	Thursday 10 Jan	PS50033 coursework deadline 13:00
	Thursday 10 Jan	PS50148 Pt 2 coursework deadline 13:00
16	Monday 14 Jan	PS50029 Exam tbc
17	Tuesday 22 Jan	PS50030 Exam tbc
18	w/c Monday 28 Jan	Inter semester break
	February	
	Throughout Feb.	Placement/Dissertation Preparation: meet with academic supervisor, and placement supervisor to discuss research proposal and ethics*
19	Monday 4 Feb	Semester 2 Teaching begins
20	mid Feb (tbc)	SSLC meeting (student academic reps)
21	Monday 18 Feb	PS50112 Assignment 1 deadline 13:00
	March	
	Throughout March	Placement Preparation: meet with academic supervisor, and placement supervisor to discuss research proposal and ethics*
25	Monday 18 March	PS50112 Assignment 2 deadline 13:00
	Tuesday 19 March	PS50160 Assignment deadline 13:00
	Tuesday 19 March	Placement briefing meeting (pm), all students are required to attend*
	Thursday 21 March	PS50161 Pt 1 Assignment deadline 13:00
	April	
27	Thursday 4 April	PS50162 Assignment deadline 13:00
28	Thursday 11 April	PS50161 Pt 2 Assignment deadline 13:00
29	mid April (tbc)	SSLC meeting (student academic reps)
30, 31	Mon 22 April – Fri 3 May	Easter vacation
	Throughout April	Placement Preparation: refine research proposal, finalise ethical application and submission, meet with academic supervisor, contact placement supervisor about final placement details.*
31	Monday 29 April	Placement officially begins* (16 weeks)
	May	
33	Friday 17 May	Submit Placement Form 3: Work Placement Objectives*
	July	
	Throughout June/July	Mid placement review, meeting with Placement and Academic Supervisors*
41	Monday 8 July	Submit Placement Form 4: Placement Conference Requirements*
	August	
47	Wednesday 14 August	Submit Placement Poster to Moodle*
48	Friday 30 Aug	Submit Placement Form 5: Student's Assessment of the Placement*
		Upload electronic copy of Dissertation to Moodle by 9am, 30 August
		Hand in 2 copies of Dissertation, 2 copies of Placement report, copy of Student Assessment of Placement at 9am, Placement Conference. All students are required to attend.

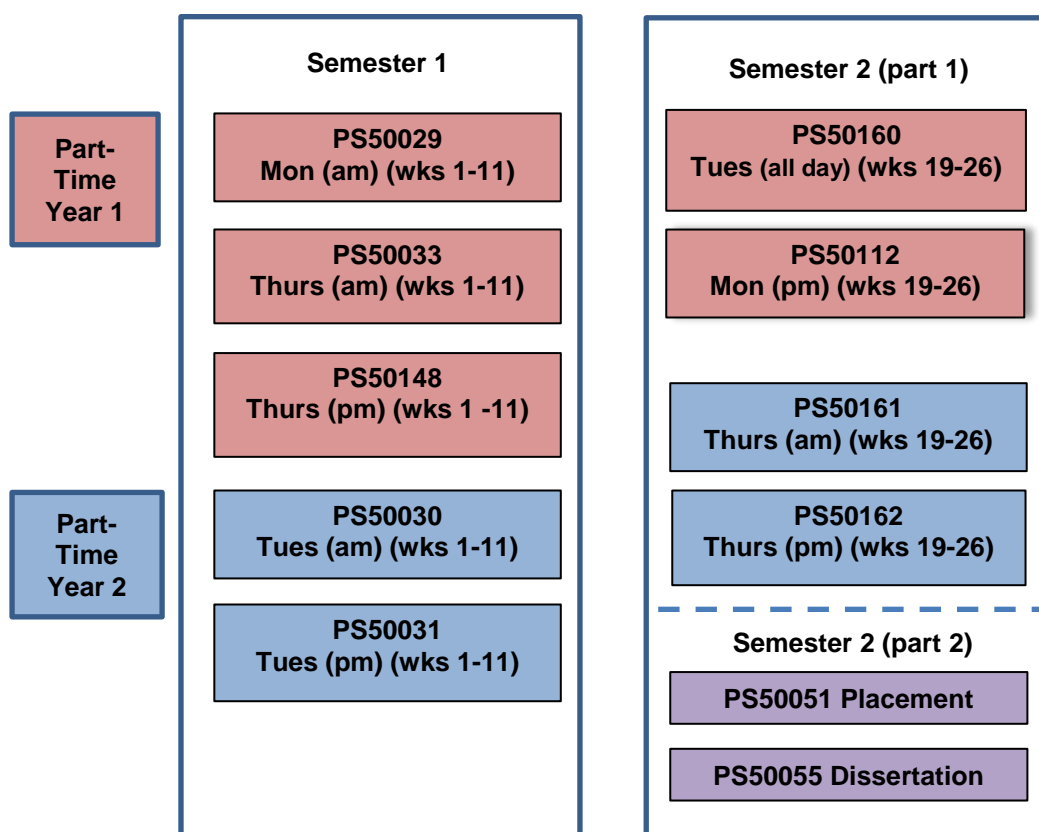
* Important Note: For further details on placements please see the Placement Handbook and Moodle
PS50051 MSc Health Psychology Placement: <http://moodle.bath.ac.uk/course/search.php?search=PS50051>

Programme Structure diagrams

Overview showing units and semesters



Overview showing Part-time routes, Years 1 and 2



Lecture Overview

The MSc Health Psychology comprises nine taught units; **Full time students** take all units in one year

Part time students

Year 1 take PS50029, PS50033 and PS50148 in Semester 1, PS50160 and PS50112 in Semester 2

Year 2 take PS50030 and PS50031 in Semester 1, PS50161 and PS50162 in Semester 2

Exam dates and times are still to be confirmed, you will be informed of these in due course
There will be a short programme of sessions teaching additional core skills at the start of Semester One. These will be run by staff from the Academic Skills Centre and the Library:

Week 1, Monday 1 October 2018, 12:15-13:05, Critical reading and writing

Week 1, Thursday 4 October 2018, 12:15-13:05, Critical voice in writing

Week 2, Thursday 11 October 2018, 12:15-13:05, Literature search

Week 3, Thursday 18 October 2018, 12:15-13:05, Endnote

SEMESTER 1

PS50029 Introduction to issues in health and health beliefs Unit Coordinator: Abbie Jordan	
Monday	am
1 Oct	Introduction to health (AJ)
8 Oct	Beliefs about health and illness (AJ)
15 Oct	Social processes of becoming ill (AJ)
22 Oct	Contexts and perspectives on health (BA)
29 Oct	Health cognitions and behaviours (SA)
5 Nov	Lifespan issues and the life course perspective on health (AJ)
12 Nov	Health issues in childhood (AJ)
19 Nov	Health issues in adolescence (AJ)
26 Nov	Health issues in adulthood (AJ)
3 Dec	Health issues in old age (PS)
10 Dec	Revision session (AJ)
Mon 14 Jan (tbc)	Assessment by Exam

PS50030 Biopsychosocial mechanisms in health Unit Coordinator: Sally Adams	
Tuesday	am
2 Oct	Psychophysiological mechanisms in health (SA)
9 Oct	Psychophysiological mechanisms in mental health (SA)
16 Oct	Pain: Psychophysiological mechanisms and psychosocial factors (AJ)
23 Oct	Psychoendocrinology and autoimmune diseases (SA)
30 Oct	Psychoneuroimmunology and stress (AJ)
6 Nov	Psychopharmacology of appetite control and obesity (SA)
13 Nov	Psychopharmacology of addiction (SA)
20 Nov	Genetics of addiction (SA) Psychoneuroimmunology and infectious diseases (SA)
21 Nov	Emotion and personality in health and healthcare (BA)
4 Dec	Religion and culture in health and healthcare (BA)
11 Dec	Revision session (SA)
Tues 22 Jan (tbc)	Assessment by Exam

PS50031 Communication in Health Unit Coordinator: Sally Adams	
Tuesday	pm
2 Oct	What is good communication (SA)
9 Oct	Communication in health care settings (SA)
16 Oct	Motivational interviewing (CD)
23 Oct	Information seeking on the internet (CD)
30 Oct	Health professionals use of health technology (CD) Coursework Part 1 assessment deadline 13:00
6 Nov	Communication of health-related risk (tbc)
13 Nov	Decision making in health care (SA)
20 Nov	Communication at the end of life (PS)
27 Nov	Communication at the end of life (PS)
4 Dec	Communication in complex and difficult situations (PS)
11 Dec	Communication with children and adolescents (AJ)
Mon 7 Jan	Coursework Part 2 assessment deadline 13:00

PS50033 ADVANCED RESEARCH DESIGN IN HEALTH Unit Coordinator: Paula Smith	
Thursday	Am
4 Oct	Developing research questions (JB)
11 Oct	Underpinning research design: philosophical position, theory and evidence (JB)
18 Oct	Reviewing the literature and conducting a systematic review (BA)
25 Oct	Research strategy, design and methods (JB)
1 Nov	Digital research and doing research online (JB)
8 Nov	Questionnaire design (JB)
15 Nov	Integrating qualitative and quantitative approaches (JB)
22 Nov	Public and patient involvement and engagement in research (AJ)
29 Nov	Ethical guidelines and applying for ethical permission (PS)
6 Dec	Writing a research proposal (PS)
13 Dec	Writing a research proposal (PS)
Thurs 10 Jan	Coursework assessment deadline 13:00

PS50148 MULTIVARIATE STATISTICS FOR USE IN HEALTH CONTEXTS Unit Coordinator: Mitch Callan	
Thursday	pm
4 Oct	The SPINE and PHEONIX of statistics
11 Oct	The linear model (Regression)
18 Oct	Comparing independent means
25 Oct	Moderation, mediation, and multi-categorical predictors
1 Nov	Factorial designs
8 Nov	Repeated measures and mixed designs
15 Nov	Categorical outcomes: Chi-square and loglinear analysis
22 Nov	Categorical outcomes: Logistic regression
Thur 29 Nov	Categorical outcomes: Logistic multinomial regression Coursework Part 1 assessment deadline 13:00
6 Dec	Multivariate analyses
13 Dec	Multivariate analyses
Thur 10 Jan	Coursework Part 2 assessment deadline 13:00

SEMESTER 2

PS50112 ADVANCED STATISTICS FOR USE IN HEALTH CONTEXTS Unit Coordinator: Tom Freeman	
Monday	pm
4 Feb	Logistic Regression (TF)
11 Feb	Power, Effect Size and Sample Size (TF)
18 Feb	Structural Equation Modelling I (TF) <i>Coursework Part 1 assessment deadline 13:00</i>
25 Feb	Structural Equation Modelling II (TF)
4 Mar	Introduction to Meta-analysis and Narrative Synthesis (TF)
11 Mar	Psychometrics, Scale Development and Factor Analysis (TF)
Mon 18 Mar	<i>Coursework Part 2 assessment deadline 13:00</i>

PS50160 21ST CENTURY PUBLIC HEALTH Unit Coordinator: Andrew Weyman		
Tuesday	am	pm
5 Feb	What is Public Health? (AW)	Discourses of choice and responsibility + debate (CD)
12 Feb	Contemporary perspectives on behaviour change (AW)	Case studies of behaviour change approaches (BA)
19 Feb	The role of mass media in public health communication (CD)	Social support, networks and community (JB)
26 Feb	The use of evidence to inform practice (AW)	The use of evidence to inform practice (AW)
5 Mar	Guest lecture by public health practitioner	Designing and evaluating a public health intervention group tutorials (AW + JB)
12 Mar	Designing and evaluating a public health intervention presentations (JB + AW)	Designing and evaluating a public health intervention presentation (or group tutorials) (JB + AW)
Tues 19 Mar	<i>Coursework assessment deadline 13:00</i>	

PS50161 ADVANCED QUALITATIVE ANALYSIS Unit Coordinator: Paula Smith	
Thursday	am
7 Feb	Preparing for qualitative research (PS)
14 Feb	Interviews (PS)
21 Feb	Focus groups (PS)
28 Feb	Traditional transcript analysis – Thematic Analysis (PS)
7 March	Interpretative Phenomenological Analysis (PS)
14 March	Writing up qualitative research (PS)
21 March	Analysis of non-text data (AJ) <i>Coursework Part 1 assessment deadline 13:00</i>
28 March	Social media data analysis (JB)
11 April	<i>Coursework Part 2 assessment deadline 13:00</i>

PS50162 HEALTH PSYCHOLOGY INTERVENTIONS Unit Coordinator: Charlotte Dack	
Thursday	pm
7 Feb	Introduction to health psychology interventions (CD)
14 Feb	Designing health interventions: understanding behaviour (BA)
21 Feb	Designing health interventions: identifying intervention options, content & delivery (CD)
28 Feb	Evaluating & Implementing health interventions (CD)
7 Mar	Evaluating & Implementing health interventions (BA)
14 Mar	Workshop (BA + CD)
21 Mar	tbc
28 Mar	tbc
Thur 4 April	<i>Coursework Part 1 and Part 2 assessment deadline</i>

UNIT DESCRIPTIONS AND READING LISTS

PS50029: Introduction to Issues in Health and Health Beliefs

UNIT CO-ORDINATOR: Dr Abbie Jordan

Unit Description

Aims	<ul style="list-style-type: none"> To provide an introduction to health psychology and health-related disciplines. To locate many of the issues and health concerns of health psychology in the wider multidisciplinary health sciences context. Understand and critically evaluate different variables, models, theories and approaches associated with health beliefs and health cognitions.
Learning Outcomes	<ul style="list-style-type: none"> On completion of the unit students will: Be familiar with the contributions of different medical, health and social disciplines to the study of health, well-being and disease. Be able to demonstrate that they know about the changes in health psychology across the lifespan Understand some key social processes that contribute to the experience and reporting of illness. Be familiar with the role of beliefs and cognitions in the context of health
Skills	<p>Intellectual</p> <ul style="list-style-type: none"> To communicate an argument To evaluate others arguments and research To synthesise information from a number of sources in order to gain a coherent understanding <p>Professional / Practical</p> <ul style="list-style-type: none"> To make decisions regarding legitimacy and reliability of evidence Essay research, preparation and writing skills Revision and examination skills Study and Learning skills
Content	<p>The unit provides a broad introduction to health psychology and related health, social and medical disciplines. The lectures provide a number of separate and clustered topics, which form the building blocks or 'foundation stones' to the whole course. The unit begins by introducing different approaches to and models of health and wellbeing. Health across the lifespan at different ages from children, through midlife to older adults is addressed. We consider the social processes of becoming ill, and why people do and do not report their symptoms to health professionals. Core concepts and theories about health beliefs and cognitions are outlined and evaluated. The impact that these psychological processes have on health-related behaviour and behaviour change is appraised.</p>
Assessment	<p>100% Exam (2 hours); there will be six questions. You will be required to answer two questions in total.</p>
Marking Criteria	<p>All examinations are assessed using the Marking Scheme (Error! Reference source not found. see Marking Guidelines, Moderation and Penalties section - table of contents)</p>

Essential, highly recommended texts for this unit:

Morrison, V. & Bennett, P. (2012). *An introduction to health psychology* (Third edition). Essex, Pearson Education Ltd.

Marks, D. F., Murray, M., Evans, B. & Estacio, E. V. (2015). *Health psychology: Theory, research and practice (4th Edition)*. Sage: London.

Sarafino, E. P. and Smith, T. W. (2014). *Health psychology: Biopsychosocial interactions* (8th edition). New Jersey: Wiley.

Introduction to Health (AJ)

This first session introduces definitions of health and illness. Students will explore their own understanding of health, wellbeing, and illness, particularly how it relates to the study of health psychology. The session will explore what it means to be healthy and what it means to be ill. We will discuss the definition of health psychology and consider health psychology in the context of other health disciplines including social and medical disciplines. We will introduce the idea of the biopsychosocial model.

Engel, G. L. (1977). The need for a new medical model: a challenge for biomedicine. *Science*, 196(4286), 129-136.

Huber, M., Knottnerus, J. A., Green, L., van der Horst, H., Jadad, A. R., Kromhout, D., Smid, H. (2011). How should we define health? *BMJ*, 343, d4163. doi: 10.1136/bmj.d4163.

Lehrman, B. J., David, D. M., & Gruber, J. A. (2017). Rethinking the biopsychosocial model of health: Understanding health as a dynamic system. *Soc Personal Psychology Compass*, 11:e12328. <https://doi.org/10.1111/spc3.12328>

Morrison, V., & Bennett, P. (2012). *An introduction to Health Psychology* (3rd edition). Harlow; Essex: Pearson Education Limited.

Beliefs about Health and Illness (AJ)

This session will focus on exploring both lay beliefs about health and illness and how health professionals make sense of and perceive health and illness. A particular focus will be placed on exploring the use of Leventhal's self-regulatory model to examine what is known concerning the development and maintenance of beliefs about health and illness in chronic different conditions.

Hale, E. D., Treharne, G. J. & Kitas, G. D. (2007). The Common-Sense Model of self-regulation of health and illness: how can we use it to understand and respond to our patients' needs? *Rheumatology* 46(6): 904-906.

Leventhal, H., Benyamini, Y., Brownlee, S., Diefenbach, M., Leventhal, E.A., Patrick-Miller, L. and Robitaille, C. (1997). Illness representations: theoretical foundations. In: K. J. Petrie and J. Weinman. In: *Perceptions of health and illness: Current research and applications*. Amsterdam, Harwood Academic Publishers. 19-46.

Marks, D. M., Murray, M., Evans, B. & Estacio, E. V. (2015). *Health psychology: Theory, research and practice*. (4th edition). Sage: London - **Chapter 15**

Street, R., Jr. and P. Haidet (2011). How well do doctors know their patients? Factors affecting physician understanding of patients' health beliefs. *Journal of General Internal Medicine*, 26(1): 21-27.

Social Processes of Becoming Ill (AJ)

In this session we will look at some of the informal social and individual processes, which contribute to a person's decision to seek health care. We will focus on the different ways in which people interpret sensations, formulate ideas about symptoms, and make decisions about when, where and whether to seek a consultation. Additionally, we will explore how people derive meanings from health-related events throughout this process, and what factors structure their health care behaviour.

French, D. P., Wade, A.N. and Farmer, A.J. (2013). Predicting self-care behaviours of patients with type 2 diabetes: The importance of beliefs about behaviour, not just beliefs about illness. *Journal of Psychosomatic Research* 74(4): 327-333.

McAteer A, Elliot AM and Hannaford PC. (2011) Ascertaining the size of the symptom iceberg in a UK-wide community based survey. *British Journal of General Practice*, 61(582): 12–17.

Contexts and perspectives on health (BA)

What is the current context of health and illness in the UK within which health psychologists are working? It is important to identify key aspects of this as it forms the backdrop against which the mechanisms of the prevention and treatment of illness and the promotion of health can be understood. We will look at two important aspects of this context

1. What is the distribution of health and illness across the population? This is a question commonly addressed by epidemiologists but health psychologists may use this information at the start of their research, to better understand the condition that they are interested in or how they might best design

or implement an intervention. The study of a condition like heart disease typically starts with an appraisal of how many people in the population have this condition, who they are and where they are.

2. It is also important for health psychologists to be aware of the policy context for improving health and to take a critical view of the implications that this may have for practice. We will identify current important policy documents that will form a backdrop to many of the issues that we will deal with on this course and consider the priorities that they reflect.

Campaign for Social Science (2017) The Health of People: how social science can improve population health. <https://campaignforsocialscience.org.uk/healthofpeople/>

Health Cognitions and Behaviours (SA)

Why do individuals engage in protective (e.g. eating healthily) and risky (e.g. smoking) health behaviours? Here, we will discuss the contribution of health cognitions/beliefs in predicting the likelihood that an individual will engage in a health behaviour. We will explore the nature of health behaviours (i.e. Are they fluid? Are they rational?). We will also discuss the health psychology models used to explain the role of health-related cognitions/beliefs such as perceived severity, vulnerability and risk perception in guiding health-related behaviours.

Nice Guidance: Behaviour Change: General Approaches <https://www.nice.org.uk/Guidance/PH6>

A Review of the use of the Health Belief Model (HBM), the Theory of Reasoned Action (TRA), the Theory of Planned Behaviour (TPB) and the Trans-Theoretical Model (TTM) to study and predict health related behaviour change <https://www.nice.org.uk/guidance/ph6/resources/behaviour-change-taylor-et-al-models-review2>

Michie S, Whittington C, Hamoudi Z, Zarnani F, Tober G and West R (2012) Identification of behaviour change techniques to reduce excessive alcohol consumption. *Addiction*. 107(8):1431-40 <http://www.ncbi.nlm.nih.gov/pubmed/22340523>.

Lifespan Issues and the Life Course Perspective on Health (AJ)

In this session we will adopt a life course perspective in considering the trajectory of health from birth through to old age and consider health issues across the lifespan from the lens of health psychology. In particular, we consider approaches to studying lifespan issues, identifying critical points and current trends in health research across the lifespan. Through a focused discussion we will identify different life stages that will be followed up subsequent sessions, forming the basis for an examination of health issues in childhood, adolescence, adulthood and old age.

Stone, A. A., Schwartz, J. E., Broderick, J. E., and Deaton, A. (2010). A snapshot of the age distribution of psychological well-being in the United States. *Proceedings of the National Academy of Sciences U S A*, 107 (22), 9985-9990. [Click here for full text.](#)

Turner-Cobb, J.M. (2014). *Child Health Psychology: A biopsychosocial perspective*. London: SAGE Publication Ltd. ISBN: 978-184920-590-0 (hbk): 978-1-84920-591-7(pbk). - **Chapters 1 and 2 give a good consideration of child health and the importance of a lifespan perspective.**

Health Issues in Childhood (AJ)

We will begin with a discussion of prenatal influences on health, at birth and during childhood before going on to consider how children's developmental stages of thinking affect the ways they appraise health, illness and treatment. Several exemplar studies are considered showing how research and practice in the context of health and illness can be sensitively explored in children with chronic and acute conditions. The ways in which parents and health professionals are central to this process will be discussed such as parental influences during painful medical procedures and in caring for a chronically ill child. Health professional attitudes towards infants and children and the way they might influence treatment decisions will be explored. Students will have been assigned relevant papers for presentation during the session.

Bibace, R and Walsh, M. E (1980). Development of children's concepts of illness. *Pediatrics*, 66 (6), 912-917.

Koopman, H. M., Baars, R. M., Chaplin, J., and Zwinderman, K. H. (2004). Illness through the eyes of the child: the development of children's understanding of the causes of illness. *Patient Education Counselling*, 55(3), 363-370.

Normandeau, S., Wins, I., Jutras, S. & Hanigan, D. (1998). A description of 5- to 12-year old children's conception of health within the context of their daily life. *Psychology, Health and Medicine*, 13:5, 883-896.

Health Issues in Adolescence (AJ)

This session will focus on addressing health related issues faced by adolescents and explore how young people meet and negotiate some of these health related challenges. Areas that we will explore include those of eating disorders, physical activity, exercise, mental health and sexual health. We will also explore developmental issues associated with the management of long term health conditions for adolescents in addition to experiences and challenges associated with transition from paediatric to adult health services.

Campbell, F., Biggs, K., Aldiss, S.K., O'Neill, P.M., Clowes, M., McDonagh, J. While, A. and Gibson, F. (2016). Transition of care for adolescents from paediatric services to adult health services. *Cochrane Database of Systematic Reviews*, 4: CD009794. doi: 10.1002/14651858.CD009794.pub2.

Coleman, J. Hendry, L. B. and Kloep, M. (2007). *Adolescence and health*. Chichester: Wiley. Chapters 1, 8 and 9 in particular. This should form the basis for your own more up to date research.

Health Issues in Adulthood (AJ)

In this session we will continue through the life cycle, focusing on important life stages in relation to adult health, from early adulthood to middle adulthood. We will discuss the psychosocial aspects of various phases of adult life, in particular issues surrounding infertility.

Benyamini, Y., Gozlan, M., and Kokia, E. (2009). Women's and men's perceptions of infertility and their associations with psychological adjustment: a dyadic approach. *British Journal of Health Psychology*, 14 (Pt 1), 1-16.

Hanna, E. & Gough, B. (2016). Searching for help online: An analysis of peer-to-peer posts on a male-only infertility forum. *Journal of Health Psychology*, 1-12.

Health Issues in Old Age (PS)

We have longer life expectancies now than ever before. However, this does not necessarily mean that any additional years of life are automatically accompanied by good health and wellbeing. In this session we will focus on old age and extreme old age. We will discuss the physical, social and cultural aspects of old age and how this might impact on health and wellbeing. In particular we will consider the implications of different disease trajectories on ageing and dying in the 21st Century.

Christensen, K., Doblhammer, G., Rau, R. (2010). Ageing populations: the challenges ahead. *The Lancet*, 374(9696), 1196-1208. doi:10.1016/S0140-6736(09)61460-4

Withall., Stathi Afroditi., Davis Mark., Coulson Jo., Thompson J,L., Fox K, R. (2014) Objective indicators of physical activity and sedentary time and associations with subjective well-being in adults aged 70 and over. *International Journal of Environmental Research and Public Health*, 11, 643-656; doi:10.3390/ijerph110100643.

Revision Session (AJ)

In this session we will focus on the upcoming exam.

