WHO COUNTS? PROJECT PHTH 575

WRITTEN ASSIGNMENT #2, 2008

 **As healthcare providers, physical therapists use quantitative reasoning skills across the full ranges of practice settings and patient populations. Two aspects of practice requiring this reasoning are (1) understanding incidence rates of pathologies, impairments, and disabilities; and (2) reading, understanding, and applying research and statistics found in professional literature.**

 **This project replaces one required assignment in Pediatric Disorders and Intervention Strategies (PHTH 575). This newly designed project requires collaboration of all students in the course (65 students) in doing an in-depth review of a national and world-wide health crisis, premature birth (prematurity).**

 **Prematurity is the leading cause of death in the first month of life in the United States, and the incidence of prematurity is on the rise here and worldwide. More than 500,000 infants are born preterm annually, affecting one of every eight infants born in the US. Premature infants are at high risk for numerous pathologies, impairments, and disabilities,. Some present with respiratory distress syndrome, intraventricular hemorrhage, necrotizing enterocolitis, retinopathy of prematurity, spasticity, and developmental delay. Pathologies associated with prematurity increase the likelihood that physical therapists will evaluate and treat many of the children born preterm.**

 **Students will work in small groups, each group being responsible for a different aspect of the prematurity crisis. Quantitative skills will be used as you explore and study birth weight and gestational age; gestational age and adjusted age calculations; incidence of prematurity nationwide, globally, and by state; etiologic factors such as socioeconomic status, ethnicity, age, multiple-gestation births, obstetric complications, environmental threats, and maternal alcohol and drug ingestion; morbidity and mortality consequences; and financial impact on families and society. The project will conclude with a discussion about related humanitarian and ethical issues including wrongful life, individual and societal responsibilities and rights, and quality of life.**

 **Quantitative reasoning in this project will serve to underscore the injustice of health and healthcare disparities in our nation and world, as well as facilitate student thinking about healthcare ethics and individual versus societal rights. It will also provide students with a template for study of other healthcare issues.**

 **The ability to reason quantitatively enhances other reasoning, analyzing, and problem solving skills. The most important thing we at the university can teach students is how to reason and solve problems throughout life. This project will enrich your problem solving skills and help you learn about a major nationally and worldwide healthcare problem which affects the scope of the practice of physical therapy, a healthcare problem which physical therapists, in-turn, may influence.**

1. Explanation of Assignment :

This group assignment for PHTH 575, *Pediatric Disorders and Intervention Strategies,* is a part of the “Who Counts?  Math Across the Curriculum for Global Mission” project. It is one of several assignments in a variety of disciplines and courses across Marquette University. One of the goals of the overall “Who Counts?” project is to encourage the use of quantitative reasoning in courses other than the usual math and statistics courses. Other goals of the project include a commitment mission, both in the United States and globally. At Marquette we strive to be “women and men for others”. What does this mean? What can we do as individuals and as professionals (physical therapists) to be women and men for others? Our commitment is to more than just the patients and clients which we see for direct care. Our responsibility is to persons on the other side of the globe as well as those next door. Much still needs to be learned about preterm births. It is a world-wide epidemic. The causes of preterm birth are not fully understood; therefore, preterm birth cannot be prevented in all cases, and the physical, emotional, financial, and societal implications of prematurity are enormous.

1. Final Product :

The final “Who Counts?” product that will result from the PHTH 575 course will be a Report on Prematurity, a comprehensive look at this problem in the USA and world-wide.

1. Student Participants :

Students participating in this project are all Physical Therapy doctoral students who are in the final semester of their professional, academic work at Marquette University. Sixty-five students are required to participate.

1. Task Groups :

Students will work in task groups of their choosing. Their selection of a group in which to work will be based on individual choice by sub-topics of interest, number of persons needed to research a particular sub-topic, and PHTH 575 Lab registration.

1. Weekly Meetings :

Task groups are expected to meet at least weekly throughout the semester, beginning August 28th and 29th, 2008. Members of each task group will work individually on some aspects of the problem and task groups will most likely need to work together more often than the once weekly requirement. Time has been built into the lab schedule for students to work with their group-mates.

1. Required Submissions :

A list of required submissions by the task group will be provided to all students, with dates due. Each group only submits one assignment , with necessary parts from individual members, each time, unless otherwise indicated.