PS50030: Biopsychosocial Mechanisms in Health

UNIT CO-ORDINATOR: Dr Sally Adams

Unit Description

Aims	<ul style="list-style-type: none">• To provide an introduction to the biopsychosocial approach to health• Provide knowledge relating to individual differences in health• Show applications of the biopsychosocial model
Learning Outcomes	On completion of this unit, students will: <ul style="list-style-type: none">• Understand and critically evaluate different health-related variables from a biopsychosocial perspective.• Demonstrate an ability to debate contrasting viewpoints• Generate their own theoretical models.
Skills	Intellectual <ul style="list-style-type: none">• To think analytically• To communicate an argument• To critically assess and evaluate research and evidence as well as a variety of other information• To synthesise information from a variety of different sources in order to gain a coherent understanding Professional / Practical <ul style="list-style-type: none">• To work independently• To utilise problem solving skills• Revision and examination skills• Study skills
Content	The unit draws upon central concepts from a biopsychosocial perspective and examines the application to health and health care. The focus is on the health of individuals and the many processes and mechanisms involved in understanding differences in sickness and well-being. In terms of individual differences we will cover sex/gender, socioeconomic influences and personality (e.g., unrealistic optimism, controllability, self-efficacy and helplessness). We will use pain and stress as examples of the biopsychosocial perspective. These topics will include the physiological basis of pain, psychological factors in perception and attention to symptoms (including information processing). Models of stress, stressful environments and psychoneuroimmunology will be covered, as will mechanisms of disease.
Assessment	100% Exam (2 hours); there will be six questions. You will be required to answer two questions.
Marking criteria	All examinations are assessed using the marking scheme (see table of contents).

Essential, highly recommended texts for this unit:

Straub, R. (2014) Health Psychology: A Biopsychosocial Approach. 4th Edition. Worth Publishers Inc.

Sarafino, E.P. (2014) Health Psychology: Biopsychosocial Interactions. 8th Edition. John Wiley and Sons.

Session 1: Psychophysiological mechanisms in health (SA)

In this session we will introduce the main physiological systems of the body and their interaction with psychosocial functioning. We will explore how the body malfunctions and the treatments available for different conditions. Particular focus will be given to the cardiovascular, nervous, endocrine and immune systems, with reference to the digestive, respiratory and reproductive systems. We will also explore the science of Psychophysiology, exploring the mind-body continuum.

Widmaier, E. P., Raff, H., & Strang, K. T. (2010). *Vander's human physiology: the mechanisms of body function* (12th Edition). New York: McGraw-Hill Higher Education.

Session 2: Psychophysiological mechanisms in mental health (SA)

In this session we will consider the association between physical and mental health. Poor mental health can increase vulnerability for developing certain physical conditions and similarly acute and

long-term illness can negatively impact mental health. We will examine lifestyle factors that contribute to both physical and mental health, the relationship between long-term conditions and mental health and the role of psychological wellbeing in healthcare.

Penedo, F.J. & Dahn, J. R (2005) Exercise and well-being: a review of mental and physical health benefits associated with physical activity. *Current Opinion in Psychiatry*. 18 (2) 189-193.
Goldberg D. The detection and treatment of depression in the physically ill. *World Psychiatry*, Vol. 9, February 2010, pp. 16-20.

Session 3: Pain: psychophysiological mechanisms and psychosocial factors (AJ)

In this session we will explore the key theories and mechanisms associated with the experience of pain and consider what we mean by the terms of acute and chronic pain. Issues pertaining to the assessment and measurement of pain will also be addressed. The latter part of the session will focus specifically on the field of paediatric pain to explore the importance of psychosocial factors with regard to influencing perception of pain in children and young people.

Carter, B. D. & Therlkel, B. M. (2012). Psychosocial perspectives in the treatment of pediatric chronic pain. *Pediatric Rheumatology*, 10, 15. [See here.](#)

Marks, D. M. , Murray, M., Evans, B. & Estacio. E. V. (2015). Health psychology: Theory, research and practice. (4th ed). Sage: London - **[Chapter 18 here](#)**

Session 4: Psychoendocrinology and autoimmune diseases (SA)

In this session we will examine the study of psychoendocrinology and the effects of stress on diseases related to the immune system. We will explore psychosocial influences on the onset and course of autoimmune diseases such as psoriasis, rheumatoid arthritis and lupus. Additionally, we will examine recent research exploring the role of neurotransmission in modulating stress response and therapeutic interventions for treating autoimmune diseases.

Rogers, M.P & Fozdar, M. (1996) Psychoneuroimmunology of autoimmune disorders. *Advanced Neuroimmunology*. 6(2):169-77.

X.J. Liu et al (2009) Relationship between Psychosocial Factors and Onset of Multiple Sclerosis. *European Neurology*. 62(3): 130–136.

Session 5: Psychoneuroimmunology and stress (AJ)

This session will provide an initial introduction to the concept of psychoneuroimmunology (PNI), its place in health psychology and application to the study of stress. In particular, we will look at the role of psychosocial factors in stress related conditions and examine how this may affect disease related immunological functioning. The session will also explore the development of health related interventions for stress management and the success of such applications in terms of PNI focused outcomes.

Marks, D. M., Murray, M., Evans, B. & Estacio. E. V. (2015). Health psychology: Theory, research and practice. (4th ed). Sage: London - **[Chapter 12.](#)**

Robins, J. L. W., McCain, N.L., Elswick, R. K., Walterm J.M., Gray, P. & Tuck, I. (2013). Psychoneuroimmunology-based stress management during adjuvant chemotherapy for early breast cancer. *Evidence-Based Complementary and Alternative Medicine*, <http://dx.doi.org/10.1155/2013/372908>

Submis, U.B., Starkweather, A.R. & McCain, N.L. (2014). Psychosocial therapies for patients with cancer: A current review of interventions using psychoneuroimmunology-based outcome measures. *Integrative Cancer Therapies*, 13 (2) 85–104. [See here.](#)

Session 6: Psychopharmacology of appetite control and obesity (SA)

In recent years, psychopharmacological mechanisms have been explored to understand appetite and energy regulation. In this session, we will explore how appetite and food intake can be adjusted and controlled via changes in neurotransmission and brain function. This relative new area of research has the potential to inform the development of novel interventions for weight management and obesity, which will be discussed.

Vanina, Y et al (2002) Body Weight Changes Associated with Psychopharmacology. *Psychiatric Services*. 53 (7), 842-847.

Halford, J.C.G & Blundell, J.E. (2000) Pharmacology of appetite suppression. *Progress in Drug Research*. 54, 25-58.

Session 7: Psychopharmacology of Addiction (SA)

In this session, will explore how acute and chronic changes in brain structure and function can lead to increased drug use and addiction. We will explore how psychopharmacology has contributed to our understanding of factors underlying initiation, maintenance and relapse to drug use. We will also discuss concepts such as “psychological dependency”, “withdrawal” and “addiction”. Finally, we will examine psychopharmacological interventions for reducing addictive behaviours.

Volkow ND, Ting-Kai L (2004) Science and society: Drug addiction: the neurobiology of behaviour gone awry. *Nature Reviews Neuroscience* 5, 963-970. 12, 621
<http://www.nature.com/nrn/journal/v12/n11/full/nrn3131.html>

West R (2006) *Theories of Addiction*. Blackwell Publishing. Oxford: UK.

Session 8: Genetics of Addiction (SA)

In this session, we will discuss the contribution of genetics to our understanding of drug use and addiction. We will explore the heritability of different drugs of abuse and the interaction between genetics and the environment on addictive behaviours. Finally we will discuss the emerging use of pharmacogenetics to provide tailored treatment for drug abuse and dependency.

Bevilacqua, L. & Goldman, D. (2009) Genes and Addictions. *Clinical Pharmacological Therapy*. 85(4): 359–361.

Nieratschker, V et al (2013) Genetics and epigenetics of alcohol dependence. *Journal of Molecular Psychiatry*. 1:11

Session 9: Emotion and personality in health and healthcare (BA)

We will cover the role that emotions play in maintaining good health, as well as how emotions can affect the process of seeking and utilising health-care services. Because individuals differ on their emotional profile, their health-related behaviours are often very different. In addition, personality plays an important role in all of the stages of health-care utilisation. Understanding how these individual differences tend to affect the individual's health-related behaviour can help us in predicting how individuals behave in different health contexts.

DeSteno D. et al. (2013). Affective science and health: The importance of emotion and emotion regulation. *Health Psychology*, 32, 474-486.

Bermudez, J. (1999). Personality and health-protective behaviour. *European Journal of Personality*, 13, 83-103.

Session 10: Religion and culture in health and healthcare (BA)

We all carry with us beliefs and values related to our health. Some of these are the result of societal conventions and custom, whereas others are related to our personal beliefs (such as religious affiliations etc.). Inevitably, our beliefs and cultural context influence the way in which we think about and act upon our health. In this session we will unravel some of the key beliefs and values that might affect our health-related decision-making, as well as the ways in which they may do so.

MacLachlan, M. (2006). *Culture and Health: A critical perspective towards global health* (2nd Ed). John Wiley & Sons, Ltd. London.

Krause, N. (2011). Religion and health: Making sense of a disheveled literature. *Journal of Religion and Health*, 50, 20-35.

Session 11: Revision Session (SA)

In the session, we will review the content of this unit, discuss exam preparation and work through examples of past exam questions.

PS50031: Health communication and context

UNIT CO-ORDINATOR: Dr Sally Adams

Unit Description

Aims	<ul style="list-style-type: none">To provide students with a full appreciation of the psychological processes involved in the consultation, provision of treatment and its effects on subsequent behaviour and health in different settings and contexts.
Learning Outcomes	On completion of this unit, students will: <ul style="list-style-type: none">Demonstrate their ability to evaluate different contexts in which health care is deliveredAppreciate the impact of communications and be able to make recommendations about how these might be improvedBe able to assess the psychological impact of health professional behaviour on patient outcomesBe able to evaluate the different factors involved in choosing health care.
Skills	Intellectual <ul style="list-style-type: none">To think creatively and analyticallyTo communicate and argumentTo work independentlyTo utilise problem solving skillsTo critically evaluate and assess research and evidenceTo synthesise information from a number of sources in order to gain a coherent understanding Professional / Practical <ul style="list-style-type: none">To effectively and efficiently apply principles of health psychology within a variety of health contexts.Interpersonal communication skillsStudy and learning skills
Content	The unit aims to provide students with an appreciation of the psychological processes involved in health consultation. This will include discussion of the provision of treatment and its effect on subsequent behaviour, the impact of health care provision in different formats (including newer health technologies) and settings such as primary and secondary care. Beliefs and expectations about health, health risk perception, help seeking, help giving and self-help will be explored. Communication between provider patient and family including breaking bad news and difficult conversations will also be considered.
Assessment	100% coursework in two parts. Part One (20%) a 500 word essay and Part Two (80%) a 2000 word essay.
Marking Criteria	Marking criteria are outlined in the Marking Guidelines, Moderation and Penalties section - table of contents. You should also refer to the Examples of Coursework Marksheets (see MSc Health Psychology section - table of contents).

Session 1: What is Good Communication (SA)

In this session we will explore what constitutes (*good*) *communication*? We will examine communication as a two-way process, verbal and non-verbal communication, factors that influence communication (e.g. setting, gender, emotion) and barriers to good communication.

Rao JK, Anderson LA, Inui TS, Frankel RM (2007) Communication interventions make a difference in conversations between physicians and patients: a systematic review of the evidence. *Med Care*. 45(4):340-9.

Cegala DJ, Lenzmeier Broz S. (2002) Physician communication skills training: a review of theoretical backgrounds, objectives and skills. *Ed Educ*. 36(11):1004-16.

Developing Effective Communication Skills. *J Oncol Pract*. Nov 2007; 3(6): 314–317.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2793758/>

Session 2: Communication in Healthcare Settings (SA)

In this session, we explore communication between healthcare professionals and patients. Healthcare professionals talk and listen to patients more often than they perform any other single procedure and here we will examine both patient factors (Worry, anxiety, hope, self-efficacy, pessimism) and physician factors (expectations, status) that may influence communication. We will also explore provision of important information about diagnosis, treatment and condition in different healthcare settings and contexts.

Bernhardt JM (2004) Communication at the Core of Effective Public Health. *Am J Public Health*. 94(12): 2051–2053. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448586/>

Rimal RN, Lapinski MK (2009) Why health communication is important in public health. *Bull World Health Organ*. 247 87-247. <http://www.who.int/bulletin/volumes/87/4/08-056713.pdf>

Session 3: Motivational Interviewing (CD)

Motivational interviewing is a patient-centred approach that is gathering increased interest in health settings. It provides a way of working with patients who may not seem ready to make behaviour changes that are considered necessary by the health practitioner. In this session we will explore and practice the five key communication skills that have been identified as being important within Motivational interviewing.

Brit, E., Hudson, S. M. & Blamptied, N. M. (2004). Motivational interviewing in health settings: a review. *Patient Education and Counseling*, 53(2), 147-155

Rollnick, S., Butler, C.C., Kinnnersley, P., Gregory, J. & Mash, B. (2010). Motivational interviewing. *BMJ* 2010, 340:c1900

Session 4: Information seeking on the internet (CD)

The internet has transformed how people make sense of and respond to symptoms, decide whether to consult, make treatment choices, cope with their illness and communicate with others. In this session we will look at how we make decisions about health information on the internet and how this may impact on patient and health professional communication.

Bowes P, Stevenson F, Ahluwalia S, Murray E. (2012). "I need her to be a doctor": patients' experiences of presenting health information from the internet in GP consultations. *British Journal of General Practice*, 62:574-5.

Moorhead, S. A., D. E. Hazlett, et al. (2013). A New Dimension of Health Care: Systematic Review of the Uses, Benefits, and Limitations of Social Media for Health Communication. *Journal of Medical Internet Research* 15(4):e85 doi:10.2196/jmir.1933

Ziebland, S. U. E. and S. Wyke (2012). Health and Illness in a Connected World: How Might Sharing Experiences on the Internet Affect People's Health? *Milbank Quarterly* 90(2): 219-249.

Session 5: Health professionals use of health technology (CD)

In this session we will look at the many ways that health professional's use health technology and its potential in health promotion and patient communication. We will discuss some of the barriers and facilitators of using IT for health communication and behaviour change.

Corcoran N. Information technology in Health Communication. In *Communication Health: Strategies for Health Promotion* 2nd Ed. Chapter 5. 96-116

MacNeill, V., Sanders, C., Fitzpatrick, R., Hendy, J., Barlow, J., Knapp, M., Rogers, A., Bardsley, M., & Newman, S.P. (2014). Experiences of front-line health professionals in the delivery of telehealth: a qualitative study. *British Journal of General Practice*, vol. 64(624): 401-7

Murray E. (2014). eHealth: Where next? *British Journal of General Practice*, vol. 64 no. 624 325-326

Session 6: Communication of Health-Related Risk (TBC)

The communication of health-related risk is an important and often difficult aspect of clinical practice and public health. We will examine the principles of risk communication and the different methods of putting this into practice. What is health risk communication? Why is it important? Who should communicate health risks? How good (or bad) are we at communicating health risk? We will also

discuss some of the barriers to effective risk communication as well as some strategies that contribute to effective health risk communication.

Ahmed, H., Nail, G., Willoughby, H., & Edwards, K. (2012). Communicating risk. *British Medical Journal*, 344: e3996

Rothman, A. J., & Kiviniemi, M. (1999). "Treating people with health information": An analysis and review of approaches to communicating health risk information. *Journal of the National Cancer Institute Monographs*, 25, 44–51.

Wellcome Trust Blog (2015). "Antimicrobial resistance: still widely misunderstood" <http://blog.wellcome.ac.uk/2015/07/29/antimicrobial-resistance-still-widely-misunderstood/>

Session 7: Decision-Making in Healthcare (SA)

In this session we will explore the cognitive and emotional impact of health decision-making. We also will examine how individuals make decisions about their health, well-being and treatment. Finally, we will cover the factors that impact the health decision-making process. For example: How do individuals use evidence, statistics, studies and media stories to make health-related decisions in the face of their own emotions, health cognitions and beliefs?

NHS England (2015) "Shared Decision Making" <http://www.england.nhs.uk/ourwork/pe/sdm/>
Harvard Health Blog "Making health decisions: mindsets, numbers, and stories" <http://www.health.harvard.edu/blog/making-health-decisions-mindsets-numbers-and-stories-201112123946>

Session 8 and 9: Communication at the end of life (PS)

In this session we will consider the experience of loss at the end of life in a changing social and cultural context. A brief history of palliative care will set the context for current policy and practice in planning and delivering quality end of life care. The importance of excellent communication and the ability to deliver bad news will highlight the importance of communication skills training and multidisciplinary working when dealing with life limiting and existential issues of patients and their families. NB: Given the emotionally loaded nature of parts of this session, students who have recently suffered a bereavement or loss, may wish to consider whether or not they should attend. Please contact the session lecturer if you want to discuss this or feel you would rather not attend the last part of this session.

Department of Health (2008) End of Life Care Strategy – Promoting high quality care for all adults at the end of life. Accessed 30th July 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/nd_of_life_strategy.pdf

National Palliative and End of Life Care Partnership (2015). Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020. London: NHS England. Available at: <http://endoflifecareambitions.org.uk/wpcontent/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf>.

Department of Health (2016) Our commitment to you for end of life care: The government response to the review of choice in end of life care. Accessed 27th July 2017
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/536326/choice-response.pdf

Edwards P. 2005. An overview of the End of Life discussion. *International Journal of Palliative Nursing*, 11, (1), 21-17

Session 10: Workshop 2: Communication in Complex and Difficult Situations (PS)

In this session we will apply the principles of good communication to various situations that might be difficult to negotiate and facilitate. We will use case studies and vignettes to consider the approaches and ethical/moral/legal and professional issues involved in supporting patients, families and health professionals when difficult decisions about care and choices are discussed.

Parry R., Land V., Seymour J. 2014. How to communicate with patients about future illness progression and end of life: a systematic review. *BMJ Supportive & Palliative Care* 2014; 4:331-341 doi: 10.1136/bmjspcare-2014-000649

General Medical Council. Treatment and care towards the end of life: good practice in decision making. Ethical Guidance. London: General Medical Council. 2010. http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_guidance.asp

Session 11: Communication with Children and Adolescents (AJ)

This session will involve examining the challenges in communicating health information with children, adolescents and families. In particular, we will explore the role of the child, parent and health professional in the communication and assessment process, decision-making and treatment choices. Finally, we will examine the impact of both effective and poor communication on the health and wellbeing of children and adolescents.

Bell, J. & Condren, M. (2016). Communication strategies for empowering and protecting children. *Journal of Pediatric Pharmacological Therapy*, 21 (2), 176-184.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4869776/>

Dedding, C., Reis, R., Wold, B. & Hardon, A. (2015). Revealing the hidden agency of children in a clinical setting. *Health Expectations*. 18 (6): 2121-2128.
<http://onlinelibrary.wiley.com/doi/10.1111/hex.12180/abstract>

Swedlund, M.P., Schumacher, J.B., Young, H.N. & Cox, E.D. (2012). Effect of communication style and physician–family relationships on satisfaction with pediatric chronic disease care. *Health Communication*. 27(5): 498-505.
<http://www.ncbi.nlm.nih.gov/pubmed/22077742>

PS50033: Advanced Research Designs in Health

UNIT CO-ORDINATOR: Dr Paula Smith

Unit Description

Aims	<ul style="list-style-type: none">To give students an appreciation of the uses of qualitative and quantitative methods and how they may be applied to health psychology research and evaluation.To develop knowledge and skills in designing research studies.
Learning Outcomes	On completion of this unit, students will: <ul style="list-style-type: none">Understand epistemological foundations of researchBe able to consider the links between research strategy, design and methodsBe familiar with the different methods of collecting/eliciting data and their implications for analysis and interpretationUnderstand the distinctions between quantitative and qualitative data and to be familiar with a range of data collection and processing techniques.to have understood the different means of measuring psychological constructsBe able to design their own research using an appropriate design and selecting suitable analysis procedures
Skills	Intellectual <ul style="list-style-type: none">To critically assess and evaluate research and evidence as well as a variety of other information.To gather information, data, research and literature from a number of different sourcesTo utilise problem solving skillsTo communicate an argument Professional / Practical <ul style="list-style-type: none">To be sensitive to the ethical issues in carrying out research and the legal and statutory responsibilities of the researcher.Time management and administration skillsIndependent working skills
Content	This unit will focus on the methodological issues relating to the development of a health psychology research study or evaluation and will include issues such as: Epistemology underpinning research design and methods; methodological issues in quantitative and qualitative approaches; justification and types of research design; the place of literature in developing the research; development of research questions; matching research questions to appropriate methodologies and methods; integrating quantitative and qualitative approaches; ethical considerations in health research; development of a research proposal.
Assessment	100% coursework.
Marking criteria	Marking criteria are outlined in the Marking Scheme (see Appendix 3: Marking Guidelines, Moderation and Penalties). You should also refer to the Examples of Coursework Marksheets in this handbook.

Additional lecture information

Understanding the processes of doing and using research are fundamental within health psychology, whether a future research career is planned or not. Health care services increasingly need to be planned, financed and delivered against evidence of their need, effectiveness and efficiency. It is therefore important to understand how this evidence and research is produced, and the implications and impact of this work. The purpose of this Unit is to introduce the methodological theories and issues that need to be considered in order to plan, develop and undertake good quality research in relation to health care and health psychology.

Session 1: Developing research questions (JB)

Every piece of research starts with a question. Having a clear and appropriate research question is essential to doing good research. We will explore what a good research question looks like and how to turn an idea into a research question.

Breakwell, G.M., Wright, D., Smith, (2012) Research Questions and Planning Research, In Breakwell, G. M., D. Wright, et al., Eds. (2012). *Research methods in psychology*, 4th Edition, Sage.

Thabane, L., Thomas, T., Ye, C. and Paul, J. (2009). Posing the research question: not so simple. *Canadian Journal of Anesthesia* 56(1): 71-79.

Session 2: Underpinning research design (JB)

We will consider the various philosophical underpinnings of psychology research, the role that theory can play in helping us to design research in clinical and health psychology and the value of research evidence.

Cornish, F. and A. Gillespie (2009). "A Pragmatist Approach to the Problem of Knowledge in Health Psychology." *Journal of Health Psychology* 14(6): 800-809.

Bryman, A. (2007) The research question: What is its role? *International Journal of Research Methodology*, 10, 1, 5-20

Session 3: Reviewing the literature and conducting systematic reviews (BA)

"Undertaking a review of a body of literature is often seen as something obvious and as a task easily done. However, a good review will need appropriate breadth and depth, rigour and consistency, clarity, brevity and effective analysis and synthesis; in other words, the use of the ideas in the literature to justify the particular approach to the topic, the selection of methods and demonstration that this research contributes something new" (Hart 1998: pp1-2). This session will explore the skills you will need to develop in order to conduct a good quality literature review.

Hart, C. (1998). *Doing a literature review: Releasing the social science research imagination*. London: Sage.

Jesson, J.K., Matheson, L., & Lacey, F.M. (2011). *Doing your literature review: Traditional and systematic techniques*. London: Sage.

Session 4: Research Strategy, Design and Methods (JB)

Turning your research question into a project means thought and planning about research design. This involves being clear about your decisions around the purpose, theory, sampling, and methods selected for the study. We will consider an overview of the relationships between research questions and research strategies and their links to design and methods.

Research Designs, Chapter 2 in Bryman, A, *Social Research Methods*, 2008

Eatough, V. (2012) Introduction to qualitative methods, IN Breakwell, G. M., D. Wright, et al., Eds. (2012). *Research methods in psychology*, 4th Edition, Sage.

Fife-Schaw, C. (2012) Introduction to quantitative methods, IN Breakwell, G. M., D. Wright, et al., Eds. (2012). *Research methods in psychology*, 4th Edition, Sage.

Marks, D. and Yardley, L. (2004) Introduction to Research Methods for Clinical and Health Psychology, In *Research Methods for Clinical and Health Psychology*, Sage.

Session 5: Digital research and doing research online (JB)

Using the internet for research and researching online behaviour are increasingly core to addressing a range of research questions relevant to health and clinical psychology. This session will provide an introduction to both of these areas providing a range of examples as well as considering practical and ethical issues that researchers working in these areas need to engage with.

Coulson, N. (2015) *Online research methods for psychologists*, Palgrave: London

Yardley, L., Choudhury, T., Patrick, K., & Michie, S. (2016). Current Issues and Future Directions for Research Into Digital Behavior Change Interventions. *American Journal of Preventive Medicine*, 51(5), 814-815.

Session 6: Questionnaire design (JB)

Questionnaires are one of the most common methods in social research. However it is not easy to design a good questionnaire. We will consider the key issues in questionnaire design and scale development, common pitfalls as well as the broader issues of relationships to theory and analysis.

Fife-Schaw, C. (2012) Questionnaire Design, IN Breakwell, G. M., D. Wright, et al., Eds. (2012). *Research methods in psychology*, 4th Edition, Sage.

Oppenheim, A. N. (2000). *Questionnaire design, interviewing and attitude measurement*, Bloomsbury Publishing.

Session 7: Integrating qualitative and quantitative approaches (JB)

Combining qualitative and quantitative methods is not straightforward because there are often conflicts between different underlying paradigms. Indeed most applications of qualitative and quantitative methods rely on very different assumptions about both the nature of knowledge and the appropriate means of generating knowledge; hence the kinds of information they produce are often incommensurate. Reconciling this difference is the focus of this session.

Dures, E., Rumsey, N., Morris, M. & Gleeson, K. (2011). Mixed methods in health psychology: Theoretical and practical considerations of the third paradigm. *Journal of Health Psychology* 16(2): 332-341.

Morgan, D.L. (1998) Practical strategies for combining qualitative and quantitative methods: Applications to health research. *Qualitative Health Research*, 8(3), 362-376.

Session 8: Public and Patient Involvement and Engagement in Research (AJ)

Involving patients and the public are increasingly essential in developing research proposals, and certainly in obtaining funding for research. We will consider the opportunities that this provides, methods for doing so as well as critically considering the extent to which expert patients can represent patient perspectives.

See INVOLVE website for an introduction to the ways in which the public can be involved in and empowered to participate and contribute to research in health care. <http://www.invo.org.uk/>

Session 9: Ethical Guidelines and applying for ethical permission (PS)

Our professional body the BPS states in its ethical guidelines "thinking about ethics should pervade all professional activity. The definition of ethics as the science of morals or rules of behaviour overlaps with the definition of psychology as the scientific study of behaviour both internal (for example, cognition and feelings) and external (for example, language and actions). Before embarking on professional work the ethical implications should be considered as part of the work context together with legal, professional and other frameworks." This session will explore the ethical systems that we need to know about and conform to as psychologists conducting research in academia and/or the healthcare system.

BPS. (2010). Code of Human Research Ethics. <http://www.bps.org.uk/publications/policy-and-guidelines/research-guidelines-policy-documents/research-guidelines-poli>

Session 10 & 11: Writing a research proposal (PS)

A completed proposal is the product of a sustained process of planning and designing research and communicates the investigators intentions and research plans to those who give consent or allocate funds. The document is therefore the primary resource on which decisions are made about whether or not research should be approved and/or funded; whether the research proposed is viable and indeed, whether the person proposing the research has the ability to carry it out.

In the final two sessions we will bring together the learning that we have covered during the unit to explore the key elements required in creating a good research proposal. We will also use these sessions to identify the way in which your proposal ideas can be 'read' and 'understood' by your audience.

In the first week we will use the time to write your groups proposal in a timed manner, so you will need to bring your lap tops and the outline of each of the proposal sections you have been working on throughout the course with you. You will then submit your draft proposal at the end of the session. We will anonymise your submissions and randomly allocate them to your colleagues. In week two you will undertake a review of another groups' proposal and will provide feedback to your colleagues. This will

help you to understand how your work is received by someone unfamiliar with your work and where you might need to make your points more clearly and precisely.

Robson C. 2011. Chapter 15: Writing a project proposal. In Robson C. 2011. *Real World Research: a resource for users of social research methods in applied settings*. 3rd Ed. Chichester, Wiley.

PS50148: Multivariate Statistics For Use In Health Contexts

UNIT COORDINATOR: Prof Mitch Callan

Unit Description

Aims	To equip students with the skills to use and interpret multivariate statistics using SPSS and appreciate the applications of multivariate analysis in health.
Learning Outcomes	On completion of this unit, students will <ul style="list-style-type: none">• Have refreshed their knowledge of univariate and multivariate statistics• Learn how to use SPSS to analyse health data and to handle data sets• Be able to interpret the answers to statistical analyses and report them within the health context.
Skills	Intellectual <ul style="list-style-type: none">• To learn independently• To critically evaluate and assess research and evidence as well as a variety of other information• To utilise problem solving skills Professional / Practical <ul style="list-style-type: none">• Advanced information technology and computing technology (e.g. SPSS)• Independent working skills• Advanced numeracy skills• Refresher sessions in statistical analysis using SPSS, including linear regression, logistic regression, ANOVA, ANCOVA, and MANOVA.
Assessment	100% coursework. Students will be given two pieces of coursework. All statistics assessments involve analysing a set of data (which will be given to you) and writing up the results of the analysis as they might appear in the results section of a health psychology journal paper. Each piece of text should not exceed 800 words.
Marking Criteria	Marking criteria are outlined in Marking Guidelines, Moderation and Penalties section - table of contents. You should also refer to the Examples of Coursework Marksheets (see MSc Health Psychology section - table of contents).

Essential text for the unit:

Field, A. (2018). *Discovering Statistics Using IBM SPSS Statistics* (5th ed). London, UK: Sage

Sessions:

Week 1: The SPINE and PHEONIX of statistics (Chapters 2 and 3)

Week 2: The linear model (Regression) (Chapters 6 and 9)

Week 3: Comparing independent means (Chapters 10, 12, 13)

Week 4: Moderation, mediation, and multi-categorical predictors (Chapter 11)

Week 5: Factorial designs (Chapter 14)

Week 6: Repeated measures and mixed designs (Chapters 15 and 16)

Week 7: Categorical outcomes: Chi-square and loglinear analysis (Chapter 19)

Week 8: Categorical outcomes: Logistic regression (Chapter 20)

Week 9: Categorical outcomes: Logistic multinomial regression (Chapter 20)

Week 10: Multivariate analyses (Chapter 17)

Week 11: Multivariate analyses (Chapter 17)

PS50112: Advanced Statistics For Use In Health Contexts

UNIT CO-ORDINATOR: Dr Tom Freeman

Unit Description

Aims	<ul style="list-style-type: none">• To equip students with the skills to use and interpret advanced multivariate statistics commonly used in health science.• To provide an appreciation of the applications of advanced multivariate analysis in health science.
Learning Outcomes	On completion of this unit, students will: <ul style="list-style-type: none">• Be able to describe in which circumstances certain multivariate techniques are applicable and be aware of how they are computed.• Be able to conduct, interpret and report key output from specific multivariate analyses.
Skills	Intellectual <ul style="list-style-type: none">• To learn independently• Motivation to perform extra reading outside of class• To critically evaluate and assess research and evidence as well as a variety of other information• To utilise problem solving skills Professional / Practical <ul style="list-style-type: none">• Advanced information technology and computing technology (e.g. SPSS, AMOS)• Independent working skills• Advanced numeracy skills
Assessment	100% coursework. Students will be given two written assessments. Both assessments involve suitably preparing and analysing data (which will be given to you) and writing up the results of the analysis in a suitable format.
Marking Criteria	Marking criteria are outlined in the Error! Reference source not found. (see Marking Guidelines, Moderation and Penalties section - table of contents). You should also refer to the Examples of Coursework Marksheets (see MSc Health Psychology section - table of contents).

Factor Analysis

Factor analysis is a method by which clusters or groups of latent (i.e. unobservable) variables are identified from a dataset containing many variables. Within the research literature it is commonly used to design, and test the validity of, questionnaires.

Power, Effect Size and Sample Size Calculations

How many participants do you need to draw reliable conclusions from your data? What is “power”? What is “effect size”? These questions will be explored followed by the opportunity to practice power and effect size calculations using a widely-used software package specifically designed for these purposes.

Structural Equation Modelling I

Structural Equation Modelling (SEM) is a powerful technique that can be used to visually depict and investigate relationships between multiple variables. This session presents an introduction to Structural Equation Modelling and a software package that is commonly used to create them.

Structural Equation Modelling II

This session carries on from the previous week and will provide you with a more advanced understanding of SEM. You will also carry out more advanced exercises.

An Introduction to Meta-analysis and further methods of identifying groups within your data

Meta-analysis is a technique for combining the results from several investigations. This session will give you an introduction into how meta-analyses are typically carried out. Separately, the session will also cover other methods of identifying groups in your data, these techniques are useful in exploring relationships between known and unknown groups within your data.

Logistic Regression

Logistic regression is commonly used to assess which variables are useful in predicting a binary outcome, e.g. what factors determine having a heart condition vs. not having one in later life?

Key References

Field, A. (2017). *Discovering Statistics Using IBM SPSS Statistics*. London, Sage

PS50160: 21st Century Public Health

UNIT COORDINATOR: Dr Andrew Weyman

Unit Description

Aims	<ul style="list-style-type: none">• To provide students an insight into public policy and practice for dealing with high profile public health issues. The primary focus will be on the use of evidence to inform public health policy decision making over setting priorities and intervention options, to bring about measurable improvements in public health.
Learning Outcomes	On completion of this unit, students will: <ul style="list-style-type: none">• Demonstrate their ability to apply health psychology insights, models and expertise to public health contexts.• Appreciate high profile contemporary public health agendas• Be able to assess how evidence can inform practice in meeting public health objectives• Be aware of contemporary perspectives on the contribution of the State, individuals and employers to the maintenance / improvement of public health.• Be able to understand the applicability of the potential contributions of health psychologists to meeting public health objectives.
Skills	Intellectual <ul style="list-style-type: none">• To think creatively and analytically• To communicate and argument• To work independently• To utilise problem solving skills• To critically evaluate and assess research and evidence• To synthesise information from a number of sources in order to gain a coherent understanding Professional / Practical <ul style="list-style-type: none">• To effectively and efficiently apply principles of health psychology within a variety of health contexts.• Interpersonal communication skills• Study and learning skills
Content	The unit aims to provide students with an appreciation of contemporary public policy perspectives on the use of research evidence to inform practice; intervention design (in particular aspects relating to behaviour change, segmentation and logic modelling) and impact evaluation. Linkages will be made between traditional (individual focused) health psychology and related models of behaviour change and their applicability to interventions aimed at impacting up defined (sub) populations, e.g. by locale, these with high need or at high risk.
Assessment	100% coursework 2500 word assignment

Session 1 (A.M.) – What is Public Health (AW)

History of public health and the role of the State and competing philosophies (classical, neo-classical and neo-liberal). Dimensions of dimensions of public health. We will consider the concept of public-health psychology and distinguish it from other variants of health psychology. Definitions of public health will lead us to identify and articulate the approach that is taken to public health by the current government and where this fits in the new structures of health care provision. Illustrated with examples from current and recent public health issues.

Davis, EP. & Sanchez-Martinez, M. (2015) Economic theories of poverty. Joseph Rowntree Foundation. <https://www.jrf.org.uk/report/economic-theories-poverty>

Hepworth, J. (2004). Public health psychology: A conceptual and practical framework. *Journal of Health Psychology* 9(1): 41-54

Johnston, M., Weinman, J., & Chater, A. (2011) A healthy contribution, *The Psychologist*, 24, 12, 890-902

Von Lengerke, T., et al. (2004). Health Policy Perception and Health Behaviours: A Multilevel Analysis and Implications for Public Health Psychology. *Journal of Health Psychology* 9(1): 157-175.

Session 2 (P.M.) - Discourses of choice and responsibility (CD)

When should society step in and save us from ourselves? Where and how should we draw the line between individual freedom and public health? In this session we will discuss the concepts of choice and responsibility in rationales for intervention. This will take the form of a debate focusing on the different approaches to the current public health crisis around obesity.

Barnett et al. (2008) The value of choice: a qualitative study *British Journal of General Practice*, 58 (554) 609–613

Marks, D. F. (2002). "Freedom, Responsibility and Power: Contrasting Approaches to Health Psychology" *Journal of Health Psychology* 7(1): 5-19.

Nuffield Council on Bioethics Report (2007). Public Health: Ethical Issues. *Ethical Framework, Chapter 2, 11-28*

Wiley, L. F., Berman, M. I., & Blanke, D. (2013). Who's your Nanny?: Choice, Paternalism and Public Health in the Age of Personal Responsibility. *Journal of Law Medicine & Ethics*, 14 (1), 88-91

Session 3 (A.M.) - Contemporary perspectives on behaviour change (AW)

The use of social science insights to effect behaviour change represents a key component of contemporary public policy perspectives on managing public health public health, particularly in the area of lifestyle health. This session will provide an overview of influential models and perspective on behaviour change, with examples of their application.

Dolan P, Hallsworth, M; Halpern, D; King, D and Vlaev, I. 'MindSpace Influencing behaviour through public policy' Institute for Government.

<http://www.instituteforgovernment.org.uk/sites/default/files/publications/MINDSPACE.pdf>

Thaler, R.H. Sunstein, C. (2008) *Nudge* Yale University Press

Weyman, A; Wainwright, D; O'Hara, R; Jones, P. Buckingham, A. 'Extending working life Behaviour change interventions'. Department for Work and Pensions 2012.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193404/rrep809.pdf

Oullier, I (2013) Behavioural insights are vital to policy-making

<http://www.nature.com/news/behavioural-insights-are-vital-to-policy-making-1.13807>

Session 4 (P.M.) - Case studies of behaviour change approaches (BA)

We will consider and discuss some practical examples of behaviour change initiatives that have been conducted and evaluated in relation to health – not simply looking at the usual suspects of diet and exercise but also around issues like prescribing behaviour and vaccination. We will consider how to influence behaviour change within communities and organisations.

Hallsworth, M., et al. "Provision of social norm feedback to high prescribers of antibiotics in general practice: a pragmatic national randomised controlled trial." *The Lancet* 387(10029): 1743-1752.

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)00215-4.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00215-4.pdf)

Milkman, K. L., et al. (2011). "Using implementation intentions prompts to enhance influenza vaccination rates." *Proceedings of the National Academy of Sciences* 108(26): 10415-10420.

<http://www.pnas.org/content/108/26/10415.full.pdf>

Session 5 (A.M.) - The role of mass media in public health communication (CD)

Mass media have long been used as a mode of delivering public health messages. How effective are these messages in changing health-related attitudes and behaviours? Does this have an impact on public health? In this session we will explore these questions using examples of current and past mass media campaigns.

Noar, S.M. (2006) A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *Journal of Health Communication*, 11, 21-42.

Wakefield, M.A., Loken, B. & Hornik, R.C. (2010) Use of mass media campaigns to change health behaviour. *Lancet*, 376, 1261-1271.

Session 6 (P.M.) - Social support, networks and community (JB)

In both patient and non-patient populations, social networks offer an immense level of support, at the various stages of illness development (including at the preventive stage). Health outcomes have shown to be more encouraging when social capital is high. We will consider the different factors that may contribute to this effect, as well as untangle some of the underlying mechanisms.

Schwarzer, R. & Knoll, N. (2007). Functional roles of social support within the stress and coping process: a theoretical and empirical overview. *International Journal of Psychology*, 42, 243-252.

Taylor, S.E. (2006). Tend and befriend: biobehavioral bases of affiliation under stress. *Current Directions in Psychological Science*, 15, 273-277.

Palmer, S. & Glass, T.A. (2003). Family function and stroke recovery: a review. *Rehabilitation Psychology*, 48: 255-265.

Sessions 7 & 8 (A.M. + P.M.) - The use of evidence to inform practice 1 & 2 (AW)

Evidence-based practice has become a philosophical cornerstone of public health policy configuration and delivery. These sessions will provide a critical overview of the nature of evidence and the manner in which evidence and data are used in contemporary public policy contexts.

Black, C. Frost, D. (2011) *Health at work* – an independent review of sickness absence in Great Britain. <https://www.gov.uk/government/publications/review-of-the-sickness-absence-system-in-great-britain>

Evaluation of the Statement of Fitness for Work (fit note): quantitative survey of fit notes
Department for Work and Pensions (RR 841)
<https://www.gov.uk/government/publications/evaluation-of-the-statement-of-fitness-for-work-fitnote-quantitative-survey-of-fit-notes-rr-841>

The Magenta Book – H.M. Treasury Guidance on what to consider when designing an evaluation.
<https://www.gov.uk/government/publications/the-magenta-book>.

Session 9 (A.M.) - Guest Lecture

Session 10 (P.M.) - Small group tutorials – Designing and Evaluating public health interventions (AW + JB)

Session 11 (A.M.) Public health intervention Group Presentations (1)

Session 12 (P.M.) Public health intervention Group Presentations (2)

PS50161: Advanced Qualitative Analysis

UNIT COORDINATOR: Dr Paula Smith

Unit Description

Aims	<ul style="list-style-type: none">• To provide students with an appreciation of the conduct and analysis of different qualitative approaches in health psychology research.• To undertake and present qualitative data analysis.
Learning Outcomes	<ul style="list-style-type: none">• On completion of this unit, students will• Demonstrate their ability to undertake qualitative research data collection and analysis• Appreciate the different type of data produced by qualitative research approaches.• Be able to assess different analytical approaches to qualitative data analysis.• To appreciate the practical and theoretical issues involved in undertaking qualitative research.
Skills	<p>Intellectual</p> <ul style="list-style-type: none">• To think creatively and analytically• To communicate and qualitative analysis• To work independently• To utilise problem solving skills• To critically evaluate and assess research and evidence• To synthesise information from a number of sources in order to gain a coherent understanding <p>Professional / Practical</p> <ul style="list-style-type: none">• To effectively and efficiently apply principles of qualitative methods within health psychology research• To develop interpersonal communication skills in relation to research dissemination• Study and learning skills
Content	The unit aims to provide students with the knowledge and skills to be able to undertake qualitative data collection and analysis. Content will include discussion of data collection approaches including interviews, focus groups, online data, and non-verbal data. There will also be consideration of the practical and methodological issues relating to qualitative approaches including different types of analysis procedures and approaches.
Assessment	100% coursework in two parts: Part 1: Qualitative transcript data analysis write up (60% of mark) submitted in Week 25 Part 2: Poster presentation (to be presented as a single powerpoint slide only) on social media or 'non-talk' data analysis (40% of mark) submitted in Week 28
Marking Criteria	Marking criteria are outlined in the Marking Scheme (see Appendix 3: Marking Guidelines, Moderation and Penalties). You should also refer to the Examples of Coursework Marksheets in this handbook.

Additional lecture information

Qualitative research is an increasingly important element of health psychology and health services research. You will already have learnt about the strategic philosophical and epistemological issues around qualitative research in the Advanced Research Design in Health Unit (PS50033). The purpose of this unit is to give you some first-hand experience of data collection and the application of different types of qualitative data analysis that you can draw upon, if required, in your placement and dissertation projects, or indeed in future research and work. As a result much of the preparation for this unit will need to be completed outside of the taught sessions. This preparation work will not be optional! You will need to complete this work in order to participate in the face to face sessions, so be prepared to plan this into your work schedule. For each of the taught sessions there will be preparation and homework clearly identified on the Moodle web pages. We have organised the content of this unit to give you the maximum time to complete both parts of the assessment by the submission dates. Below you will find an indication of the session content and the type of preparation and homework that will need to be conducted to compliment the sessions.

Assessment

This unit will be assessed by two pieces of coursework. The first part will comprise a 2000 word traditional (transcript) qualitative data analysis results section (60% of total marks). The second part will comprise a poster (40% of total marks), presenting the results of a social media or 'non talk' qualitative data analysis. This could be data taken from observational, visual, social media or other formats. Part one will be submitted in week 25 (of the university calendar) and Part two in week 28. Cover sheets will be available on SAMIS prior to the submission date. Both parts of the assessment will be on the same topic which will be confirmed when the unit begins.

Session 1: 7th February 2019

Preparing Qualitative Research (PS)

In this session we will consider some of the practical and methodological issues around qualitative research, such as setting research questions, sampling, developing interview schedules, ethical issues, transcribing.

Reading:

Robson C., & McCartan K., 2015. *Real World Research 4th Ed*, Wiley. Chapter 2. Approaches to Social Research. And Chapter 10 Ethical and Political Considerations.

Activity:

Watch the suggested You Tube links and read introductory chapters in suggested reading list.

Session 2: 14th February 2019

Interviews (PS)

In this session we will explore two of the main traditional methods of collecting qualitative data - interviews and focus groups. We will consider the similarities and differences of these two approaches, interview/focus group schedule development, ethical issues, methods of recruitment and sampling, practical issues in data collection, and transcribing principles.

Reading:

King, N., & Horrocks, C. (2010). *Interviews in Qualitative Research*. London: Sage.

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*: Sage Publications, Inc.

Robson C., & McCartan K., 2015. *Real World Research 4th Ed*, Wiley. Chapter 12 Interviews and Focus Groups.

Session 3: 21st February 2019

Focus groups (PS)

In this session we will consider the issues around undertaking a focus group and plan and conduct a small focus group.

Reading:

Wilkinson S (2004) Focus groups In (Ed) GM Breakwell, *Doing Social Psychology Research* (pp. 344 - 376), Oxford: BPS Blackwell

Session 4: 15th February 2018

Traditional transcript analysis (Thematic Analysis) (PS)

In this session we will consider how to undertake one of the main analytical approaches used in qualitative research - Thematic analysis. We will use traditional transcript data to begin an analysis and to consider some of the advantages and disadvantages of the approach.

Reading:

Braun V. & Clarke V. 2006. *Using thematic analysis in psychology*. QualResearchPsych.com *Qualitative Research in Psychology* 2006; 3: 77-101

Activity:

Explore literature around family carers and loneliness to help you develop your research question.

Post session homework

Begin your interview analysis.

Session 5: 7th March 2019

Interpretative Phenomenological Analysis (IPA) (PS)

In this session we will explore the use of IPA and how this differs from Thematic Analysis. We will look at how and when IPA might be an appropriate analysis approach and how this can influence the way in which the data is collected, analysed and written up.

Preparation

Smith, J., A., Flowers, P. & Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. Chapter 5. Sage: London

Post session

Continue your analysis of interview transcript on 'Loneliness and family carers' in preparation for part 1 hand in.

Session 6: 14th March 2019

Writing up qualitative research (PS)

In this session we will consider the different ways in which qualitative research can be presented and some of the ways in which this type of data might be evaluated. We will use the data that you have analysed during the unit to consider how and what you should include in your traditional 'results' section and the poster presentation.

Preparation

Reading:

Flick U. 2014. Quality of qualitative research: criteria and beyond. In *An introduction to qualitative research*. (pp 479-507) London: Sage

Flick U. Writing qualitative research. In *An introduction to qualitative research*. (pp 508-519) London: Sage

Post session homework

Refine and complete your part one assignment write up. Explore forum and other data around the topic of Loneliness and family carers in preparation for part two assessment.

Session 7: 21st March 2019

Analysis of 'non-interview' data (AJ)

In this session we will consider the issues around the collection and analysis of 'non-talk' data such as that from observation/DVD's/photographs/documents/objects. We will explore when and why these approaches might be used and the evaluation of these approaches in providing research evidence and data.

Preparation

Read a paper that has reported social media or 'non talk' data analysis.

Post session homework

Decide on the type of data that you will use for your analysis for part two (eg social media/documentary data/other 'non-talk' data) and collect data ready for analysis. Prepare template for your poster.

Session 8: 18^h March 2019

Social media data analysis (JB)

Social media is increasingly considered an important data resource for understanding health. We will consider the value of blogs in doing health research and the particular benefits and drawbacks of using social media as data. We will also consider data from Twitter and identify the sorts of research questions and analytic techniques that are required given the structure of the data.

Preparation

Reading:

Seale, C., Charteris-Black, J., MacFarlane, A., & McPherson, A. (2010). Interviews and Internet Forums: A Comparison of Two Sources of Qualitative Data. *Qualitative Health Research*, 20(5), 595-606. doi: 10.1177/1049732309354094

Activity:

Have collected your social media data

Post session homework

Undertake your analysis and complete poster. Use the posters around the department and university to think about what characteristics are required for a good poster.

References

Below are a range of general references. Additional reading and specific references will be provided for each session.

Braun V. & Clarke V. 2006. *Using thematic analysis in psychology*. QualResearchPsych.com
Qualitative Research in Psychology 2006; 3: 77-101

Esin, C. 2011. Narrative analysis approaches. In Frost, N. (Eds) 2011. *Qualitative research methods in psychology: combining core approaches*. Berkshire. Open University Press.

Flick U. 2014. *An introduction to qualitative research*. (pp 479-507) London: Sage

Frost N. 2011 *Qualitative research methods in psychology: combining core approaches*. Berkshire. Open University Press.

Jaber F. Gubrium & James A. Holstein & Amir B. Marvasti & Karyn D. McKinney. 2012. The SAGE Handbook of Interview Research: The Complexity of the Craft, Second Edition.

DOI: <http://dx.doi.org/10.4135/9781452218403>

Print ISBN: 9781412981644 | Online ISBN: 9781452218403

King, N., & Horrocks, C. (2010). *Interviews in Qualitative Research*. London: Sage.

Potter, J. & Weatherall, M. 1987. *Discourse and social psychology: beyond attitudes and behaviour*. London: Sage

Richards L. Handling qualitative data: A practical guide 2nd Ed. 2009. London. Sage.

Robson, C. & McCartan K. 2015. *Real World Research 4th Ed*. Wiley.

Roller M.R. & Lavrakas P.J. 2015. *Applied qualitative research design: A total quality framework approach*. New York. The Guilford Press.

Sandelowski, M., & Leeman, J. 2012. Writing Usable Qualitative Health Research Findings. *Qualitative Health Research* 22(10) 1404–1413 sagepub.com/journalsPermissions.nav DOI: 10.1177/1049732312450368 <http://qhr.sagepub.com> E

Seale, C., Charteris-Black, J., MacFarlane, A., & McPherson, A. (2010). Interviews and Internet Forums: A Comparison of Two Sources of Qualitative Data. *Qualitative Health Research*, 20(5), 595-606. doi: 10.1177/1049732309354094

Smith, J., A., Flowers, P. & Larkin, M. (2009) *Interpretative Phenomenological Analysis Theory, Method and Research*. Chapter 5. Sage: London

Wilkinson S (2004) Focus groups In (Ed) GM Breakwell, *Doing Social Psychology Research* (pp. 344-376), Oxford: BPS Blackwell

Willig C. 2012. *Qualitative interpretation and analysis in Psychology*. Berkshire. Open University Press.

PS50162: Informing Interventions with Health Psychology

UNIT COORDINATOR: Dr Charlotte Dack

PS50162 Unit description

Aims	<ul style="list-style-type: none">To provide students with a theoretical and empirical grounding in health promotion and intervention design, evaluation and implementation.
Learning Outcomes	<ul style="list-style-type: none">On completion of this unit, students will:Appreciate different approaches involved in health promotionBe able to evaluate the merits of different contexts of health promotionDemonstrate their ability to design, evaluate and implement a health related interventionExplain the practical and theoretical issues of intervention design, evaluation and implementation
Skills	<p>Intellectual</p> <ul style="list-style-type: none">To think creatively and analyticallyTo communicate an argumentTo utilise problem solving skillsTo critically evaluate and assess research and evidenceTo synthesise information from a number of sources in order to gain a coherent understanding <p>Professional / Practical</p> <ul style="list-style-type: none">To effectively and efficiently apply principles of health psychology in a variety of health contextsTo work independently and in groupsPresentation skillsTime Management SkillsInterpersonal communication skillsStudy and learning skills
Content	The unit will explore the role of health psychologists in planning, developing, evaluating and implementing health related interventions. It will explore the settings for intervention delivery, the design and delivery of individual level interventions alongside their evaluation and implementation
Assessment	This Unit is assessed through 100% coursework
Marking criteria	All examinations are assessed using the Error! Reference source not found. (see Marking Guidelines, Moderation and Penalties section - table of contents). You should also refer to the Examples of Coursework Marksheets (see MSc Health Psychology section - table of contents).

Background

These sessions will explore the role of health psychologists in planning, developing and evaluating health interventions in “real world” settings. The sessions will provide theoretical and empirical background and will also enable opportunities for the development of problem solving, team-work and communication skills.

Activity

This coursework is designed to enable you to experience the process of applying health psychology in practice. Details of the assessment are found on Moodle. In short: **Weeks 1 - 3:** You decide upon a health behaviour you wish to change and select appropriate health psychology constructs (that are linked to theory) to target. You then design an intervention for yourself. **Weeks 4 - 6:** Keep a reflective diary of your experience as you undergo your own behavioural intervention. What works/does not work? Why? How might it be improved? **Week 7-8:** Write up a report of the behavioural intervention (max word length 3000 words).

Additional lecture information

Introduction to Health Psychology Interventions

How can we encourage individuals to adopt health-enhancing behaviours or stop health-damaging ones? In this session we will consider and evaluate the different approaches to health promotion and behaviour change.

Designing Interventions: Understanding behaviour

In this session we will discuss previous attempts to systematically apply theory and evidence to design and evaluate behaviour change interventions. We will look at two different frameworks to design and evaluate health interventions focusing on how to define the problem in behavioural terms: the 'Behaviour Change Wheel' and the 'Person-based Approach'. We will explore how to select and specify the target behaviour(s) and how to identify what needs to change.

Designing Interventions: Identifying intervention options, content and delivery

How can we use evidence and practical factors to identify individual Behaviour Change Techniques and the best modes of intervention delivery? In this session we will continue using the Behaviour Change Wheel and the Person-based Approach to identify intervention functions and content.

Evaluating and Implementing Health Psychology Interventions

How are different kinds of behaviour change interventions evaluated? How can we assess the success of these interventions? In these sessions we explore the ways to plan how health interventions will be evaluated and discuss some of the barriers and facilitators to intervention implementation.

Recommended Reading:

Forshaw, M., & Sheffield, D. (2013). *Health Psychology in Action*. Oxford: Wiley-Blackwell. (Lots of real-world examples of how practitioners have applied health psychology in practice in a wide range of health settings).

Michie, S., & Abraham, C. (2004). *Health Psychology in Practice*. Oxford: Blackwell Pub. (Especially chapters 11-15)

Michie, S., van Stralen M. M., West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6:42

Yardley, L., Morrison, L., Bradbury, K., & Muller, I. (2015). The person-based approach to intervention development: application to digital health-related behavior change interventions. *Journal of medical Internet research*, 17(1).

Yardley, L., Spring, B. J., Riper, H., Morrison, L. G., Crane, D. H., Curtis, K., ... & Blandford, A. (2016). Understanding and promoting effective engagement with digital behavior change interventions. *American journal of preventive medicine*, 51(5), 833-842.

Additional Reading:

Bartholomew, L. K., Parcel, G. S., & Kok, G. (1998). Intervention mapping: A process for developing theory- and evidence-based health education programs. *Health Education and Behavior*, 25, 545–563. doi:10.1177/109019819802500502

Bradbury, K., Dennison, L., Little, P., & Yardley, L. (2015). Using mixed methods to develop and evaluate an online weight management intervention. *British Journal of Health Psychology*, 20, 45–55

Campbell, N. C., Murray, E., Darbyshire, J., Emery, J., Farmer, Griffiths, F., Guthrie, B., Lester, H., Wilson, P., Kinmonth, A. L. (2007) Designing and evaluating complex interventions to improve health care. *British Medical Journal*, 334(7591): 455–459.

Craig, P. et al., (2008) Developing and evaluating complex interventions: the new Medical Research Council guidance. *BMJ*, 337:a1655

Curtis, K. E., Lahiri, S., & Brown, K. E. (2015). Targeting Parents for Childhood Weight Management: Development of a Theory-Driven and User-Centered Healthy Eating App. *JMIR mHealth uHealth*, 3 (2): e69

Peters, G. Y., de Bruin, M & Crutzen, R. (2015). Everything should be as simple as possible, but no simpler: towards a protocol for accumulating evidence regarding the active content of health behaviour change interventions, *Health Psychology Review*, 9:1, 1-14, DOI: 10.1080/17437199.2013.848409

Lakshman, R., Griffin, S., Hardeman, W., Schiff, A., Kinmonth, A. L., & Ong, K. K. (2014). Using the Medical Research Council framework for the development and evaluation of complex interventions in a theory-based infant feeding intervention to prevent childhood obesity: the baby milk intervention and trial. *Journal of Obesity*, 2014, Article ID 646504, 10 pages doi:10.1155/2014/6465042014

Michie, S. & Prestwich, A. (2010) Are interventions theory-based? Development of a theory coding scheme. *Health Psychology*, 29(1), 1-8.

NICE Public Health Guidance on Behaviour Change: Individual Approaches (PH49). Accessed 11th August 2015. <http://www.nice.org.uk/guidance/ph49/resources/guidance-behaviour-change-individual-approaches-pdf>

Reynolds, J., DiLiberto, D., Mangham-Jefferies, L., Ansah, E.K., Lal, S., Mbakilwa, H., Bruxvoort, K., Webster, J., Vestergaard, L.S., Yeung, S., Leslie, T., Hutchinson, E., Reyburn, H., Lalloo, D.G., Schellenberg, D., Cundill, B., Staedke, S.G., Wiseman, V., Goodman, C., & Chandler, C. I. (2014). The practice of 'doing' evaluation: lessons learned from nine complex intervention trials in action. *Implementation Science*, 9:75 doi:10.1186/1748-5908-9-75

PS50081: Graduate Diploma in Health Psychology

UNIT COORDINATOR: Dr Paula Smith

Unit description

Aims	<ul style="list-style-type: none">To allow students the opportunity to develop a more in depth understanding of a key health psychology issue of their own choice.
Learning Outcomes	On completion of the unit students will have: <ul style="list-style-type: none">Identified (through consultation with a supervisor) and examined in considerable depth a specialist topic in health psychology of their own choosing.Have a deeper, more coherent and more analytical understanding of health psychology theory, methods and practice.
Skills	Intellectual <ul style="list-style-type: none">To think and write creatively and analyticallyTo communicate a debateTo critically assess and evaluate research carried out by others. Professional / Practical <ul style="list-style-type: none">Study and learning skillsAbility to communicate and work well with an advisor.Essay research, preparation and writing skillsIndependent/autonomous working skillsAbility to formulate a research question and present a coherent answer.
Content	Any area of health psychology for which an adequate level of supervision can be offered.
Assessment	This Unit is assessed through coursework 1 x 4000 word essay (100%) Progress monitored by private tutorial
Marking criteria	Marking criteria are outlined in the Marking Scheme (see Appendix 3: Marking Guidelines, Moderation and Penalties). You should also refer to the Examples of Coursework Mark sheets in this handbook.

Background

In the latter part of Semester 2 part 1, if a student wishes to be considered for a postgraduate diploma, they will be required to take this unit which will allow them to accrue a further 6 credits, thus reaching the number of credits (60) required to qualify for a Diploma award.

Students are not permitted to defer to the Diploma option once they have commenced the placement and dissertation stage.

PS50051: Placement

UNIT COORDINATOR: Dr Abbie Jordan

Unit Description

Aims	To provide students with the opportunity to develop skills as a scientist-practitioner by working closely with a psychologist working in a health-related setting.
Learning Outcomes	On completion of the placement, students will: <ul style="list-style-type: none">• Develop the skills required as autonomous researchers and for team work.• Develop transferable skills that will prepare them for postgraduate employment or further study.
Skills	Intellectual <ul style="list-style-type: none">• To gather information, data, research and literature from a broad range of sources relevant to health psychology.• To synthesise information from different sources of health psychology in order to gain a coherent understanding of the application of health psychology in practice. Professional / Practical <ul style="list-style-type: none">• To be aware of ethical and professional issues in carrying out research and to put them into practice.• Time management, organisation and administration skills.• Presentation skills and verbal communication.• To reflect on her/his academic performance and take responsibility for personal and professional learning and development.• To develop sensitivity to the values and interests of other professionals and clients.
Assessment	1. Poster and oral presentation of the research dissertation (PS50055) completed whilst on placement (50% = 3 Credits). 2. A 2,000 word written report critically reflecting their placement (50% = 3 Credits).
Marking criteria	For more information on the poster presentation, placement report and marking criteria you should refer to the Placement Handbook. Marksheets for the Placement presentation and Placement report can be found in 'Examples of Coursework Marksheets' in this handbook.

GUIDELINES FOR THE PLACEMENT

Full details about placement meeting dates, the placement organisation, setting, supervision, documentation and assessment can be found in the Placement Handbook and on the Moodle page: PS50051 MSc Health Psychology Placement - <http://moodle.bath.ac.uk/course/view.php?id=1037>

PS50055: Dissertation

UNIT COORDINATOR: Dr Abbie Jordan

Unit Description

Aims	To provide students with the opportunity to carry out an independent research project by putting into practice some of the methods, theories and skills that they have learned during the taught units.
Learning Outcomes	On completion of the dissertation, students will: <ul style="list-style-type: none">• Have developed their research skills.• Developed the skills required for both autonomous and team working.• Developed transferable skills that will prepare them for postgraduate employment or further study.• Developed their critical, analytical problem-based learning skills.
Skills	Intellectual <ul style="list-style-type: none">• To communicate an argument.• To critically evaluate and assess research and evidence.• To gather information from a number of sources.• To synthesise information from a number of sources in order to gain a coherent understanding. Professional / Practical <ul style="list-style-type: none">• To effectively and efficiently apply principles of health psychology within a health context.• To be aware of ethical and professional issues in carrying out research.• Time management and administration skills.• Presentation skills and verbal communication.• To reflect on his/her academic performance and take responsibility for personal and professional learning and development.
Assessment	This unit is 100% course work, and assessed through the submission of a 12,000 word research dissertation (excluding references).
Marking criteria	Marking criteria are outlined in the Marking Scheme (see Marking Guidelines, Moderation and Penalties section – table of contents). You should also refer to the sample Dissertation Mark sheet in Examples of Coursework Marksheets in this handbook.

Dissertation overview

Dissertations, compared to coursework that you may have produced previously, test your ability to develop a more sustained argument, as well as providing you with the opportunity to analyse a chosen question in more detail. The dissertation accounts for one third of the whole MSc programme - being a 30-credit unit, this equates to approximately 500 hours work.

The importance of the dissertation cannot therefore be over emphasised

– given that it is worth one third of the programme, it should equate to the TOTAL amount of work undertaken in one of the taught semesters (contact time *and* private study). Students must therefore expect to be fully occupied on their dissertation over the whole of the summer.

The dissertation allows you to study a subject in depth. You are expected to include empirical work in the dissertation that tests hypotheses or explores a research question as part of a research investigation. You may use any appropriate research method subject to approval from your academic supervisor. Through your dissertation you will gain experience in the planning, conducting, analysing and reporting of a piece of research. The dissertation is completed whilst students are on placement (PS50051), which occurs over the summer period (May – August) and together will constitute **36 hours per week full time or 18 hours part time (over 2 years).**

EXAMPLES OF COURSEWORK MARK SHEETS

Coursework Mark sheet

Department of
Psychology



PS50031, PS50160 & PS50162

Candidate Number:

Marker:

For information on the marking criteria see appendix 3 of the MSc Programme Handbook - online version available on the programme Moodle page. Please note the mark will not correspond exactly with the profile of ticks below.

Feedback
Feedback is a two way process. We want to understand how previous feedback has helped you develop your learning and also areas that you would particularly like feedback on in this assignment. To do this please answer the following questions on this marksheet before submitting. This feedback will not be included in the word limit. It will not be part of the marking and your grade.
1) Based on previous feedback, I have particularly focussed on the following aspects of my assignment
2) Which area of your assignment would you particularly like feedback on?

Provisional mark:

0	5	15	25	35	42	45	48	52	55	58	62	65	68	72	75	80	85	95

Ratings: (depending on relevance this part may not always be used)

	Very Poor	Poor	Fair	Good	Very Good
Organisation of the work					
Relevance to the question set					
Use of supporting evidence					
Adherence to instructions for task					
Evaluation of theories / arguments					
Breadth of relevant reading					
Use of original sources (not just text books)					
Originality of answer					
Flow of argument					
Depth of treatment of issues					
Writing style / syntax					
Presentation					
	Poor	Needs Improvement			Excellent
References (accuracy & appropriateness)					

Comments: (depending on relevance this part may not always be used)

Coursework Mark sheet

Department of
Psychology



PS50033

Candidate Number:

Marker:

For information on the marking criteria see appendix 3 of the MSc Programme Handbook - online version available on the programme Moodle page. Please note the mark will not correspond exactly with the profile of ticks below.

Feedback
Feedback is a two way process. We want to understand how previous feedback has helped you develop your learning and also areas that you would particularly like feedback on in this assignment. To do this please answer the following questions on this marksheet before submitting. This feedback will not be included in the word limit. It will not be part of the marking and your grade.
1) Based on previous feedback, I have particularly focussed on the following aspects of my assignment
2) Which area of your assignment would you particularly like feedback on?

Provisional mark:

0	5	15	25	35	42	45	48	52	55	58	62	65	68	72	75	80	85	95

Ratings: (depending on relevance this part may not always be used)

	Very Poor	Poor	Fair	Good	Very Good
Organisation of the work					
Clear title given					
Rationale and justification for study provided					
Use of supporting evidence					
Importance of the topic highlighted					
Research question/Aim/Hypotheses/Objectives given					
Appropriateness of design to address research questions set					
Consideration of ethical concerns					
Consideration of PPI					
Sufficient detail provided					
Originality of answer					
Depth of treatment of issues					
Writing style / syntax					
Presentation					
	Poor	Needs Improvement			Excellent
References (accuracy & appropriateness)					

Comments: (depending on relevance this part may not always be used)

Coursework Mark sheet



PS50148 & PS50112 Parts 1 & 2

Candidate Number:

Marker:

For information on the marking criteria see appendix 3 of the MSc Programme Handbook - online version available on the programme Moodle page. Please note the mark will not correspond exactly with the profile of ticks below.

Feedback
Feedback is a two way process. We want to understand how previous feedback has helped you develop your learning and also areas that you would particularly like feedback on in this assignment. To do this please answer the following questions on this marksheet before submitting. This feedback will not be included in the word limit. It will not be part of the marking and your grade.
1) Based on previous feedback, I have particularly focussed on the following aspects of my assignment
2) Which area of your assignment would you particularly like feedback on?

Provisional mark:

0	5	15	25	35	42	45	48	52	55	58	62	65	68	72	75	80	85	95

Ratings: (depending on relevance this part may not always be used)

	Very Poor	Poor	Fair	Good	Very Good
Data screening procedures implemented					
Clear definition of IVs and DVs					
Use of appropriate method of data analysis					
Clear presentation of data in an appropriate format (e.g. tabular or graphical format)					
Correct interpretation of output					
Use of APA writing style format					
Clarity of writing					
	Poor	Needs Improvement			Excellent
References (accuracy & appropriateness)					

Comments: (depending on relevance this part may not always be used)

Coursework Mark sheet

Department of
Psychology



PS50161 Part 1 Poster

Candidate Number:

Marker:

For information on the marking criteria see appendix 3 of the MSc Programme Handbook - online version available on the programme Moodle page. Please note the mark will not correspond exactly with the profile of ticks below.

Feedback
Feedback is a two way process. We want to understand how previous feedback has helped you develop your learning and also areas that you would particularly like feedback on in this assignment. To do this please answer the following questions on this marksheet before submitting. This feedback will not be included in the word limit. It will not be part of the marking and your grade.
1) Based on previous feedback, I have particularly focussed on the following aspects of my assignment
2) Which area of your assignment would you particularly like feedback on?

Provisional mark:

0	5	15	25	35	42	45	48	52	55	58	62	65	68	72	75	80	85	95

Ratings: (depending on relevance this part may not always be used)

	Very Poor	Poor	Fair	Good	Very Good
Organisation of the work					
Relevance to the question set					
Adherence to instructions for task					
Visual presentation					
Use of evidence					
Originality of answer					
Balance of text and images					
Writing style / syntax					
Use of images					

Comments: (depending on relevance this part may not always be used)

Coursework Mark sheet

Department of
Psychology



UNIVERSITY OF
BATH

PS50161 Pt 2 Coursework

Candidate Number:

Marker:

For information on the marking criteria see appendix 3 of the MSc Programme Handbook - online version available on the programme Moodle page. Please note the mark will not correspond exactly with the profile of ticks below.

Feedback
Feedback is a two way process. We want to understand how previous feedback has helped you develop your learning and also areas that you would particularly like feedback on in this assignment. To do this please answer the following questions on this marksheet before submitting. This feedback will not be included in the word limit. It will not be part of the marking and your grade.
1) Based on previous feedback, I have particularly focussed on the following aspects of my assignment
2) Which area of your assignment would you particularly like feedback on?

Provisional mark:

0	5	15	25	35	42	45	48	52	55	58	62	65	68	72	75	80	85	95

Ratings: (depending on relevance this part may not always be used)

	Very Poor	Poor	Fair	Good	Very Good
Organisation of the work					
Adherence to instructions for task					
Strength of argument					
Use of evidence					
Originality of answer					
Flow of argument					
Writing style / syntax					
Presentation					
	Poor	Needs Improvement			Excellent
References (accuracy & appropriateness)					

Comments: (depending on relevance this part may not always be used)

Coursework Mark sheet

Department of
Psychology



UNIVERSITY OF
BATH

PS50081

Candidate Number:

Marker:

For information on the marking criteria see appendix 3 of the MSc Programme Handbook - online version available on the programme Moodle page. Please note the mark will not correspond exactly with the profile of ticks below.

Feedback
Feedback is a two way process. We want to understand how previous feedback has helped you develop your learning and also areas that you would particularly like feedback on in this assignment. To do this please answer the following questions on this marksheet before submitting. This feedback will not be included in the word limit. It will not be part of the marking and your grade.
1) Based on previous feedback, I have particularly focussed on the following aspects of my assignment
2) Which area of your assignment would you particularly like feedback on?

Provisional mark:

0	5	15	25	35	42	45	48	52	55	58	62	65	68	72	75	80	85	95

Ratings: (depending on relevance this part may not always be used)

	Very Poor	Poor	Fair	Good	Very Good
Organisation of the work					
Relevance to the question set					
Use of supporting evidence					
Evaluation of theories / arguments					
Breadth of relevant reading					
Use of original sources (not just text books)					
Originality of answer					
Flow of argument					
Depth of treatment of issues					
Writing style / syntax					
Presentation					
	Poor	Needs Improvement			Excellent
References (accuracy & appropriateness)					

Comments: (depending on relevance this part may not always be used)

Placement Report Mark sheet

Department of
Psychology



UNIVERSITY OF
BATH

PS50051

Student Name:

Placement Location and Title:

Placement Supervisor:

Academic Supervisor:

Markers:

For information on the marking criteria see appendix 3 of the MSc Programme Handbook - online version available on the programme Moodle page. Please note the mark will not correspond exactly with the profile of ticks below.

Feedback
Feedback is a two way process. We want to understand how previous feedback has helped you develop your learning and also areas that you would particularly like feedback on in this assignment. To do this please answer the following questions on this marksheet before submitting. This feedback will not be included in the word limit. It will not be part of the marking and your grade.
1) Based on previous feedback, I have particularly focussed on the following aspects of my assignment
2) Which area of your assignment would you particularly like feedback on?

Provisional mark:

0	5	15	25	35	42	45	48	52	55	58	62	65	68	72	75	80	85	95

Ratings: (depending on relevance this part may not always be used)

	Very Poor	Poor	Fair	Good	Very Good
Detailed critical appraisal of placement aims and objectives					
Inclusion of additional learning experiences from the placement					
Critical reflection on what you have learned about health psychology as a result of completing your placement.					
Consideration of the relevance of placement experience for your future career development.					
Critical reflection on the professional experience of the placement					
Evidence based support for your reflections on the placement and your learning.					

Comments: (depending on relevance this part may not always be used)

Dissertation Mark sheet



PS50055

Student Name:

1st Marker/2nd Marker:

Dissertation Title:

For information on the marking criteria see appendix 3 of the MSc Programme Handbook - online version available on the programme Moodle page. Please note the mark will not correspond exactly with the profile of ticks below.

Feedback
Feedback is a two way process. We want to understand how previous feedback has helped you develop your learning and also areas that you would particularly like feedback on in this assignment. To do this please answer the following questions on this marksheet before submitting. This feedback will not be included in the word limit. It will not be part of the marking and your grade.
1) Based on previous feedback, I have particularly focussed on the following aspects of my assignment
2) Which area of your assignment would you particularly like feedback on?

Provisional mark:

0	5	15	25	35	42	45	48	52	55	58	62	65	68	72	75	80	85	95

Ratings: (depending on relevance this part may not always be used)

	Very Poor	Poor	Fair	Good	Very Good
Abstract					
- Contain appropriate level of detail					
- Is it structured?					
Introduction/literature review					
- Adequate use of source material					
- Inclusion of theory					
- Is there critical appraisal?					
- Does it develop an argument?					
- Aims, objectives & hypothesis					
Methods section					
- Is the sample adequately described?					
- Are ethical issues considered?					
- Are the methods related to the research aims?					
- Are the methods justified?					
- Is there enough detail to allow for replication?					
Results section					
- Are the results credible?					
- Are the results clearly described?					
- Are they appropriately presented?					
Discussion					
- Does it describe the main findings?					
- Have the findings been appropriately interpreted?					

- Are limitations considered?					
-Does it draw out wider implications and/or applications?					
General comments					
- Is it generally clear?					
- Is it concise?					
- Is it well presented?					
	Poor	Needs Improvement			Excellent
References (accuracy & appropriateness)					

Comments:

TIMETABLES

Programme and unit timetable information can be found online at: www.bath.ac.uk/timetable

You can also use MyTimetable to create a customised programme timetable that can be downloaded into an electronic calendar: www.bath.ac.uk/timetable/MyTimetable

Since timetables are subject to change we recommend that you check these regularly (whilst the programme team will endeavour to inform people of changes, it is the student's responsibility to check for changes).

A standard lecture runs from **15 minutes past the hour to 5 minutes past the hour**, allowing 10 minutes gap between lectures. For example, a '2-hour' lecture scheduled to commence at 10.15 will end at 12.05 (i.e. 1 hour, 50 minutes).

The semester 2 timetable will be available on the above link before the Christmas vacation.

PLACEMENTS

The Placement is a compulsory part of this Masters programme. Full details of the aims and learning outcomes are available in the PS50051 Unit description, information on how the placement fits into the programme can be seen on the Programme Description. Details of the placement organisation, setting, supervision, documentation and assessment can be found in the Placement Handbook.

SUBMISSION DEADLINES

It is the responsibility of the student to submit their work correctly by the deadline. For details of coursework deadlines and probable exam dates see the relevant unit Moodle page or the Lecture Overview section of this handbook. Where no extension has been granted and there are no mitigating circumstances, penalties apply for late submission of coursework. Please see the section 'Late Submission of Coursework' in the Assessment section.

MARKING CRITERIA

Moderation

All assessed work will be marked by the Lecturer and a sample of work will be moderated by the internal moderator and then this same sample will be sent to the External Examiner. The sample selected is based on the criteria listed below:

Selection of scripts/essays for Moderation:

- all fails;
- a sample of borderline classifications (39/40, 59/60, 69/70);
- a further representative sample of work from each classification (Pass, Merit, Distinction).

Note: we do not operate a percentage system. However, as a guideline, we might expect a minimum of the following number of marked scripts/coursework (excluding fails) to be selected according to the number of students enrolled on a unit:

10 students: 5
20 students: 7
30 students: 8
40 students: 10

Marking of Dissertations

All dissertations are double-marked, i.e. two people mark independently and then consult together with a view to agreeing a final mark. Where a mark cannot be agreed then a third member of staff will be consulted.

The Indicative Marking Guidelines (see above) are used for guidance, along with any additional programme-specific criteria, as illustrated in the Postgraduate Dissertation Mark Sheet.

Penalties

The final marks awarded can be adjusted to reflect a variety of circumstances. These include late submission of coursework (after the deadline), plagiarism (or other assessment offence) and exceeding the stipulated maximum number of words for an essay or dissertation (see Assessment section). Marks may also be adjusted (upwards as well as downwards) at the discretion of the Board of Examiners for Units.

UNIT AND PROGRAMME CHANGES

We continually look for ways to develop and improve our programmes. For example:

- it might be desirable to make some updates to the content of the curriculum to reflect the latest developments in a particular field of study
- a review of the assessments across a programme (including feedback received) might identify that changes to an assessment would better support student learning.

Students who would be affected by proposed changes are consulted about them, either via their Staff/Student Liaison Committee or directly, depending on the nature of the change.

In addition, it is sometimes necessary to make changes due to unforeseen or unavoidable circumstances. For example:

- the accrediting body for a programme may require changes to be made to it
- it may not be possible to run a particular unit because a member of teaching staff with specialist expertise leaves the University and we are unable to find a suitable replacement
- it may not be viable to run a particular optional unit in a given year because very few students select it.

In such cases, the University will always try to ensure that any impact on students is minimised and that students are informed of the changes at the earliest opportunity.

All programme and unit changes are managed through a formal process set out by the University. The aim of this is to ensure that changes are academically appropriate and properly supported, take place in a timely manner, and safeguard the interests of students.

HOW YOUR PROGRAMME IS REVIEWED AND MONITORED

The University has in place a number of ways to ensure that programmes remain up-to-date, issues are dealt with and improvements made.

All programmes and units are monitored annually, looking at evidence for what is working well and identifying any actions that need to be taken. Taking account of student feedback, including feedback given through unit evaluation and other student surveys, is a key part of unit and programme monitoring.

Departments also conduct periodic reviews of their programmes. These provide an opportunity for in-depth review and development, involving input from students and from an adviser(s) external to the University.

STUDY AND SUPPORT: GETTING THE MOST OUT OF YOUR STUDIES

ACCESSING UNIVERSITY EMAIL

You will need to use your University username and password to access your University email account. You are able to access your email by going to <http://mail.bath.ac.uk>. Your username also forms your email address (username@bath.ac.uk).

The University will often communicate with you about a range of important matters requiring action from you, including registration, unit enrolment, assessment, degree ceremonies, and matters such as tuition fees, via your University email account. It is a University requirement (Regulation 1.3) that you access your University email account regularly, even if you are out on placement or study abroad.

You therefore have a responsibility to ensure that your University email account can receive incoming mail and that you read your email regularly.

Once you graduate or withdraw from your course, you will receive an email stating exactly when your account will be closed. The email will give at least 30 days' notice.

Further information

Email guidance: www.bath.ac.uk/guides/accessing-your-university-email-and-calendar
Regulation 1.3: www.bath.ac.uk/publications/regulations-for-students

YOUR STUDENT RECORD: SAMIS

SAMIS is the University's student records database. It provides an online portal where you can view details about your registration, update your contact details, and do other things such as viewing exam information, viewing your confirmed assessment results, and (where applicable) choosing optional units.

Further information

<https://samis.bath.ac.uk>

MOODLE

Moodle is the Virtual Learning Environment (VLE) used at the University of Bath. It is used by academic Departments to support learning and teaching at programme and unit level. It provides a platform for the delivery of resources and online activities, and can also support student interaction and collaboration.

Further information

<https://moodle.bath.ac.uk/course/view.php?id=2415>

PERSONAL TUTORING

When you join the University, you will be assigned a Personal Tutor who will help you to get the best out of your university experience. Your Personal Tutor will:

- support you in your academic progress and personal development
- discuss with you programme choices, placement opportunities and future career plans
- provide you with a reference for your placement or career
- guide you to sources of expert help with any personal/welfare issues.

Your Personal Tutor should arrange to meet with you on at least three occasions in your first semester and at least once per semester thereafter. This enables you both to get to know each other, such that you can raise any issues with your tutor and your tutor can support you fully through your programme. It is important that you attend scheduled meetings with your Personal Tutor and let them know in advance if you cannot attend. Many of these meetings may be in small groups but you can also request a one-to-one meeting.

If you should have reason to wish to change your Personal Tutor, please contact your Director of Studies to discuss the matter.

LANGUAGE AND ACADEMIC SKILLS SUPPORT AND DEVELOPMENT

To help you get the best out of your studies and your future employability, we offer all our students a comprehensive range of free, year-round skills and personal development opportunities designed to complement your academic programme.

These opportunities have been designed to give you choice and flexibility to help you get the support and development you need at the time you most need it.

To develop your academic skills, you can choose from classes, tutorials, drop-in sessions, workshops and online resources, for example:

- create well-written, clearly structured essays, reports and dissertations
- think critically in order to enhance your writing
- manage information sources and literature effectively
- give polished and effective academic presentations
- manage and analyse numbers, data and statistics
- use IT tools and resources effectively
- enhance your existing language proficiency, or learn a new language.

There are many opportunities available to you through our Careers Service and Students' Union to help you develop your skills and prepare for the workplace. For example:

- writing an effective job application and CV
- succeeding at interview or assessment centre
- leading and managing projects
- chairing meetings
- running a club or society.

Further information

Find out more about the skills support and development opportunities available here:

<http://go.bath.ac.uk/skills>

RECOGNITION FOR EXTRA-CURRICULAR ACTIVITIES: THE BATH AWARD

The Bath Award is open to all undergraduate and postgraduate students. It recognises the experiences, skills and strengths you have gained through participation in extra-curricular activities, volunteering, work experience, part-time work, global opportunities and more. The Award enables you to reflect on your personal development as a student and future employee. Completing the Award will enhance your employability, increase self-awareness of your skills and enable you to articulate these effectively to future employers.

Further information

thesubath.com/bathaward

THE LIBRARY

The Library is open 24 hours a day, all year round and provides print and electronic materials and information services to support study and research across the University. It houses over 520 PCs, wireless networking throughout, and provides areas for both quiet individual study and group work. Alongside 360,000 printed books, it offers over 26,000 electronic journals, 440,000 electronic books, 90 databases for information, literature and data searching, and digital versions of the University's academic publications, all available across the University and beyond. The Library's copy and print service includes black and white and colour photocopying, laser printing and scanning.

Information specialists, our Subject, School and Faculty Librarians (see the Department's library resources page below), are responsible for services to individual Departments/the School. They provide individual help to students and staff, as well as teaching information skills in Department and School programmes and through general University skills provision. All new students receive library introduction sessions during the induction period.

Further information

This Department's library resources page is:

<http://www.bath.ac.uk/library/subjects/psychology/index.html>

For information on all library services and resources: www.bath.ac.uk/library

COMPUTING SERVICES AND FACILITIES

Using your University username and password, you will be able connect to University computers, University email, the internet, file storage and printing. You will also be able to get access to a range of free software, including Office 365 and antivirus. You can also work from any location using our UniDesk and UniApps service, which gives you access to your files as if you were on campus.

If you'd like to know more about these services and how to access them, visit

<http://go.bath.ac.uk/it-new-students>

IT Support is available from the IT Service Desk on Level 2 of the Library or online at:

<http://go.bath.ac.uk/it-help-form>

If you require learning assistance, Computing Services can support you with your computing needs. The Assistive Technology Team is available to provide advice and support. Additional resources are available, which include the Assistive Technology room, specialist software and computer hardware - including laptops for loan.

The IT shop in the Library stocks popular products such as academic software, DVDs, network cables and headsets. You can order many further IT products through the shop. Prices are often lower than in high street shops.

You can also borrow technology from the Service Desk in support of your studies, for example audio recorders, video cameras and projectors.

Further information

Computing Services: www.bath.ac.uk/professional-services/computing-services

Information for new users: <http://go.bath.ac.uk/it-new-students>

Information for users requiring learning assistance: www.bath.ac.uk/professional-services/assistive-technology

IT shop: www.bath.ac.uk/locations/it-shop

Computing Services Twitter feed: [@UniofBathIT](https://twitter.com/UniofBathIT)

RESEARCH HUB - POSTGRADUATE TAUGHT

The research hub is formed of the psychology labs and equipment, it is run by Dr Susanna Martin (Susie) and Dr Maria Nikolaidou (Mary). They both have a background in psychology and can help you in using the labs and equipment.

Most of our information is hosted on our wiki:

<https://wiki.bath.ac.uk/pages/viewpage.action?title=Research+Hub&spaceKey=EO>

Dr Susanna Martin (Susie)

Experimental Officer

Main contact for:

- Access to the labs
- Research Participation Scheme and foyer posters
- Health and Safety
- Observation Cameras , EEG, Nao Robot, PsychoPy
- Events

Dr Maria Nikolaidou (Mary)

Technician

Main contact for:

- Equipment & Workshop
- Research Community Participation Panel (RCPP)
- Eye Tracker, BioPac, Qualtrics, E Prime
- Research Apprentice Scheme

If you can't find the answer to something or if you are not sure who to contact please use our shared email: psy-experimental-officer@bath.ac.uk

RECORDING OF LECTURES

'Lecture capture' technology is widely used on campus to record lectures. Lecturers on your units will inform you if lectures will be recorded and the recordings made available for you to view again online. Where provided, lecture recordings are made available as an additional resource for personal study and revision purposes, and you can pause and rewind recordings when you re-watch them. The University cannot guarantee recordings (for example in the event of a technical fault) and recordings are not made available indefinitely.

As set out in Ordinance 22.4, students are not permitted to copy or redistribute lecture recordings, or to make their own recordings of lectures. However, the University may permit students with a disability to record lectures where this is a reasonable adjustment under the provisions of the Equality Act, in order to give these students equal access to educational opportunities. In such circumstances the lecturer will be informed that the lecture is being recorded and the student may use the recording for their own personal study purposes only. Students with a disability should contact the Disability Service for further advice.

Further information

Ordinance 22: www.bath.ac.uk/corporate-information/ordinances

Disability Service: www.bath.ac.uk/groups/disability-service

STUDENT REPRESENTATION

Feeding back your views to the University

The University is committed to reviewing and continually improving its practice. The main ways in which we seek feedback are through:

- Staff / Student Liaison Committees (SSLCs)

- surveys
- The SU (Students' Union).

We also use focus groups, Departmental working parties, and various kinds of feedback session.

You can get actively involved in determining how your educational and student experiences are organised by becoming active in The SU or by letting your Department know that you are interested in contributing.

Every Department has a formal system so that all students can comment routinely, in confidence and anonymously on the learning experience they have received. Such comments help us to check that:

- you have a clear idea of the aims and requirements of each unit you study
- our teaching is effective and stimulating
- the advice and feedback we provide on your work is helpful
- our resources are suitable.

You will be asked to complete a short online unit evaluation for units you have studied. You will also be asked to complete surveys periodically on your experience of the programme as a whole. Please complete each evaluation fully, thoughtfully, and candidly. In particular, please tell us not only your opinion but also the *reasons* behind your opinion.

When we receive responses to evaluations, we analyse them – especially the positive suggestions for change and concerns that are voiced. Student feedback and the resulting actions are taken into consideration in annual monitoring of units and programmes. Survey results are discussed at committees where student representatives have the opportunity to input to any action plans developed in response to the issues raised.

Your feedback is important to both the University and The SU. Please keep telling us what is going well and what needs to get better. We will communicate how feedback on units and programmes, and the wider student experience, has been acted upon.

Student representatives

As a student of the University you are automatically a member of The SU (although you have a right to opt out - see section below on **Students' Union membership**). Officers of The SU represent students' interests on University decision-making bodies. In addition, numerous elected student representatives play important roles on various Departmental, Faculty/School and University committees. All student representatives are elected through online elections facilitated by The SU.

There are many opportunities for elected student representatives. If you are elected to serve on Departmental, Faculty/School or University committees you will be expected to represent the views of your fellow students and provide feedback following meetings.

Student representation on Committees

Departmental level:	<p>Each Department has at least one Departmental Staff / Student Liaison Committee (SSLC). These comprise several elected student members, known as Academic Reps, and an equal or smaller number of staff members. Academic Reps are elected at the beginning of every year through online elections. Their role involves collecting the views of the students on their programme and attending SSLCs where they represent these views to their Department.</p> <p>The SU and the Centre for Learning & Teaching receive minutes of SSLC meetings in order to gain an overview of key themes explored, good</p>
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	<p>practice identified and actions taken. This information helps to inform student engagement activity and summary reports prepared by The SU for the University.</p> <p>There is also provision for student membership of the Department Learning, Teaching and Quality Committee: normally one undergraduate and one postgraduate (taught) representative.</p> <p>Academic Reps attend SU Academic Council meetings. These take place regularly during semester time in order to:</p> <ul style="list-style-type: none"> • keep SU Officers and fellow Academic Reps informed of academic developments throughout the University • discuss common problems and interests affecting Departments • gather student opinions and views to be used by the University and The SU • update Academic Reps on key issues. <p>Do feel free to approach your student Academic Reps at any time to inform them of good practice or areas for enhancement in your units and programme. This is normally the person who represents your year or degree scheme on the Departmental SSLC.</p>
Faculty/ School level:	Student representatives are also elected as Faculty Reps to sit on a number of Faculty/School level committees such as the Faculty/School Board of Studies and the Faculty/School Learning, Teaching and Quality Committee. Faculty Reps are also members of The SU Academic Exec Committee.
University level:	University committees with student representation include the Council/Senate/Students' Union, the University Learning, Teaching and Quality Committee, the Programmes and Partnerships Approval Committee, and Senate.

If you are interested in opportunities to represent student views, please contact The SU: academicreps@bath.ac.uk

The SU runs a full training programme for student representatives including an online course in Moodle, a conference and additional sessions through the Skills Training programme.

If you need to raise a concern, remember there are various routes open to you. You can discuss issues directly with a lecturer, your Personal Tutor, or the Director of Studies. Individual problems are often more readily resolved in this way. The SU Advice and Support Service, described below, also provides students with information and confidential advice.

Further information

SU Academic Representation including contact details for Academic Reps:

thesubath.com/academicreps

Election of Academic Reps: thesubath.com/elections

SU Skills Training programme: thesubath.com/skills-training

Outline election procedures are included in QA48 Student Engagement with Quality Assurance and Enhancement, Annex A: Staff/Student Liaison Committees:

www.bath.ac.uk/quality/documents/QA48_Annex_A.pdf

STUDENTS' UNION MEMBERSHIP

All students registered with the University are automatically given membership of The SU. However, you have the right not to be a member. For further information on opting out of this membership, please go to the Code of Practice for The SU:

STUDENT SUPPORT

Most students find there are occasions when it can help to talk to someone about a personal problem or issue. In many cases your Personal Tutor, Director of Studies, or Wellbeing Adviser (see the **Wellbeing Service** section below) will be able to help. However, sometimes more specialist help is needed. The University has a range of professional support services that you can approach directly. Your two main contact points are Student Services at the Roper Centre in 4 West and the Advice and Support Service in the Students' Union.

Student Services

Student Services can provide advice and support on a range of issues including:

- counselling and mental health
- disability issues
- money and funding
- wellbeing and welfare.

You can make an individual appointment or just pop in to our daily drop-in sessions.

Student Services can also provide letters confirming student status for a variety of purposes, which can be requested by logging on to SAMIS: <https://samis.bath.ac.uk>

The Roper Student Services Centre in 4 West is open from 9.30am to 4.30pm throughout the year (tel: 01225 383838). Services are also available from the Virgil Building in Bath city centre.

For the full range of Student Services, see: <http://go.bath.ac.uk/student-services> or email: studentservices@bath.ac.uk

The Students' Union Advice and Support Service

The Students' Union Advice and Support Service can guide and support you with any problems you may have during your time at Bath. Their professional advisers offer confidential and non-judgemental information, advice and support, and are fully trained to give assistance and empower you to find the best resolution for your issue.

They can advise on a range of topics affecting your education and welfare. They provide academic advice for students wanting to submit Individual Mitigating Circumstances claims (see the section in this Handbook on **Assessment**), support for academic appeals, changing course, placements and more.

The Advice and Support Service can also support students with their housing situations. They can advise students on landlord issues, council tax, contract checking and more. They also offer support with personal issues such as harassment and stress, and offer cost-price condoms and free pregnancy tests.

The Students' Union Advice and Support Service is open Monday to Friday 9.00am to 5.00pm in term time (from 10.00am on Fridays) and 10.00am to 4.00pm during vacations (tel: 01225 386906, email: suadvice@bath.ac.uk)

The Advice and Support Service also supports the Diversity and Support groups – details of which can be found at: thesubath.com/diversity-support

The Students' Union webpage provides the facility for students to report incidents of harassment, discrimination or bullying. Incidents can be reported anonymously if preferred. Details of how to report an incident are available at: thesubath.com/report-an-incident

For the full range of services see: thesubath.com/advice

Further information

A guide to the wide variety of support and information available to students can be found at: www.bath.ac.uk/students and the Students' Union website: thesubath.com

Wellbeing Service

The University's professionally qualified Wellbeing Advisers provide a welfare and wellbeing service to all our students. You can talk to a Wellbeing Adviser about anything and we are also available evenings and weekends.

We hold daily drop-in sessions on campus, including weekends and University vacations. Drop-in sessions are also held at the Virgil Building in Bath city centre and we run activities during vacations for students who remain in Bath.

Further information

www.bath.ac.uk/groups/wellbeing-service

ADVICE FOR INTERNATIONAL STUDENTS

The Student Immigration Service provides immigration advice and support for all international students, including a 'check and send' service if you need to send a Tier 4 visa application to the Home Office. The Service offers workshops, a daily drop-in service, advice via email, phone and web-based platforms, or individual appointments can be made through the Helpdesk in The Roper Student Services Centre, 4 West.

Further information

www.bath.ac.uk/topics/visas

Student Services organise University-wide induction and welcome events in September. Events are also organised for incoming exchange students in the first week of each semester.

Further information

www.bath.ac.uk/campaigns/studying-at-bath-as-an-erasmus-exchange-or-visiting-student

For students who join outside of the standard semester dates, induction and welcome events are organised by the relevant Department.

DEALING WITH A PROBLEM INVOLVING THE UNIVERSITY

We want to ensure that, if you have a problem concerning the University, it is resolved as quickly as possible. As described above, there are student representatives on all formal decision-making committees – at Departmental, Faculty/School and University level. Student representatives help to anticipate potential problems and, when problems occur, to raise them so that they can be dealt with promptly. As a result we can often resolve problems *before* they get to the stage where a formal complaint might be necessary.

The Students' Union offers advice for students on a range of issues through its Advice and Support Service. Its advice is independent of the University. See the section above on **Student Support**.

Complaints

If you do need to make a complaint, there are procedures in place to deal with it, outlined in the University's Student Complaints Procedure (see below).

These procedures are designed to ensure that your complaint will be dealt with in good faith and that you will not be penalised for complaining. When we receive a complaint, we will first seek to deal with it through informal discussion. If this fails to resolve the issue at hand, you can raise the complaint formally.

There are separate procedures for requesting a review of progression or award classification decisions. See the section in this Handbook on **Procedures for Academic Appeals**.

Further information

Student Complaints: www.bath.ac.uk/guides/student-complaints-procedure

Bullying, harassment and victimisation

All our students and employees are entitled to be treated with dignity and respect and to be free from unlawful discrimination, victimisation, bullying, or any form of harassment. This is set out in the University's policy, *Dignity and Respect for Students and Staff of the University of Bath: Policy and Procedure for Dealing with Complaints*. This policy and procedure applies to all staff, students and third parties (e.g. contractors to the University).

Further information

www.bath.ac.uk/equalities

See also the section in this Handbook on **Student Support** for information on reporting incidents of bullying or harassment.

Mediation

If you are involved in a disagreement or dispute, you can seek help from the University's Mediation Service. This service is impartial, non-judgemental, and confidential. Requests for mediation support should in the first instance be made to the Mediation Service Manager.

Further information and contacts

Mediation Service: www.bath.ac.uk/guides/mediation

Mediation Service Manager: 01225 383098 or equalsdiv@bath.ac.uk

ADVICE FOR STUDENTS WITH DISABILITIES, LONG-TERM ILLNESS, AND SPECIFIC LEARNING DIFFICULTIES

If you have a disability and/or specific learning difficulty (such as dyslexia), we strongly advise you to speak to the Disability Service team, your Personal Tutor or Director of Studies as soon as possible and preferably before your programme begins. Referral to the Disability Service will enable us to assess your needs and make arrangements to support you.

Any personal information you give when disclosing your disability will be treated in confidence and made available *only* to relevant members of staff and only *with your permission*. If you don't disclose your disability it may be difficult for the University to provide suitable support to help you during your studies. Disclosure will not disadvantage you in any way.

The Disability Service provides advice, guidance, information and support for a range of needs including:

- Autism Spectrum Disorders/Asperger's Syndrome
- dyslexia and other specific learning difficulties
- mental health
- mobility impairments

- sensory impairments
- health conditions such as epilepsy, HIV, diabetes or chronic fatigue.

A screening process is available if you think you may have a specific learning difficulty/dyslexia.

Disability Advisers are also responsible for making applications for alternative arrangements for exams and assessments. Therefore, if you think that, because of a disability, you need alternative exam arrangements (such as extra time or the use of a computer) please discuss this with a Disability Adviser without delay.

Further information

www.bath.ac.uk/groups/disability-service

PREGNANCY AND MATERNITY

The University is committed to being as flexible as possible in supporting students who become pregnant, decide to terminate a pregnancy or have a very young child. You can seek advice, guidance and support via your Director of Studies, Personal Tutor and the University's Student Services. This will enable us to put in place arrangements that will assist you in undertaking your programme of study.

If you anticipate that you will need an absence from the University, talk to your department. They will offer you an appointment to discuss your options for continuing your studies and how the University can support you.

Further information

www.bath.ac.uk/guides/getting-advice-if-you-are-pregnant-while-studying-or-have-a-young-child

CARE-LEAVERS, ESTRANGED STUDENTS, REFUGEES AND YOUNG ADULT CARERS

The University is committed to supporting students from a wide range of backgrounds and circumstances including those who are care leavers, from a Foyer or are estranged from their family. We are aware of the challenges students may face when starting university and we want you to get the best out of your programme and university experience. We are able to offer you advice and guidance about settling in, academic studies, funding, accommodation, wellbeing and careers. The service we provide is confidential and entirely optional in relation to the level of support you feel that you may need.

Further information

www.bath.ac.uk/guides/additional-support-and-funding-for-care-leavers-foyer-residents-and-estranged-students

www.bath.ac.uk/guides/financial-support-for-refugees

www.bath.ac.uk/guides/students-with-caring-responsibilities

EQUALITY, DIVERSITY AND INCLUSION

Everyone at the University of Bath has a responsibility for promoting equality and fostering good relations between all members of the community, students and staff, and also for eliminating unlawful discrimination, harassment and victimisation against anyone for reasons of age, disability, gender, pregnancy and maternity, race (this means colour, nationality including citizenship, ethnic or national origins), religion or belief, sexual orientation, or transgender status. The new equality duty also covers marriage and civil partnership with regards to eliminating discrimination in employment.

Further information

There is a range of information and resources available at www.bath.ac.uk/equalities or email: equalsdiv@bath.ac.uk

Accessibility

An access guide is available which outlines the disabled access features and route plans at the University of Bath:

www.disabledgo.com/organisations/university-of-bath/main-2

CAREERS SERVICE

The University Careers Service can support you through the career planning process, whatever your career aspirations. In addition to providing support with developing your employability, and guidance on how to make informed career decisions, Careers Advisers can help you by providing feedback on your CV and applications, and your interview technique. The Careers Service also provides a wealth of careers information, and access to resources such as online aptitude tests. Being in regular contact with several hundred major employers, the Careers Service is also a fantastic source for graduate job vacancies for Bath students, as well as the organiser of several major careers fairs each year.

Further information

The Careers Service is open throughout the year, including the vacations.

Check the web site for opening times: www.bath.ac.uk/students/careers

The web site includes the *Myfuture* vacancies portal.

Contact careers@bath.ac.uk or 01225 386009 or follow the Careers Service on Twitter @CareersatBath or Facebook (search for BathUniCareers).

ASSESSMENT

FEEDBACK TO STUDENTS ON ASSESSMENT

During your programme, you will receive feedback on assessed work. Feedback on assessments may take different forms, depending on your subject and the type of assessment. You will be informed of the timing and nature of the feedback you will receive on each assessment, including whether the piece of work itself will be returned to you. For formal written examinations, students may receive general feedback to the group rather than individual feedback. You can discuss feedback you receive on assessments alongside your performance and progress in your studies at meetings with your Personal Tutor.

Coursework:

- Students will be able to access the assessment topic for a given unit via Moodle within three weeks of the start of the unit. This should indicate the due date of the work and the percentage of the total mark it comprises
- Students should be informed of the provisional mark awarded for assessed work and receive typewritten feedback within 15 working days.
- If these steps are not being followed students should inform the Director of Studies. If matters are not resolved satisfactorily contact the Head of Department.

Exam:

- Feedback concerning your answers can be obtained by arranging a meeting with the unit convenor within two weeks of receiving the marks. Generic feedback may be provided on Moodle for each unit with unseen examinations.
- Students will be able to access their exam marks on SAMIS following the Faculty Board of Studies to which they were submitted.

ACADEMIC INTEGRITY: REFERENCING AND PLAGIARISM

Plagiarism is the use of any published or unpublished work without proper acknowledgement in your references. Plagiarism occurs when a student 'borrows' or copies information, data, or results from an unacknowledged source, without quotation marks or any indication that the presenter is not the original author or researcher.

Another form of plagiarism (and hence cheating) is auto-plagiarism or self-plagiarism. This occurs when a student submits work (whether a whole piece or part of a piece) without acknowledging that they have used this material for a previous assessment.

If you use someone else's work – say, by summarising it or quoting from it – you must reference the original author. This applies to all types of material: not only text, but also diagrams, maps, tables, charts, and so on. Be sure to use quotation marks when quoting from any source (whether original or secondary). Fully reference not only quotations, but also paraphrases and summaries. Such references should then be included in a bibliography or reference list at the end of the piece of work. Note that the need for referencing also applies to web-based material; appropriate references according to the type of work or image should always be given.

There are several acceptable styles for referencing material, within two general systems: Name/date (e.g. Harvard) and Numeric. **Ask your Director of Studies or Personal Tutor for further information and advice on the referencing style used on your programme.**

Guidance on referencing and plagiarism is available through skills training run by the University and the Students' Union, as well as online resources. Information guides and style sheets are available from the Library, and your Subject Librarian will be able to help with any questions.

Further information

For a range of skills and development opportunities see: <http://go.bath.ac.uk/skills>
Library referencing resources, including style sheets:
www.bath.ac.uk/library/infoskills/referencing-plagiarism
Students' Union Skills Training: thesubath.com/skills-training

ACADEMIC INTEGRITY: TRAINING AND TEST

As a student registered on a University of Bath award, you are required to undertake the academic integrity training and pass the associated test.

The academic integrity training aims to provide all students with a basic knowledge and understanding of good academic practice. This includes an understanding of plagiarism and other assessment offences, and skills necessary to reference your work appropriately.

The training and test are accessed from Moodle by clicking on the link entitled '**Academic Integrity Initiative**': <http://moodle.bath.ac.uk>

If you have any access problems, then please contact your Programme Administrator in the first instance.

When you have completed the training tutorial and are confident that you have understood it, you should undertake the test.

To pass the test you will need to achieve a mark of 85%. You can take the test as many times as necessary until you pass.

If you do not pass the test, you will need to re-visit the training and/or look at the other guidance available to you or as required by your Director of Studies, and then take the test again.

You will not be able to progress beyond the next progression point in your studies, irrespective of your programme marks, until you pass this test. Ultimately this means that, if you have not passed the test, you will not be able to receive your award. Your Director of Studies will be able to confirm when the next progression point occurs for your stage of your programme.

Further information

Academic and information skills:

www.bath.ac.uk/library/infoskills

www.bath.ac.uk/professional-services/academic-skills-programme-asp

Regulation 3.7: www.bath.ac.uk/publications/regulations-for-students

Plagiarism detection and personal data

When you hand in a piece of assessed coursework, you will be expected to make a declaration that the work is your own and, where you have re-used your own work and/or used other sources of information, that you have referenced the material appropriately.

The University uses the Plagiarism Detection Service, Turnitin. This service checks electronic, text-based submissions against a large database of material from other sources and, for each submission, produces an 'originality report'. It makes no judgement on the intention behind the inclusion of unoriginal work; it simply highlights its presence and links to the original source.

Turnitin complies with the European General Data Protection Regulation (Regulation (EU) 2016/679) (GDPR). When you registered with the University, you gave it permission to

process your personal data for a variety of legitimate purposes. This includes allowing the University to disclose such data to third parties for purposes relating to your studies. The University, at its sole discretion, may submit the work of any student to the Plagiarism Detection Service (in accordance with Regulation 15.3e – see below) and may make, or authorise third parties to make, copies of any such work for the purposes of:

- i) assessment of the work
- ii) comparison with databases of earlier work or previously available works to confirm the work is original
- iii) addition to databases of works used to ensure that future works submitted at this institution and others do not contain content from the work submitted.

The University will not make any more copies of your work than are necessary, and will only retain these for so long as remains necessary, for these purposes.

Please note that, if at any time the University submits any of your work to the Plagiarism Detection Service, the service will be provided with, and will retain, certain personal data relating to you – for example, your name, email address, programme details and the work submitted. Such data may be transferred by the Plagiarism Detection Service to countries worldwide (some of which may not be governed by EU data legislation) in order for the work to be checked and an originality report generated in accordance with the proper workings of the Plagiarism Detection Service. Personal data is retained indefinitely by the Plagiarism Detection Service upon submission of work. You may ask for your personal data to be removed by contacting the University's Data Protection Officer.

Further information

The University's procedures on Examination and Assessment Offences (QA53) are described at: www.bath.ac.uk/quality/documents/QA53.pdf
Regulation 15, Assessment of undergraduate and taught postgraduate programmes: www.bath.ac.uk/publications/regulations-for-students
University's Data Protection Officer: dataprotection-queries@lists.bath.ac.uk
Further information on Turnitin: https://guides.turnitin.com/Privacy_and_Security#EU_Data_Protection_Compliance

ACADEMIC INTEGRITY: PENALTIES

Any student who is found to have used unfair means in an examination or assessment procedure will be penalised. 'Unfair means' here include:

- cheating - for example, unauthorised use of notes or course material in an examination
- fabrication - for example, reporting on experiments that were never performed
- falsification - for example, misrepresentation of the results of experimentation
- plagiarism, including self-plagiarism (see above)
- unfair collaboration or collusion - representation of work produced in collaboration with another person or persons as the work of a single candidate.

The University's Quality Assurance Code of Practice, QA53 Examination and Assessment Offences, sets out the consequences of committing an offence and the penalties that might be applied.

Penalties for unfair practice will be determined by the Department or by the Faculty/School Board of Studies in line with the procedures set out in QA53. They may include failure of the assessment unit or part of a degree, with no provision for reassessment or retrieval of that failure. Proven cases of plagiarism or cheating can also lead to an Inquiry Hearing or disciplinary proceedings. Claims of inadvertence or ignorance will not be accepted as a basis for mitigation of a penalty.

If you are accused of an offence, the Students' Union's welfare services are available to support you. You have the right to appeal against the outcome of the investigation.

Further information

Examination and assessment offences: www.bath.ac.uk/quality/documents/QA53.pdf

Appealing a decision about an assessment offence:

www.bath.ac.uk/guides/appeal-against-a-decision-about-an-assessment-offence

Students' Union advice and support: thesubath.com/advice

WORD COUNTS

Written coursework tasks will normally have a word range or limit. This is in order to give an indication of the depth and detail of work required, and to ensure that students' submitted work is comparable. You will be required to declare the word count for your work when submitting it for assessment.

If you do not observe the given word range or limit for the coursework task, for example if you exceed the word limit, then a penalty will be applied. The penalty that would apply should be stated in writing when the assignment task is distributed. You should take note of what is included when calculating the total word count (e.g. whether or not contents pages, appendices, footnotes, bibliographies and other elements that are not part of the main text are included).

You should check with your Director of Studies if you have questions about word counts and penalties.

All items of assessed coursework have a **stated word limit** and the Department of Psychology policy is that all coursework (including the Dissertation) **should not exceed this word limit**. It is fine to submit work under the stated limit but any coursework which exceeds the stated word limit will be subject to penalties. The ability to submit a piece of work which is within the stated word limit is one of the criteria taken into account when a piece of work is being marked. **Students must state the number of words at the end of each piece of work.**

You will be penalised if you are one word over the word limit.

When a piece of work is over the stated word limit the work will be subject to the following penalties:

- if the work is between 1 - 15% over the word limit, 10 marks will be docked;
- if it is between 16 - 30% over the word limit, 15 marks will be docked;
- if the work is more than 30% over the word limit, the work is an automatic fail at 39%.

For the purpose of calculating the word count, headings and subheadings, footnotes, quotes, in text citations for example (Smith et al 2011), tables and figures are included in the word count. The title, contents pages, executive summaries, appendices and reference lists/bibliographies are excluded.

LATE SUBMISSION OF COURSEWORK

You will be expected to hand in all assessed coursework and dissertations/projects by a specified date and time. This is to ensure fairness to all students who are submitting work.

If there are valid circumstances preventing you from meeting a deadline, your Director of Studies may grant you an extension to the specified submission date. Forms to request an extension are available from your Department. You will need to provide a description of the

circumstances which you feel support your request. Your Director of Studies may ask you to produce supporting evidence.

Please note that:

- if you submit a piece of work after the submission date, and no extension has been granted, the maximum mark possible will be the pass mark
- if you submit work more than five working days after the submission date, you will normally receive a mark of 0 (zero), unless you have been granted an extension.

It is not usually possible to mark coursework anonymously if it is submitted after the deadline.

It is important that you speak to your Director of Studies as soon as possible if you become concerned about your submission deadlines.

See also the section in this Handbook on **Submission deadlines**.

INDIVIDUAL MITIGATING CIRCUMSTANCES

Individual Mitigating Circumstances (IMCs) are the conditions which temporarily prevent you from undertaking assessment or significantly impair your performance in assessment. As such, the measure of their severity is not about impact on you, but the impact on your affected assessment.

Full information and guidance on Individual Mitigating Circumstances and Assessment (including definitions of IMCs, in the document “What are Individual Mitigating Circumstances?”) is available at: www.bath.ac.uk/registry/imc/imc-students.html

It is strongly advised that you become familiar with the available guidance so that you understand the process and timescales should such circumstances arise.

You should make yourself familiar with these definitions, in addition to any IMC guidance offered by your Department, and support and guidance offered through the Disability Service (www.bath.ac.uk/groups/disability-service) or the Students' Union Advice and Support Centre (thesubath.com/advice).

Your Department/School will be able to advise you on how to submit an IMC claim, and your Director of Studies can help you to understand the potential implications of your IMC claim on your overall progress and/or award, in light of your academic achievement to date and the assessment regulations for your programme.

Your IMC claim must be submitted no more than three days after the affected assessment. The IMC form is available at: www.bath.ac.uk/registry/imc/imc-students.html

You will also need to submit evidence of how your circumstances affected the relevant assessment(s), for example, a medical certificate in the case of illness or injury.

If you know of a potential IMC that may affect your assessment before you begin an examination period or before a submission date, it is important that you speak to your Director of Studies as soon as possible. After speaking to your Director of Studies, if you do intend to submit a formal IMC claim for the assessment(s) you feel were affected, you will still need to complete the form and follow procedures.

ASSESSMENT PROCESSES

Assessment and marking processes at the University are designed to ensure that assessment of your work is fair and consistent, and that academic standards are appropriate and comparable between the University and other higher education institutions. This is achieved in a number of ways.

Marking: Assessments you will complete during your programme are marked according to:

- *marking criteria (or assessment criteria)* - these are the knowledge, understanding and skills which it has been identified that students should demonstrate in the assessment and which are taken into account during marking. They are based on the learning outcomes being assessed
- *marking schemes* - these are detailed descriptions of how specific numbers of marks should be assigned against individual components of an answer within the assessment task
- *grade descriptors* - these are descriptions of the levels of achievement required in order to get a result within a given band of marks (e.g. 70% or more).

Anonymous marking: The University has adopted a principle of anonymous marking in order to protect students and staff from bias, and the perception of bias, in the marking process. It applies to all examinations and, where practical, other assessment. It is not possible to mark all coursework anonymously as in some types of assessment the student can be easily identified by the marker (e.g. presentations, group work, laboratory work) or it might not be practical, or in the student interest, to do so. You will be informed when your coursework is to be marked anonymously.

Moderation: Both the setting and the marking of assessments are independently checked through a process known as moderation to ensure that questions test the learning outcomes and are set at the right standard, and that marking is consistent and fair. Moderation is conducted by internal examiners and also by your External Examiner (see below).

Boards of Examiners:

Assessment decision-making at the University is the responsibility of Boards of Examiners established at three levels: assessment outcomes go first to *Boards of Examiners for Units*, then *Boards of Examiners for Programmes*, then finally to *Boards of Studies*. Boards of Studies confirm decisions relating to student progression from one stage of the programme to the next and the final award. **The assessment marks you are given initially by markers are therefore provisional up until the point when they have been confirmed by the Board of Studies for your programme.** An official release date is set when your confirmed results will be made available to you via SAMIS (the University's student records system). An academic appeal can only be made in relation to a confirmed result (see the section in this Handbook on **Procedures for Academic Appeals**).

All marks for a unit are reviewed at a meeting of a Board of Examiners for Units which will verify that the assessment process has been conducted appropriately and that the marks are an accurate reflection of the standards achieved. On rare occasions a Board of Examiners may decide to recommend a change to the provisional marks assigned initially, based on evidence that there was a problem with the assessment (for instance, disruption during an examination, or an exam paper that was too easy or difficult) which means that the marks assigned initially do not accurately reflect the standards achieved by the candidates. This adjustment is known as scaling and under these circumstances the marks of all affected students will be changed.

EXAMINATIONS – INFORMATION AND GUIDANCE

Rules and procedures for examinations are set out in the University's Regulation 15 and Rule 2. The dates of the University's formal assessment periods are found on the academic year charts: www.bath.ac.uk/publications/academic-year-charts

You will have access to your personal examination timetable via SAMIS approximately seven weeks before the assessment period begins.

If you have learning or support needs and think you may require alternative examination arrangements please seek advice from the Disability Service and inform your Director of Studies as early as possible.

Further information

www.bath.ac.uk/student-records/examinations/examinations-information

Regulation 15: www.bath.ac.uk/publications/regulations-for-students

Rule 2: www.bath.ac.uk/rules/exam

Disability Service: www.bath.ac.uk/groups/disability-service

EXTERNAL EXAMINERS

An External Examiner is someone from another University or a professional organisation who is suitably qualified and experienced in the relevant field of study. At least one External Examiner is appointed for each taught programme or group of programmes. The role of External Examiner is an important one in assuring that assessment processes are fair and academic standards are appropriate, and supporting the development of your programme. External Examiners look at draft examination papers and samples of assessed work, and attend Boards of Examiners.

Once a year, External Examiners provide a written report on each taught programme. University staff will look at these reports and a response will be made to the External Examiner's comments. Staff/Student Liaison Committees (SSLCs) also discuss External Examiner reports as part of annual monitoring activity.

You can read the latest External Examiner report for your programme, and the University's response to it. See: <http://go.bath.ac.uk/external-examiners-reports>

The External Examiners for your programme are:

Dr Margaret Husted, University of Winchester

Dr Heather Semper, Staffordshire University (External Examiner for shared units)

It is not appropriate for students to make direct contact with External Examiners. If you are dissatisfied with the process or outcome of an assessment, and are considering whether to raise this either informally or formally, the sections of this Handbook on **Procedures for Academic Appeals** and **Dealing with a problem involving the University: Complaints** give some more information about the University's procedures for student complaints and academic appeals. The section on **Student representation** sets out how students can engage with the quality management process through which the University considers and responds to External Examiners' comments and suggestions.

ASSESSMENT REGULATIONS

The University's **New Framework for Assessment: Assessment Regulations: Phases 2 & 3 for postgraduate taught programmes ('NFAAR-PGT')** specifies the rules governing students' progression from one stage of their programme to the next as well as for the award of degrees. The rules cover all areas of assessment, including supplementary assessment and the extent to which failure may be condoned. If you began the first stage of your

programme in or after the 2011/12 academic year, NFAAR-PGT applies to you. (If you began before then, please ask your Director of Studies for guidance on assessment).

If at any time you are in doubt about how NFAAR-PGT provisions apply to your work, please consult your Director of Studies.

This section highlights areas of the University's assessment framework for the type of programme you are undertaking. It explains the regulations that govern your assessment and outlines how the University makes decisions concerning your progression through your programme and award. Complete information is available in the NFAAR-PGT document.

Important information

This section may contain terms unfamiliar to you. In addition to the explanations we give below you can find full definitions at:

www.bath.ac.uk/registry/nfa/nfaar-pgt-appendix-02.pdf

For full details of the NFAAR-PGT, visit: www.bath.ac.uk/registry/nfa

For information relating to your programme, visit: www.bath.ac.uk/catalogues

Your programme and how you are assessed

Within your programme of study, there are *compulsory units*, (i.e. those units in a programme which must be taken by every student registered on the programme), and *optional units* (i.e. those units you may choose from a range of options).

The **Programme Description: Structure of the programme** section in this Handbook shows the structure of your programme. In the table, compulsory and optional units are labelled 'C' and 'O' respectively.

Please note that you can also access this information via links in your programme's description in the Programme and Unit Catalogues available at: www.bath.ac.uk/catalogues

At the end of the table, there is a link to the relevant appendix of the NFAAR-PGT which states exactly how the assessment rules operate.

The following points will help you to understand how the assessment rules relate to your specific programme, such as pass marks, averaging of marks and dealing with any failures:

Firstly, there are several references below to the persistent generic rules on the extent of any failures of units permitted overall. The rules are that you can only (1) fail and retrieve units, or (2) marginally fail units and have them condoned, **within set limits**. Breaking these rules results in failure of the programme.

- Your programme has Designated Essential Units (DEUs) which you must pass to gain the award you seek; even marginal failure in these units cannot be condoned.
- Your programme is divided into stages, but does NOT have Stage Required Units (SRUs) that must be passed before being permitted to progress to the next stage. This means that, if you are required to undertake supplementary assessment, it will only have to be completed before the end of the programme. You must also never break one of the persistent generic rules.
- Your programme has units that constitute the Taught Stage(s) Credits in a separate phase before the period in which you will do the Dissertation/Project type unit(s), as indicated in the table at the end of this section. The Programme Progression Requirement to get from the taught phase to the Dissertation/Project phase is 40%
- Should you fail to qualify for the award of the degree of Master, you may be considered for the award of a related Postgraduate Diploma or Postgraduate Certificate (subject to your having met the requirements for one of those awards).

The normal pass mark for a unit is 40%. In some units, you might need to achieve a threshold mark in one or more component assessments in order to pass the unit overall. Particular rules apply to failure of units of the 'Taught type', or in the 'taught' stages. They are as follows:

- If you fail any DEUs, you will have to undertake supplementary assessment – unless you have failed so many DEUs that you fail outright or the attempted retrieval would break the rule on how much failure can be retrieved.
- If you fail any non-DEU units badly (i.e. achieve less than 35%), you will have to undertake supplementary assessment – unless you have failed so many units that you fail outright or the attempted retrieval would break the rule on how much failure can be retrieved.
- If you fail only non-DEU units marginally (i.e. achieve 35%-39%), you might be able to progress without supplementary assessment. Whether you do progress will depend on the total credit value of the failed units.

Dissertation/Project units have their own special rule on failure: only cases of marginal failure (i.e. 35%-39%) will be given permission for attempted retrieval through supplementary assessment, and any resubmission that is permitted for marginal failure must be made within a specified period. Ultimately, you must pass a Dissertation/Project unit (or have an average of at least 40% for them if there are more than one) for satisfactory completion of the requirements for Dissertation/Project elements.

Your unit results are combined as follows to make overall assessment/award decisions:

- The Taught Stage(s) Average (TSA) will be calculated by taking the credit-weighted average of marks for all units required to contribute to the taught stage(s), or by taking the credit-weighted average of marks for all units defined as of 'Taught type' required to contribute to the programme.
- The Dissertation/Project Average (DPA) will be calculated by taking the credit-weighted average of marks for the unit(s) required to contribute to the Dissertation/Project stage(s), or by taking the credit-weighted average of marks for the unit(s) defined as of 'Dissertation/Project type' required to contribute to the programme.
- The Overall Programme Average (OPA) will be calculated by taking the credit-weighted average of marks for all units required to contribute to the programme.

A Board of Examiners will decide at appropriate points whether you are continuing to meet the requirements for the programme (including not breaking persistent generic rules whereby you can only fail and retrieve, or marginally fail and have condoned, units within set limits), and/or whether you have met all the requirements for your target award or any alternative that might be available. The outcomes will depend on both your performance in individual units and your overall performance. Generally, if you pass each of your units, you will progress and, in due course, be recommended for an award.

If you fail units beyond certain credit values, or you fail some too badly, you might break one of the persistent generic rules whereby you can only fail and retrieve, or marginally fail and have condoned, units within set limits, and this will result in failure of the programme - without any opportunity for supplementary assessment. (Further information on supplementary assessment is provided below.)

The criteria for making awards with distinction or with merit are described in the relevant NFAAR-PGT rules (paras. 78-80).

Supplementary assessment

'Supplementary assessment' is the term normally used for an opportunity given to a student to retrieve failure before starting the next stage of a programme, or by the end of the

programme if it is a single-stage programme or the failed units are not Stage Required Units (SRUs). It generally involves re-doing coursework or re-sitting an examination. Students undertaking supplementary assessments are likely to have to do so at the University in the summer re-sit examinations.

For the 2018–19 academic year, this period will be 14 August to 23 August 2019.

Each unit's method of supplementary assessment is shown in the online Unit Catalogue.

At supplementary assessment, students will normally have the opportunity to gain credit for units then successfully passed and to have the mark gained reported to them for feedback purposes, but a maximum mark of 40% will be awarded and used in the Overall Stage Average, the Overall Programme Average, the Taught Stage(s) Average, and any award calculation.

In units where the original assessment is a written examination, supplementary assessment may sometimes take the form of reworking an examination paper, known as 'mandatory extra work', rather than re-sitting the examination. In such cases the pass mark is 70% and a mark below 60% is considered a bad fail.

If you pass all your supplementary assessments, you will be able to progress onto the next stage of your programme and/or, as appropriate, be considered for an award. If you do not pass them all, the outcome will depend on your overall performance including consideration of the rules about passing particular types of units and the persistent generic rules (as set out above).

ACADEMIC APPEALS

Students wishing to submit a request for an academic appeal should refer to Regulation 17 (Conduct of Student Academic Appeals and Reviews):

www.bath.ac.uk/publications/regulations-for-students

You are also strongly advised to read the online guidance provided by the Academic Registry: www.bath.ac.uk/registry/appeals

Independent advice about academic appeals is offered by the Students' Union Advice and Support Centre: thesubath.com/advice

Regulation 17.16 outlines how you may appeal against formal Board of Studies decisions in respect of one or more of the following:

- i) the student's suitability to progress from one stage of the programme of study to the next
- ii) the student's suitability to remain on the programme of study
- iii) the marks/grades, degrees, certificates or diplomas, and the classifications/grades awarded to the student.

The regulation also sets out the grounds on which an appeal can be based (Regulation 17.16). Please note that:

- dissatisfaction with a mark or set of marks, or any other aspect of the properly exercised academic judgement of the examiners, will not of itself be acceptable as a valid ground for an academic appeal (Regulation 17.1)
- students who have concerns about assessment outcomes that have not yet been approved by a Board of Studies should seek advice in the first instance from their Director of Studies. This may include matters such as suspecting errors in the totalling or transcription of marks/grades, or wishing to seek clarification about the marking process (Regulation 17.2).

All academic appeals must be submitted within the timescales set out in Regulation 17. Students must provide the required information and evidence, including a completed AA1 form. The form and further academic appeals guidance are available at:

www.bath.ac.uk/registry/appeals

Student Complaints are dealt with under separate procedures. For more information, see:

www.bath.ac.uk/guides/student-complaints-procedure

If you are uncertain as to whether your concerns are a potential academic appeal or a student complaint, please refer to the guidance at:

www.bath.ac.uk/students/support/complaints

GENERAL INFORMATION

THE ACADEMIC YEAR 2018-19

Semester 1

Event	Dates
New student arrivals	Saturday 22 September 2018 - Sunday 23 September 2018
Welcome Week	Monday 24 September 2018 - Sunday 30 September 2018
Semester 1	Monday 1 October 2018 - Friday 14 December 2018
Semester 1 vacation	Monday 17 December 2018 - Friday 4 January 2019
Semester 1	Monday 7 January 2019 - Friday 25 January 2019

Semester 2

Event	Dates
Semester 2	Monday 4 February 2019 - Friday 19 April 2019
Semester 2 vacation	Monday 22 April 2019 - Friday 3 May 2019
Semester 2	Monday 6 May 2019 - Friday 31 May 2019

UNIVERSITY REGULATIONS FOR STUDENTS

All registered students of the University are subject to the University's Regulations for Students. The Regulations contain rules and other important information about being a student at the University of Bath, including regulations governing the payment of fees due to the University, student discipline, fitness to study and those governing attendance, conduct and progress in studies. They also form part of the formal contract between you and the University. You will find references to the requirements of the Regulations for Students throughout this Handbook. You are advised to download a copy of the Regulations and read them carefully as they contain a lot of important information.

Important information

The full Regulations for Students can be found at:
www.bath.ac.uk/publications/regulations-for-students

REGISTRATION STATUS

Note that only registered students may use the University's facilities, such as email, Moodle and the Library. You will be asked to register online at the start of your programme of study and then to re-register at the start of every academic year thereafter until you have completed your programme. It is a requirement that you register when asked to do so. Tuition fees for each academic year are payable at registration in full or in instalments.

Regulation 1.1 explains the requirement to register. Regulations 2.4 and 2.10 explain the consequences of non-payment of tuition fees:

www.bath.ac.uk/publications/regulations-for-students

ATTENDANCE MONITORING

Guidance and requirements on attendance, including the University's Attendance Monitoring and Engagement Policy for Tier 4 students, are available at:

www.bath.ac.uk/guides/attendance-monitoring-for-tier-4-students

This page also sets out information on when and how to request an authorised absence.

CHANGE IN YOUR CIRCUMSTANCES

It is important to ensure that the University holds your correct, up-to-date, personal and academic details within SAMIS, the University's student records database. If you change your address – either your semester-time or home address – please update your details online at: <https://samis.bath.ac.uk>

If you change your name, you will need to provide valid proof of the change. Please speak to your Department or Faculty/School administration, or Student Services in the Roper Centre, for advice on how to do this.

If you are considering suspending your studies, transferring from one programme to another, or withdrawing from your programme, please discuss your situation with your Director of Studies. They will be able to advise you on an appropriate course of action.

It is a University Regulation (3.1) that you attend regularly. If circumstances are such that you are not able to do so, then please contact your Director of Studies to discuss your situation and agree an appropriate course of action.

Your Personal Tutor will also be able to provide support and guidance on matters relating to your programme.

The financial implications of withdrawing from the University or suspending your studies can be significant.

You will find general information at: www.bath.ac.uk/students/finance/changes-to-your-study/withdrawing-or-suspending-from-your-course

The Student Money Advice Team in Student Services and the Student Finance Office will be able to advise you on the implications for fees in your situation and on how to suspend any student funding you are receiving.

If you are an international student holding a Tier 4 visa, you should consult the advisers in the Student Immigration Service about the implications of suspending or withdrawing from your programme: www.bath.ac.uk/topics/visas

You will need to register any change of academic circumstance, including a change of optional units, with the University. Please speak to your Department or Faculty/School administration who will advise you on how to do this.

DISCLOSURE AND BARRING SERVICE (DBS) CHECKS

Whilst you are not required to provide a satisfactory DBS check prior to commencing your programme it may be required for your placement. Further information can be found in your placement handbook which is available on the Placement Moodle page.

<http://moodle.bath.ac.uk/course/view.php?id=1037>

A DBS check will cost approximately £50 and it is not paid by the University of Bath.

Further information

www.gov.uk/government/organisations/disclosure-and-barring-service

HEALTH AND SAFETY

The University's Health and Safety Policy Statement is available at:

www.bath.ac.uk/corporate-information/health-and-safety-policy

The Policy Statement is also displayed throughout the campus. Staff within the University Health, Safety and Environment Service (Wessex House 3.12) provide professional advice on health and safety matters and monitor the health and safety performance of the University.

Further information

email: uhse@bath.ac.uk

Current University guidance on fieldwork, work placements and overseas travel:

www.bath.ac.uk/corporate-information/fieldwork-safety-standard

www.bath.ac.uk/corporate-information/placements-and-study-abroad-programmes-safety-standard

www.bath.ac.uk/guides/overseas-travel-safety-guidance

DATA PROTECTION

The University's Data Protection Policy and Guidelines on Data Protection may be accessed via the data protection website: www.bath.ac.uk/data-protection

APPENDIX 1: COURSEWORK GUIDELINES

Writing Your Essay

The following notes suggest ways to plan, organise and write essays.

1. Spend some time thinking over what the question is really about, and think of some lines of argument that address the question asked. Do this both *before* your reading (to structure the reading you do), and *afterwards*, before writing your essay. **Be sure that you are answering the right question.** It is usually very helpful to write an essay plan. Use this plan in the opening sections of your essay. This will help the readers of your essay to map out the route that you will be taking in addressing the question. Another thing that will help readers is to draw together your conclusions in the final paragraph.

2. When you make notes from your reading, do not slavishly copy down what is in the original source. Record key quotations, diagrams or tables, by all means, but otherwise express the arguments in your own words. Always remember to carefully record where your notes are taken from, including website sources.

3. An essay should consist mainly of your own words. This does not mean that you cannot draw upon the work of others - on the contrary, it is usually essential for you to demonstrate a good understanding of the existing literature. One way of doing this is to use highly pertinent quotations but these should be employed judiciously. References to existing literature might be in the form of direct quotations or paraphrases.

Direct quotations MUST be enclosed in quotation marks ("...") and MUST cite the original source, naming the author and giving the page number. You may also paraphrase sections from books or articles, but your essay MUST explicitly acknowledge the original source.

We remind you of the vital importance of acknowledging all direct quotations and referencing paraphrased arguments in the appropriate way. If you do not follow these instructions, this will give the impression of an intention to deceive and be dealt with accordingly. We take issues of plagiarism very seriously.

4. Referencing your citations should be done using The American Psychological Association (APA) style of referencing. This style uses author name(s) followed by year of publication. Resources are available from the library and online which provide detailed guides to referencing using this system. The most widely used source is:

American Psychological Association (2009). *Publication Manual of the American Psychological Association* (Sixth ed.). Washington, DC: American Psychological Association.

Below are some examples of references in this style:

Journals:

Kimata, H. (2006). Kissing selectively decreases allergen-specific IgE production in atopic patients. *Journal of Psychosomatic Research*, 60, 545-547.

Books:

Colgan, A. (2009). Great artists of the 21st century: fact and fiction. London: Fantasy Press.

Further information and links on referencing work and plagiarism can be found in this handbook under ACADEMIC INTEGRITY: REFERENCING AND PLAGIARISM

5. Perhaps the best way of ensuring you use your own words is to put your original sources completely to one side when writing your first draft. Rely on the skeleton argument set out in your plan. Another useful technique is to explain the underlying arguments to a friend not doing the same course, without any direct reference to your source material. Having to communicate an argument verbally to a non-specialist is good practice for effective writing.

6. Ensure you are answering the particular question that has been asked, and not another one that you would *like* to answer. In other words, do not let the structure and content of your essay be determined by what you have read; you should use your sources to fit your answer rather than the other way round. If you set out by trying to find a way of fitting together a lot of sources, your work will almost certainly be muddled and unconvincing. Do not try and incorporate all the notes you may have made on a topic unless they are directly relevant.

7. It is usually better to analyse a few topics in depth in your essay though than to skip over a large number of topics superficially (though you might need to acknowledge the existence of less important ones). Remember it is in-depth understanding, analysis and evaluation of arguments and evidence that is required.

8. It is sometimes helpful to use tables, figures or diagrams. Remember these devices support or illustrate arguments, but are not arguments in themselves. You must explain the key features to the reader. It is often best to create tables or diagrams specifically for your own essays rather than cut and paste from other works. If these are taken from another source – whether directly copied or compiled by you, be sure to acknowledge this properly (see point 3).

9. Use proper sentences, not a series of clauses separated by commas. Do not start sentences with phrases such as “It is said that...” This immediately begs the question of who said it, and on what basis. Do not take other people’s statements for granted: **Analyse and evaluate!** Also be careful in your use of “thus”, “therefore”, “it follows that” etc. The links between preceding and subsequent statements may not be apparent to the reader.

10. You should expect to produce more than one draft of an essay before the final one. If you talk to academics about how they write papers you will see that several drafts are generally necessary to produce a strong argument.

11. Read through your essay carefully and correct spelling and grammatical errors. Use the spelling, grammar and thesaurus facilities of your word processing programme. You should also be reading through the essay with a view to revising it so as to make better sense. One way of doing this is to try reading it aloud slowly to yourself. As you check the essay, ask yourself the following questions. “Is it too long - is there any superfluous material that should be removed?” “Does it answer the question - is there material which does not have a bearing on the question?” Do not include material that is irrelevant to the arguments you are making.

Remember we will be looking for clarity and economy of expression and argument that answers the question that has been set.

Developing your Essay

There are many sources of guidance on how to develop your coursework/essay/dissertation. A particular good site is Writing Skills hosted by the Student Support & Resources at <http://www.bath.ac.uk/students/support/academic/writing/>.

Also:

- The [Academic Skills Centre](#) offers courses and advice.
- The [Postgraduate Skills programme](#) provides courses – many tailored to specific faculties – on academic reading, writing and publication for postgraduate researchers
- [Palgrave Study Skills](#)
- Further guidance on referencing correctly and avoiding plagiarism is provided [in this handbook](#).

Submission of Coursework

The MSc Health Psychology programme does not require a paper copy of coursework submission. (The Dissertation is an exception to this – please see the Dissertation Submission section in [Appendix 2](#)).

Submission is done via a link on the Unit Moodle page and will be subject to the Plagiarism Detection Service Turn-It-In.

Your coursework MUST be completed on the Mark sheet following the instructions below. This is important to enable it to be marked in the required timeframe and for your feedback to be re-uploaded to Moodle for you to view.

For online submission of assessments you will need your **candidate number** (please note this is not your student number)

In order to locate your candidate number, which you will need when uploading any assignments to Moodle, please follow these instructions.

1. Log into SAMIS using your BUCS username and password:
https://www.bath.ac.uk/samis/urd/sits.urd/run/siw_lgn
2. In the STUDENT TASKS container click on View my Candidate Number
3. Your candidate number is a 5 figure number.
Please note: Previous Bath University students - your candidate number changes each year, so please check you have the correct year.

To submit your work to Moodle:

1. Download the Mark sheet from the 'Assessment' topic on Unit Moodle page and save, adding your candidate number to the front of file name. Do not add your name anywhere in the document or file name, it will be marked anonymously and your candidate number is your identifier.
2. Use this file name convention:
Candidate number_Unit Code_part number.docx
for example: 06439_PS50031_pt 1.docx
3. Insert your candidate number in the space allocated at the top of the mark sheet you can find this on SAMIS
4. Check the word count of your completed coursework, not including the Mark sheet, and add this to the top of the Mark sheet
5. Check that you have added your coursework submission after the Mark sheet ie. Mark sheet is page 1, coursework starts on page 2.
6. Upload this one file containing the Mark sheet and your Assignment to the submission link on the Unit Moodle page by **13:00** on the due date.

You will receive an email from Moodle to confirm your assignment has been uploaded. You will receive a further email alerting you when your feedback has been uploaded to Moodle.

Please note: if you do not name your file correctly, or upload your assignment in the correct format, or to the correct assignment upload link, your feedback may not be returned to you within the same timeframe as other students. Files that cannot be opened and marked will be treated as non-submissions (unless rectified by the submission date).

Remember: different computers may have slightly different time settings and all computers are liable to have problems which may delay your submission. **Always aim to upload your documents at least thirty minutes prior to the deadline** (and preferably an hour beforehand). This can save you a considerable amount of stress!

Students may be asked to submit **electronic copies** of any coursework, at any time during the programme (for example for staff to check word counts). It is therefore the responsibility

of the student to ensure that they keep electronic copies of all assessed work for the duration of the programme. Failure to provide an electronic copy of your work when requested may result in the unit being failed.

Please see previous section on word counts.

Submission deadlines

It is entirely the responsibility of the student to submit their work correctly by the deadline. For details of coursework deadlines and probable exam dates see the relevant unit Moodle page or the Lecture Overview section of this handbook. Where no extension has been granted and there are no mitigating circumstances, penalties apply for late submission of coursework. Please see the section Late Submission of Coursework in the Assessment section.

APPENDIX 2: DISSERTATION AND PLACEMENT CONFERENCE GUIDELINES

DISSERTATION OVERVIEW

Dissertations, compared to coursework that you may have produced previously, test your ability to develop a more sustained argument, as well as providing you with the opportunity to analyse a chosen question in more detail. The dissertation accounts for one third of the whole MSc programme - being a 30-credit unit, this equates to approximately **500 hours work**.

The importance of the dissertation cannot therefore be over emphasised

– given that it is worth one third of the programme, it should equate to the TOTAL amount of work undertaken in one of the taught semesters (contact time *and* private study). Students must therefore expect to be fully occupied on their dissertation over the whole of the summer.

The dissertation allows you to study a subject in depth. You are expected to include empirical work in the dissertation that tests hypotheses or explores a research question as part of a research investigation. You may use any appropriate research method subject to approval from your academic supervisor. Through your dissertation you will gain experience in the planning, conducting, analysing and reporting of a piece of research. The dissertation is completed whilst students are on placement (PS50051), which occurs over the summer period (May – August) and together will constitute 36 hours per week full time or 18 hours part time (over 2 years).

A well designed dissertation should comprise a clear, original, interesting and answerable research question or problem which is:

Focussed and clear;

Answerable;

Addressing one main question, not many;

Related to a topic which has sufficient existing material i.e. a literature;

Interesting and challenging;

Draws from, and relates to, issues raised in the taught component of the degree programme;

Original in the evidence brought to bear on a particular debate.

Academic supervision

Your dissertation should arise out of work completed on placement. Your Placement Supervisor (the person responsible for you on your placement) will probably have an important role in guiding your data gathering. However, in terms of the dissertation you will be supervised by a member of the Health Psychology team at the University of Bath who will be your academic supervisor. Each student will be allocated an academic supervisor prior to the start of the placement. The academic supervisor will be able to guide students with respect to various aspects of the dissertation.

Ten hours are formally assigned to each student for their MSc dissertation supervision with the academic supervisor. Supervision will include face to face supervision as well as time spent reviewing and responding to written work, email and telephone discussion about the study development, conduct, analysis and writing up. The distribution of this time and the supervision provided will be unique for each student and dependent upon a multitude of factors such as: the nature of the project, how far the student has progressed, the supervisor's preferred methods of supervision etc. Some students may require a lot of supervision in the early stages and little supervision later on whereas others may require alternative arrangements. Supervision can be seen as an apprenticeship and the uniqueness of each supervisor and their supervisory practice should contribute to a positive experience. The supervisor is there to provide guidance only; they will not undertake or write the dissertation for you. The supervisor will provide advice on structuring your dissertation.

All academic supervisors will read a **maximum** of two draft chapters of the dissertation for each student. These chapters will need to be submitted at two separate deadlines which are set by the academic supervisor. Chapters can be submitted individually (one chapter per deadline). It will not be possible to submit two chapters for a single deadline. Deadlines will be set by the academic supervisor and unique to supervisors due to their commitments (e.g. leave, conference attendance). Academic supervisors will communicate these deadlines to their students once the placement has begun. It is your responsibility to discuss submission of draft chapters with your academic supervisor.

Your supervisor may provide advice on data analysis but will not undertake that analysis for you. Your supervisor will want you to be clear about your research question i.e., aims, objectives and rationale. At your first meeting with your academic supervisor you should discuss the issues above and the timescales involved so that you know what to expect. Your supervisor will usually be the first marker of your dissertation, and a second marker will assess the dissertation without knowing what mark the first marker has awarded.

Students should be aware that over the summer, academic supervisors may be away (holidays/conferences etc.) and that it is the students' responsibility to ensure that they have regular contact with their academic supervisor and/or keep them apprised of progress. Given the great variety in research projects, as well as student needs, the type of supervision will vary from student to student, and will be tailored through negotiation with supervisors.

Planning and carrying out research

Planning your research should begin as soon as possible once your placement has been agreed. Your placement is likely to yield a large number of research ideas and approaches. In many cases it will provide you with the opportunity to collect data directly associated with the project on which you are working (i.e. testing a particular sample, going into detail on a particular variable etc.). This can be used for your dissertation with the permission of your placement and academic supervisors.

Whilst the topic and research approach for your study will be a joint decision between you, your academic supervisor and your placement supervisor you are expected to take a lead in developing your research ideas and in undertaking the necessary preparatory work to ensure you have an appropriate research proposal in good time before you commence your placement. This is likely to incur you undertaking some work on your research ideas in the second semester, and over the Easter break.

Types of research

Ideally, you should choose a topic on which there is an adequate body of existing literature and for which the research work is manageable within the time and opportunities available. For instance some types of sample or recruitment of potential participants may not be easily available during your placement period and this can affect your ability to undertake enough data collection for your study. Financial support is not available for students on placement, and so should be considered when thinking about any costs that may be incurred as part of the research process, for example if you are intending to pay participants for their time or need to travel to meet participants. These are things to discuss with your placement and academic supervisors to ensure that your research study is achievable.

When the broad area of interest has been decided you should reduce the project to manageable proportions. The dissertation is as much a test of your ability to select relevant material and exclude the peripheral as it is a test of your knowledge of the field chosen. You should draft out your aims and objectives early on, and only when this has been approved should the topic be finally defined. A broad range of methodologies are acceptable, qualitative, quantitative or mixed methods. Qualitative and quantitative dissertations are conceptually and methodologically different from each other. Conceptually qualitative research seeks to understand human behaviour at the individual level and explores the experiences of research participants in depth. In contrast quantitative research aims to

provide measurable evidence of human behaviour. Methodologically these approaches are very different and the methods of data collection, data analysis and write-up of qualitative and quantitative dissertations will differ in the following aspects;

	QUANTITATIVE	QUALITATIVE
DATA COLLECTION	Numerical data; experimental studies, secondary data analysis, meta analyses. In general data reflect measurable units of behaviour	Non-numerical data; diaries, open-ended questionnaires, individual/group interviews
DATA ANALYSIS	Analysis typically involves statistical analysis, but can also include descriptive analysis of data	Analysis of descriptive data that requires coding participant responses into themes, categories dependent on analysis approach. Often a lengthy process that requires in depth analysis of participant responses
WRITE-UP	Data is usually presented in graphs and tables. Measures reflect outcomes stated in aims and hypotheses made at the start of the research project.	Transcription and coding of interviews, diaries etc. Discussion of themes emerging throughout data. Use of quotes from participants to illustrate points of analysis.

These guidelines are a brief summary of differences between the two types of dissertation. Dissertations may also use mixed methods including both methodology. For further details on types of dissertation access the link below or discuss with your academic supervisor.

McLeod, S. A. (2008). Qualitative Quantitative. Retrieved from www.simplypsychology.org/qualitative-quantitative.html

Research Ethics

All dissertation research projects must obtain approval from the University of Bath Psychology Department Ethics Committee. Some projects may also require approval from external ethics boards (e.g. HRA, R&D if you are planning a study that involves staff or patients or staff from an NHS or social care setting). The application process to external ethics bodies can take between three to six months before approval is received, and may involve revisions to the original application and a resubmission if the ethics committee is not satisfied with the original proposal. Planning ahead is therefore particularly important if you are considering working with patients or staff in health and social care settings. This is something that you must discuss with your placement and academic supervisors as soon as you have been assigned a placement.

The university is not able to support student led NHS ethical applications, and therefore if your study requires NHS ethical approval it will need to be submitted by your placement supervisor, although you may be asked to assist with this process. For this reason it is strongly advised that you have **submitted your proposal for NHS ethical and R&D approval** to an appropriate committee **by February 2019** in order to be sure that you will be able to commence your data collection when you begin your placement in May 2019. If you are unable to submit your ethics application by this time it is unlikely that you will be able to undertake a study requiring NHS ethical approval and will therefore need to undertake a different type of research study. This should be discussed with your placement and academic supervisor as early as possible.

Applying for ethical approval

Once you have discussed your project with your academic supervisor and they have agreed that it is a sound and achievable project, you will need to complete the University of Bath, Department of Psychology Ethical Approval Form, or for any other external ethical approval that may be required. It is your responsibility to plan your time in order to obtain approval for your ethics application prior to commencing your placement, and this is seen as an important training skill. Academic and Placement Supervisors can provide advice on local procedures of ethical approval and timing. If you are applying for NHS ethical approval you will need to be familiar with the Research Ethics and Health Research Authority (HRA) websites see <http://www.hra.nhs.uk/>

A letter or email of approval from the relevant Ethics Board(s) and HRA must be shown to the academic supervisor before any data is collected. Additionally, this approval document should be sent to the placements officer. A copy of this document should be included in the dissertation.

No fieldwork can begin until full approval is obtained in writing. Any subsequent alterations to the study protocol will require submission of an amended protocol to the appropriate Ethics Committee(s), which will necessarily incur a delay in your ability to continue to data collect until approval has been granted for the amendment.

Information on how to apply to the Department of Psychology Ethics Committee can be found on the departmental Moodle ethics page:
<https://moodle.bath.ac.uk/course/view.php?id=52192>

You should submit:

- A signed completed Ethical Approval Form (downloadable from the Psychology Ethics Moodle page) and associated documentation (e.g. information sheet, consent form, debrief sheet, questionnaires, interview schedule).

Your ethics application form should be written in a way that could be understood by a lay population. In other words you should explain it so that someone who does not have professional qualifications, expert knowledge, or experience of research would understand.

Please note that the Ethics Committee considers very carefully the process(es) for obtaining consent that are outlined in your form. For all types of research, the way in which you obtain participants' consent is something which must be carefully considered and justified. This is particularly important if you will be researching groups where there may be issues with obtaining informed consent, for example, children, prisoners or individuals with learning difficulties. Therefore, please be sure to justify the rationale for your chosen approach.

Check the Ethics Moodle page for details of how to submit your form electronically and who you need to send the completed electronic submission to.

In the case of students whose proposed research will require approval from an outside body (e.g. the NHS, or another university department) you will need to include a copy of this approval with your completed form.

Meetings of the Ethics Committee

The Department's Ethics Committee meets each month, except January, and August and there is a monthly deadline for submissions. Proposals that miss that deadline must wait until the Committee meet in the following month. A schedule of these meetings can be located on the Psychology Ethics Moodle page (see above link). Only completed and signed application forms will be considered by the Ethics Committee. You must ensure you meet the Ethics Committee's deadlines as you cannot commence your research until the proposal has been approved. Please make sure your proposal is signed by your University of Bath, Department of Psychology supervisor and if you are on placement, your placement supervisor. Unsigned forms will not be processed or passed.

When a student has received ethical approval from the Department they will be issued with a reference number and will receive an e-mail from the Chair of the Ethics Committee confirming approval. A copy of this e-mail should be attached to your dissertation as an appendix.

This is a summary of ethical issues addressed by the BPS guidelines. Students should consult closely with supervisors and departmental staff to ensure that they are aware of the ethical implications of their proposed work:

- The basic principle is that investigators should consider the ethical and psychological implications of their work including effects on health, well-being, values and dignity. Ethical guidelines cover the design and conduct of the study and also the reporting of it.
- Where possible, deception should be avoided (both in presenting the purposes of the study to respondents and in the actual conduct of the study). Where deception is necessary (for example to ensure that respondents are "naive") arrangements for debriefing should be made wherever possible. Your proposal should indicate how you are dealing with this.
- Informed consent should be obtained. This may mean parental consent in the case of anyone under the age of 16. It should be made clear to participants that they can withdraw from the study at any point. If circumstances preclude informed consent particular care must be exercised in the inclusion of respondents. Your proposal should describe how you will obtain consent.
- Researchers must be sensitive to possible embarrassment, distress, threats to self-esteem or values. Sensitive areas might include sexual issues or issues around mental health. Your proposal should indicate your awareness of these issues and how you will deal with them.
- Researchers are responsible for respecting the privacy and confidentiality of data. This includes the methods by which data is to be collected and the anonymity or other means of protection for individuals; the ways in which the data will be stored to prevent unauthorised or accidental access; and the reporting of results (both formally and informally). Respondents should be aware of the level of confidentiality to be expected and researchers should ensure that this is maintained. Your proposal should indicate how you will address confidentiality and privacy.
- Some special circumstances may apply; informed consent may not be possible from some categories of respondent. Observational studies involving non-volunteer respondents present particular problems that should be considered and addressed. Some areas or locations of research are particularly sensitive and extra care must be exercised. If your work is likely to involve special circumstances you must give a full account of how you will address them.

Timing

A critical aspect of the dissertation is timing. You should consider the following stages:

- Plan the dissertation project in collaboration/consultation with your placement and academic supervisor. Prepare your proposal and ethics approval form in order to obtain permission to proceed (semesters one and two).
- Background reading, write preliminary aims and objectives. Organise materials for literature review (semester two and placement).
- Collect data (during placement).
- Complete write up of Literature Review, Methods Results, Discussion, etc (throughout placement).
- Submit Dissertation by deadline see Important Dates Table (under MSc Health Psychology in the Table of Contents) Important Dates

Developing your Dissertation

There are many sources of guidance on how to develop your coursework/essay/dissertation. A particular good site is Writing Skills hosted by the Student Support & Resources at <http://www.bath.ac.uk/students/support/academic/writing/>.

Also:

- The [Academic Skills Centre](#) offers courses and advice.
- The [Postgraduate Skills programme](#) provides courses – many tailored to specific faculties – on academic reading, writing and publication for postgraduate researchers
- [Palgrave Study Skills](#)
- Further guidance on referencing correctly and avoiding plagiarism is provided [in this handbook](#).

Departmental guidance can also be found on the programme Moodle page at <http://moodle.bath.ac.uk/course/view.php?id=1038>

Writing your Dissertation

A dissertation will usually be structured like the journal papers you have been reading and the practical reports you wrote as an undergraduate.

If you are unsure of what is required, please read a good book on how to write a dissertation e.g. Murray R. (2002). How to write a Dissertation. Berkshire. Open University Press. There are others in the University library. Your academic supervisor should be able to answer any other detailed queries.

Copies of Masters Dissertations from the past are available online from the library.

Departmental Dissertation guidance can also be found on the Dissertation Moodle page at <http://moodle.bath.ac.uk/course/view.php?id=1038>

Dissertation Word Count

The maximum length for the Dissertation is 12,000 words excluding references and appendices. **The word count includes everything from the first word of the introduction section to the last word of the discussion section.** The word count includes in text citations, tables and figures if they appear in the main body of the dissertation (introduction to discussion). All other sections are not included in the word count (e.g. appendices, abstract, title page, contents page, reference list, declaration of contributions, acknowledgements). Please note that there is a separate word count for the abstract (250 words). You can see more detail about what is and is not included in the word count on the PS50055 Moodle page.

The maximum word count is the same for qualitative and quantitative dissertations, however quantitative dissertations are often shorter in length. The purpose of having a word count is so that you can learn to write concisely and accurately and is an important academic skill. For this reason the health psychology team have agreed that this figure should be the absolute maximum and if you go over this limit you will be penalised (the penalty is the same as for coursework - see [Appendix 1](#)). The word count does not set a minimum figure, but if you are significantly under the word count it may be that you have not included sufficient detail for an appropriate assessment to be made of your work. While it is impossible to legislate for the length of each section (individual's projects will differ) a general guideline is that the introduction and aims together should be roughly equivalent in length to the methods and results together, and the discussion should constitute between a fifth and a quarter of the whole document.

Please also see previous section on [word counts](#).

Citations in the text e.g. Research suggests a relationship between alcohol and mental health (Adams et al 2013) are included in the word count, however references at the end of

the dissertation are not e.g. Adams, S., Ataya, A. (2013) An association between alcohol and mental health. *Psychology and Alcohol*. (3) 24; 24-28.

Dissertation Submission Notes

Students must hand in two bound copies of their dissertation at the Placement Conference: (see Important Dates section), and upload an electronic copy to Moodle on or before this deadline.

Hard Copies:

The main text of the dissertation should be printed in black ink in Times New Roman font, point-size 12 with a minimum of one and a half line spacing. Printing should be single sided on white A4 paper within the range 70g to 100g. The margin on the binding edge of the page should not be less than 40 mm. Other margins should not be less than 15 mm. All papers should be numbered, including introductory pages, appendices, reduced copies of computer print-outs, etc. using a single sequence of Arabic numerals.

You are responsible for ensuring that the printed copy is of sufficiently high quality to ensure that it is clear to read and photocopy (if necessary).

Binding of the paper copies can be done by the university Print Unit, or by any reputable printing outlet and should be METAL WIRO. Students are advised to check with the place they are expecting to get the binding done regarding timings and cost IN ADVANCE.

WARNING: DO NOT LEAVE IT UNTIL THE LAST MINUTE
TO HAVE YOUR DISSERTATION BOUND

Please use the Coversheet and Title page templates provided on Moodle <http://moodle.bath.ac.uk/course/view.php?id=1038> You must print the dissertation title and your name on the front cover before binding. An example of the Dissertation Cover Sheet is included at the end of this section.

Electronic Copies:

An electronic copy must also be submitted by the deadline to the link provided on Moodle <http://moodle.bath.ac.uk/course/view.php?id=1038>.

Please submit only Word files (not pdf) and save using the following naming convention:

username _Name of Programme_Unit No_Year of Programme. Extension

for example: lea25_MSc HP_PS50055_2018-19.docx

The first link is for the Psychology Department and the second is for the University of Bath Library. The Library link will go to a page with explanatory information containing the link to upload your dissertation to, the library will request permission to store the file and seek confirmation about the authorship of the work and the correct referencing of any other material in the dissertation. Please note that the Library normally only keeps dissertations which have been given a merit or distinction award. In accordance with the University retention schedule, all dissertations will be removed after five years.

Extensions to the deadline **must be approved in advance** by the Director of Studies. These may arise from major medical or personal problems.

Late submissions where no extension has been granted may be subject to a penalty.

Information on **data protection** is available at <http://www.bath.ac.uk/data-protection/guidance/index.html>

Order of Dissertation

Quick check list:

1	<p>Title page with copyright* and (if applicable) restrictions** on use</p> <p>*Candidates wishing to include copyright material belonging to others in their theses are advised to check with the copyright owner that they will give consent to the conclusion of any of their material in the dissertation. If the material is to be copied other than by photocopying or facsimile then the request should be put to the publisher or the author in accordance with the copyright declaration in the volume concerned. If, however, a facsimile or photocopy will be included, then it is appropriate to write to the publisher alone for consent.</p> <p>If the author has included in the dissertation confidential information obtained from a third party whose interests also require protection and from whom permission for consultation, photocopying or lending is also to be sought, the third party's name will be inserted after 'the author'.)</p> <p>**Select the statement of restriction on use of the dissertation, as detailed in the template (see below).</p> <p>The statement of restrictions must be signed by the author.</p> <p>Restrictions on the use of theses by others for the purposes of study should be the exception rather than the rule, but when confidential information (e.g. information which is the subject of a patent application) is included in a dissertation, some restriction is obviously necessary. If access is to be restricted, permission must be sought through the procedures set out in the appropriate Regulation. Consult your academic supervisor as soon as possible.</p> <p>An example title page is included at the end of this section</p>
2	Abstract (not more than 250 words)
3	<p>Acknowledgements</p> <p>Include the people who contributed to the work and were indispensable in some way. All health psychologists work in multidisciplinary teams and have other people to thank.</p>
4	<p>Declaration of contributions</p> <p>It is a Departmental requirement that students must submit a signed ONE page statement about their contribution(s) to the work presented in the dissertation. This should describe the contributions e.g. ideas, data collection/analysis of all the people who helped to make the research possible as well as the students own contributions. All research in health psychology is necessarily teamwork. This statement must be signed and dated by the student, their placement supervisor(s) and their academic supervisor and inserted at the front of the dissertation after the Acknowledgements. The Dissertation will NOT be accepted as submitted, until it contains this statement.</p>
5	<p>Contents & Figures</p> <p>This includes a list of contents and figures in your dissertation with appropriate page numbers.</p>
6	<p>Main body of dissertation</p> <p>The main body of the dissertation should comprise:</p> <p>Introduction</p> <p>Aims and objectives or research question</p> <p>Method</p> <p>Results</p> <p>Discussion</p>

	<p>The introduction should include a critical review of relevant literature and explain the need for your specific study, e.g. does your study address a particular gap in the literature. You should include aims, objectives and any hypotheses at the end of the introduction. It is also important to include some theory in the introduction and explain how this is relevant to your work. Your research aims and objectives should be included at the end of this section.</p> <p>The Method section enables you to describe in detail what you did, so that an intelligent English speaking Martian could replicate what you did (!). It should contain everything essential about exactly how the study was carried out. You need to state the design of the study clearly. You should include a description of sample with information about how you selected and approached people, how many refused, what follow up procedures you used etc The procedure used during the study should be described clearly in stages and with reference to ethics. Materials/measures and equipment should be described and their use justified. If you are using scales then appraise the psychometrics of the instruments and include references to support your evaluation. You must also describe how you coded or scored your data, and the plan you used to analyse your results. You should explain how and why you chose particular statistics, qualitative methods or coding frames, and show how these will be used in concrete terms to give the answers.</p> <p>The Results will need to be presented in a manner that reflects the approach adopted (ie qualitative, quantitative or mixed methods).</p> <p>Quantitative results are best summarised in Tables with accompanying text, to describe and interpret what is in them. Present the main research questions first one by one, and say whether the results show what you expected (or not). If you have derived hypotheses (formal or working) then it is best to address these at the beginning. Then present any additional and/or unexpected results. Then show how your results relate to your theory.</p> <p>Qualitative results should be presented in themes that interpret and explain the theme or subtheme. Quotations should be used to support or exemplify your interpretation of the data.</p> <p>The Discussion section should not simply restate your results. Instead, in this section you should describe what your results mean. Results must be discussed in relation to those of other published studies and relevant theoretical models. It is also important to include a section in your discussion which describes the limitations of your study and how future research might address these limitations. Additionally, you should discuss the implications of your research for the populations that you studied. E.g. how might your study findings help a particular population? Why do your results matter?</p>
7	<p>References</p> <p>A Reference list must be provided at the end, of all materials cited in the dissertation. The references should be presented in alphabetical order and must be complete. Your literature should be up to date. The APA system of referencing should be used. Guidance is also available on the Library website at: http://www.bath.ac.uk/library/infoskills/referencing-plagiarism</p>
8	<p>Appendices</p> <p>Information, e.g. questionnaires and interview schedules, may be included in the Appendix where it is not central to understanding the results. However you must heavily edit the Appendix material and present it in concise and parsimonious tables; the entire verbatim contents of every interview, or the complete SPSS output are not acceptable.</p>
9	<p>Ethical Approval</p>

	You will need to include a copy of your ethical approval letter/email.
10	<p>(Placement Report)</p> <p>Don't forget to include your Placement Report as a separate piece of work. Two copies should be handed in at the same time as the dissertation.</p>

Dissertation

submitted for the

Masters Degree in Health Psychology

2018–2019

FULL TITLE OF DISSERTATION HERE

submitted by(*student's name*).....
for the degree of MSc in Health Psychology
of the University of Bath
2019

Department of
Psychology



UNIVERSITY OF
BATH

PS50055 Dissertation Title Page Template

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for the degree of MSc in Health Psychology
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****Then Either A OR B (DELETE AS APPROPRIATE):**

(a) If there are no restrictions

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[Signature]

(b) If there are to be restrictions:

"This dissertation may not be consulted, photocopied or lent to other libraries without the permission of the author for ... years [normal maximum 3 years] from the date of acceptance of the dissertation."*

[Signature]

PLACEMENT CONFERENCE PRESENTATION GUIDELINES

- You are expected to produce a poster outlining your dissertation study for the conference. This is good practice for taking your work to national and international conferences.
- Everyone will have a half hour informal viewing of their poster followed by a formal **3 minutes to verbally present** their dissertation findings, with additional time for questions from the audience (comprising other students on the programme and lecturing staff).
- As a general rule you need to include sufficient information about your research so that the audience will know why you did the study, what you did, what you found, and any conclusions you have drawn.
- We will be keeping strict time keeping rules. An ability to stick to the time limit is as important as sticking to the word limit in the written dissertation.
- We expect everyone to contribute to asking questions of the speakers about their research. This is again a good skill to develop for academic conferences. Questions from interested colleagues often form an important point of review for the presenter, and can impact on further development and research ideas.
- When preparing your poster think about good posters that you have seen in the past. What appealed to you as part of the audience? Use that knowledge to ensure your poster is clear. Think about what are the 'take home' messages that you really want your audience to know after they have heard about your study.
- Do practise your talk out loud to make sure you can stick to the 3 minute time, include all the information you want to share and so that you are less nervous about presenting.
- Remember you know more about your study than anyone else present (with the possible exception of your supervisor)!

Poster Guidelines

Poster preparation guidelines and a template for you to use are on the Moodle page: PS50051 MSc Health Psychology Placement - <http://moodle.bath.ac.uk/course/view.php?id=1037>

For dates and submission deadlines see Important Dates page (under MSc Health Psychology in the Table of Contents)

APPENDIX 3: MARKING GUIDELINES, MODERATION AND PENALTIES

Marking Scheme

The Department of Psychology has adopted a categorical marking scheme for the assessment of all coursework and examinations, and dissertations as shown on the grid below:

0	5	15	25	35	42	45	48	52	55	58	62	65	68	72	75	80	85	95
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The marking scheme uses three points in all classes (except for fail or distinction where there are four or five) for each individual piece of work. These marks are aggregated over all assessed work so the final mark for a unit may include two or more parts which have been averaged.

The following table gives a breakdown of indicative marking guidelines based on this marking scheme.

Indicative Marking Guidelines for Coursework, Exams and Dissertations

Marking range and overall category assessment		(1) Knowledge and understanding of relevant ideas and methods	(2) Ability to apply relevant ideas and methods to specific problems or issues	(3) Originality, including ability to reflect critically on relevant knowledge and methods, and to develop clear and original arguments	(4) Clarity of expression, presentation of material and overall structure (including referencing)
Distinction	Outstanding performance that fulfils and exceeds designated learning outcomes				
	95%, 85%, 80%	Knowledge and understanding of material beyond that stipulated in the unit.	Near perfect application of relevant ideas and methods. Incisive analysis of empirical material, leading to strong and accurate conclusions.	Original and insightful. Potentially publishable as a working paper. Worthy of sharing with a wider readership.	Potentially publishable.
	Excellent performance relative to designated learning outcomes				
	75%	Unusually high level of knowledge and understanding of material stipulated in the unit. A sophisticated grasp of key concepts demonstrated. Very wide range of relevant reading.	Relevant ideas and methods applied clearly and correctly, with appropriate inferences drawn.	A very high degree of analytical and critical ability, originality and insight.	Fully meets formal criteria. Clearly structured, with excellent standard of writing, grammar and referencing.
	72%	Very high level of knowledge and understanding of material stipulated in the unit. Clear understanding of key concepts demonstrated. Wide range of relevant reading.	Relevant ideas and methods applied clearly and correctly, with appropriate inferences drawn.	A high degree of analytical and critical ability, originality and insight.	Fully meets formal criteria. Good structure, with excellent standard of writing, grammar and referencing.

Marking range and overall category assessment		(1) Knowledge and understanding of relevant ideas and methods	(2) Ability to apply relevant ideas and methods to specific problems or issues	(3) Originality, including ability to reflect critically on relevant knowledge and methods, and to develop clear and original arguments	(4) Clarity of expression, presentation of material and overall structure (including referencing)
Merit	Very good performance relative to designated learning outcomes				
	68%	Good understanding of relevant knowledge, with evidence of relevant wider reading and evidence of substantial wider reading.	Clear understanding of relevant ideas and methods, with correct application. Good use of empirical material to illustrate points and to justify arguments. No significant weaknesses in competence in the subject.	Strongly argued, with good use of critical appraisal, independent analysis, argument, and/or application of theory.	Has met the criteria well. Shows very good academic writing style and ability. Clear structure and organisation.
	65%	Good understanding of relevant knowledge, with evidence of relevant wider reading and evidence of some wider reading.	Clear understanding of relevant ideas and methods, with mostly correct application. Good use of empirical material to illustrate points and to justify arguments. No significant weaknesses in competence in the subject	Good solid argument, with evidence of critical appraisal, argument, and/or application of theory. Some evidence of originality.	Has met the criteria well. Generally shows very good writing ability, clear structure and organisation.
	62%	Good understanding of relevant knowledge, with evidence of relevant wider reading and evidence of reading from recommended sources.	Clear understanding of relevant ideas and methods, with some correct application. Good use of empirical material to illustrate points and to justify arguments.	Good answer to the question, with key issues and debates identified but there may be some missing elements. Some evidence of critical appraisal, little evidence of originality.	Meets most of the criteria. Writing ability of a very good standard.

Marking range and overall category assessment		(1) Knowledge and understanding of relevant ideas and methods	(2) Ability to apply relevant ideas and methods to specific problems or issues	(3) Originality, including ability to reflect critically on relevant knowledge and methods, and to develop clear and original arguments	(4) Clarity of expression, presentation of material and overall structure (including referencing)
Pass	Good performance relative to designated learning outcomes				
	58%	Identifies key issues and demonstrates some understanding of relevant concepts, with some evidence of relevant reading.	Competent application of relevant ideas and methods to empirical material. Provides examples to illustrate points and justify arguments. Conclusions arrived at through analysis, rather than just a statement of a position.	A satisfactory answer to the question. Argument developed with some use of critical appraisal. Logical, adequate organisation to the answer. Little evidence of originality.	Has met the formal criteria. Reveals an ability to set out an argument or answer clearly and logically.
	55%	Identifies key issues and demonstrates some understanding of relevant concepts, with some evidence of relevant reading.	Competent application of relevant ideas and methods to empirical material. Provides examples to illustrate points and justify arguments. Conclusions generally arrived at through analysis but not all statements supported.	A satisfactory answer to the question. Argument developed but lacks critical appraisal. Logical, adequate organisation to the answer. Little evidence of originality.	Has met the formal criteria. Reveals an ability to set out an argument or answer clearly and logically.
	52%	Identifies key issues and demonstrates some understanding of relevant concepts, with some evidence of relevant reading. May be thin in content and of limited range.	Competent application of relevant ideas and methods to empirical material. Provides some examples to illustrate points and justify arguments. Some evidence of thoughtful analysis.	A satisfactory answer to the question. Argument developed but lacks critical appraisal. Some organisation to the answer. Little evidence of originality.	Has met the formal criteria. Reveals an ability to set out an argument or answer clearly and logically.
	Satisfactory performance in designated learning outcomes				
	48%	Some knowledge of the material provided and identifies relevant issues, but without evidence of wider reading. May reveal some gaps in knowledge and understanding.	Knowledge of relevant ideas and methods, but weaknesses in their use. Evidence used is relevant. Addresses the question set or proposed. Some ability to argue logically and to organise an answer.	Little evidence of critical ability, work is mainly descriptive, pedestrian and limited.	The candidate has met basic criteria but there are weaknesses. Generally shows adequate writing ability, and appropriate standards of English.
	45%	Some knowledge of the material provided and identifies relevant issues, but shows evidence of only basic reading. Some gaps shown in key areas of knowledge and understanding.	Knowledge of relevant ideas and methods, but weaknesses in their use. Evidence used is relevant. Addresses the question set or proposed to a minimal extent. Ability to argue logically and to organise an answer limited..	Fails to address the question in sufficient detail. Little evidence of critical ability, work is limited and mainly descriptive.	The candidate has met basic criteria but there are weaknesses. Generally shows adequate writing ability, and appropriate standards of English.

	42%	Some knowledge of the material provided and identifies relevant issues, but shows evidence of only basic reading or lecture notes. Some gaps shown in key areas of knowledge and understanding but sufficient to warrant a minimal pass.	Some knowledge of relevant ideas and methods, with weaknesses in their use. Addresses the question set or proposed to a minimal extent. Ability to argue logically and to organise an answer limited.	Little evidence of critical ability, work is limited and mainly descriptive. Does not adequately answer the question set.	The candidate has met basic criteria but there are weaknesses. Generally shows adequate writing ability, and appropriate standards of English.
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Marking range and overall category assessment	(1) Knowledge and understanding of relevant ideas and methods	(2) Ability to apply relevant ideas and methods to specific problems or issues	(3) Originality, including ability to reflect critically on relevant knowledge and methods, and to develop clear and original arguments	(4) Clarity of expression, presentation of material and overall structure (including referencing)
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Fail	Poor performance - no credits awarded				
	35%	Only partial knowledge and understanding of key concepts and ideas. Shows poor comprehension of the basic facts and principles. Prone to inaccuracy and tendency to irrelevance. Major gaps in knowledge. Little evidence of reading.	Failure to identify and use appropriate ideas and methods. Arguments lack adequate illustration or empirical support, or empirical material is purely decorative. Failure to address the question clearly enough.	Little evidence of original thought or critical ability.	Weak presentational skills, inadequate or improper referencing. Fails to meet formal criteria in one or more ways.
	25%	There may be a minimal amount of relevant knowledge, but it is muddled and demonstrates a very poor understanding of the subject. No evidence of adequate reading.	The answer may be largely irrelevant to the question. Empirical material incorrect or incorrectly used.	Little evidence of original thought or critical ability.	Fails to meet formal criteria in numerous ways.
	15%	Little if any relevant material, showing lack of understanding and lack of engagement in the pertinent issues. No evidence of adequate reading.	The answer may be totally or largely irrelevant to the question. Empirical material incorrect or incorrectly used.	No originality or critical ability.	Fails to meet formal criteria in numerous ways.
	5%	No answer or little material of any kind, showing lack of engagement in the pertinent issues. No evidence of relevant reading.	The answer may be totally irrelevant to the question. Empirical material incorrect or incorrectly used.	No originality or critical ability.	Fails to meet formal criteria in numerous ways.
	0%	No material.	No material.	No material.	No material.

Moderation

All assessed work will be marked by the Lecturer and a sample of work will be moderated by the internal moderator and then this same sample will be sent to the External Examiner. The sample selected is based on the criteria listed below:

Selection of scripts/essays for Moderation:

- all fails;
- a sample of borderline classifications (39/40, 59/60, 69/70);
- a further representative sample of work from each classification (Pass, Merit, Distinction).

Note: we do not operate a percentage system. However, as a guideline, we might expect a minimum of the following number of marked scripts/coursework (excluding fails) to be selected according to the number of students enrolled on a unit:

10 students: 5

20 students: 7

30 students: 8

40 students: 10

Marking of Dissertations

All dissertations are double-marked, i.e. two people mark independently and then consult together with a view to agreeing a final mark. Where a mark cannot be agreed then a third member of staff will be consulted.

The Indicative Marking Guidelines (see above) are used for guidance, along with any additional programme-specific criteria, as illustrated in the Postgraduate Dissertation Mark Sheet (see PS50055 on Moodle).

Penalties

The final marks awarded can be adjusted to reflect a variety of circumstances. These include late submission of coursework (after the deadline), plagiarism (or other assessment offence) and exceeding the stipulated maximum number of words for an essay or dissertation (if the department operates a penalty system). Marks may also be adjusted (upwards as well as downwards) at the discretion of the Board of Examiners for Units.

APPENDIX 4: BEGINNING RESEARCH IN THE SOCIAL SCIENCES

This guide is aimed at researchers who need to make a systematic search of social science literature. Although not all the information given will be needed every time, the search sequence does generally apply. The University of Bath Library has a wide range of services for the full pursuit of each research topic.

Research Methodology

There are many books about research methods in psychology in the Library on Level 5 at classification numbers 150.72 and 159.9.07, and at 300.001.5 for social science research techniques and methodologies. At 300.04 on Level 5 there are books about interviewing and at 378.67 books about study skills. At 808 on Level 3 you will find books about the writing of theses/dissertations, and at 808.5 books about making presentations.

Current And Past Research In Your Subject

Somewhere somebody will be doing similar work to yours. Ongoing research is best traced by visiting the web sites of research centres and funding bodies, such as one of the seven UK Research Councils, or the *National Health Service*.

Previously-published University of Bath Masters dissertations and PhD theses are available from the Main Counter on Level 2 of the Library for reference only. You can use the on-line *Catalogue* (<http://www.bath.ac.uk/library/catalogue>) to search for author, title and date of publication information about each dissertation/thesis. If you would like to consult a dissertation/thesis, you will need to give Main Counter staff the surname of the author and the publication date. The complete text of theses published from 2008 onwards, plus information about other research output, is accessible via the University's 'Online Publications Store', or OPuS, at: <http://opus.bath.ac.uk>

Details of past PhD theses from the universities of Great Britain and the Republic of Ireland can be searched for in the on-line database *EThOS* at <http://ethos.bl.uk> Conference proceedings can be searched for in the conference proceedings citation indexes in *Web of Science Core Collection*, in the on-line database *Web of Science*, which is accessible via <http://www.bath.ac.uk/library/subjects/psychology/databases.html>

On-Line Bibliographic Databases

The Library's collection of on-line databases, including *PsycINFO* and the *International Bibliography of the Social Sciences*, will be vital for your literature and data searches. The databases can be accessed via the databases lists at <http://www.bath.ac.uk/library/subjects/psychology/databases.html>. Each database analyses the contents of hundreds of scholarly journals when each new issue is published, and stores details of the contents. Only brief references to articles are given - just enough to identify them correctly. An abstract may be provided to give a short summary of each article, allowing you to decide if the article is relevant. Books, theses, conference papers and reports may also be analysed by a database. On-line databases analyse a much wider range of sources than can the Library possibly hold in its collection, but you can ask the Library's Inter-Library Loan Service to try to obtain a book, article, conference paper etc. which is not in the Library collection.

You will need your Bath University Computing Services username and password to access the on-line databases from on- and off-campus.

Statistical Sources

National and international statistical compilations are kept together in the Statistics Collection near the Information Point on Level 5 (check the *Catalogue* for details), and are also often available on-line e.g. *Social Trends*, which is made available via the Office for National Statistics website at <http://www.ons.gov.uk/ons/index.html>.

Inter Library Loans And Other Libraries

The Bath collection cannot be comprehensive in all subject fields: no university library achieves this state. However, the great majority of books, articles and reports not held by

the Library can be obtained via the Library's Inter-Library Loan Service. Extracts will be sent to you by email; entire books, journals etc. will be supplied to the Library and can be borrowed for a set period. The service is free-of-charge to you, but because it is expensive to operate there is an annual allowance of twenty-five requests. Go to the following web page for more information: <http://www.bath.ac.uk/library/services/ill/index.html>

You can also join the *SCONUL Access* scheme, which enables you to enter any of the participating higher education libraries in the UK and the Republic of Ireland, and to borrow books in their collections. To find out more, go to <http://www.bath.ac.uk/library/other>.

In addition, students may use the specialist collections in the Postgraduate Medical Centre at the Royal United Hospital, Bath, and the Royal National Hospital for Rheumatic Diseases, Bath.

Use Your Departmental (Subject) Librarian

These are professionally-qualified information specialists experienced in assisting a wide spectrum of researchers. Please liaise and consult with them: they will be able to advise on the best sources for your work. Justin Hodds is the Librarian for the Department of Psychology:

The Library: Room 5.02, Level 5

Tel: + 44 (0)1225 38 4180

Email: J.Hodds@bath.ac.uk or use the 'Ask a Librarian' online enquiry form at <http://www.bath.ac.uk/library/help/askalibrarian.html>

Some Useful Internet Sites

- *The British Psychological Society (BPS) Research Interests Database*
<https://www.bps.org.uk/bpslegacy/rid>
- *COPAC* (combined catalogues of the major UK and Ireland university and national libraries; it is now possible to simultaneously search the Library Catalogue)
<http://www.copac.ac.uk>
- *Division of Health Psychology* (one of the divisions of the BPS)
<http://www.bps.org.uk/networks-and-communities/member-microsite/division-health-psychology>
- *Research Councils UK* <http://www.rcuk.ac.uk/default.htm>
- *Office for National Statistics* (economic and social statistics for the UK)
<http://www.ons.gov.uk/ons/index.html>

UK Clinical Research Network Study Portfolio (a database of ongoing and recently completed NHS research projects) <https://www.nihr.ac.uk/research-and-impact/nihr-clinical-research-network-portfolio>