1. Preliminary final draft :

A Preliminary Final Draft  is required from all task groups on November 6th and 7th, 2008, and all are to attend their PHTH 575 Lab on these dates.

1. Specifications for Final Work :

All task groups must use the following specifications on all material which they submit to the Professor :

* Times New Roman Font
* Font size 10
* Single-sided print on white paper with black ink
* Single space, with one space between paragraphs
* Paragraphs left justified, no indentation for new paragraph – just the space above the new paragraph.
* Charts and graphs must have a title, clear units of measure, and a legend (if necessary). Color may be used for graphs.
* Each task group’s final report must have a title page. The second page should include task group’s focus and clearly list all group members.
1. Foci for Task Groups :

(See explanations on page 15-17)

A. Prematurity: What Is Preterm Birth and Why Does It Occur?

B. Incidence Rates

C. Medical Complications **at Birth** Associated with Preterm Birth

D. Economic Impact of Prematurity

E. Neonatal Intensive Care Unit: Management of the Preterm Infant in the NICU

F. Cerebral Palsy

G. Social Implications of Prematurity

H. Legislation

I. Significant Studies That Have Been Done

J. Early Intervention Programs (Birth-to-3)

K. Catastrophic Examples of Childbirth

L. Infant Mortality Rates

M. How Much Does It Cost to Have a Baby?

N. Prevention of Preterm Births

1. Task Group Subtopics :

Each task group is responsible for brainstorming its focus and suggesting subtopics which need to be indcluded in that particular group’s work. Dr. Aubert reserves the right to add or delete any subtopics in order to ensure the integrity and comprehensiveness of the final product as well as to prevent duplication of work by two task groups.

1. Equitable Work Load:

Every effort has been made to require an equitable (fair) amount of work from each student so that no one feels overburdened, especially considering the heavy workload all of the students carry during this semester. If any student feels he/she is bearing an unfair amount of the burden, please speak with your task group members and Dr. Aubert.

1. Due Date : Monday, November 24, 2008, 4 :00 p.m.
2. Grading :

All students in a single task group will receive the same grade on the project unless it is determined that an individual ‘s work required frequent corrections and additions from the other group members or that an individual did not do his fair share of the work or otherwise hindered the entire group. The grading rubric is on page 14 of this syllabus.

WHO COUNTS? PROJECT GRADING SHEET

WRITTEN ASSIGNMENT #2, 2008

PHTH 575

**Due Date: Monday, November 24 by 4:00 p.m.**

**Please attach pages 13 and 14 to the front of your task group’s report.**

Task Group # \_\_\_Focus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Member Subtopic(s)

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**Students’ Comments:**

**GRADING: TOTAL points 65**

# Grading: **TOTAL points 65**

\_\_\_\_\_\_ Project submitted on time: **3** points

\_\_\_\_\_\_ Electronic and paper copy submitted: 2 points

\_\_\_\_\_\_ Choice of references: **4** points

# \_\_\_\_\_\_ Bibliography according to **AMA style**: 4 points

# \_\_\_\_\_\_ Form (spelling and punctuation; graphs, tables and font according to specifications in assignment): **9** points

\_\_\_\_\_\_ Clarity (sentence structure, paragraph development, sequence): **5** points

\_\_\_\_\_\_ **Reasonably** comprehensive regarding group’s assigned topic? **3** points

\_\_\_\_\_\_ Is the material well integrated? **12** points

\_\_\_\_\_\_ Does the paper demonstrate understanding of the topic? **10** points

\_\_\_\_\_\_ Does the project demonstrate quantitative reasoning: **13** points

**\_\_\_\_\_ TOTAL SCORE**

**COMMENTS :**

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**TASK GROUP FOCI**

**“Who Counts?” Project**

**PHTH 575 Pediatric Disorders and Intervention Strategies**

1. Prematurity: What Is Preterm Birth and Why Does It Occur?

Definition; etiology (known factors and theories of causation); biology of pregnancy; gestational age assessment; growth chart for estimated fetal weight; signs of premature labor

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Incidence Rates

USA ; Wisconsin; Other State(s) of interest to your group; globally: specific countries, industrialized and developed nations; underdeveloped countries; current rates; trends; rates of increase

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medical Complications **at Birth** Associated with Preterm Birth

(Not cerebral palsy. CP will be a task group focus of its own)

Retinopathy of prematurity, etc. (explain the condition, why it happens, long-lasting implications of individual complications??, treatment; trends

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Economic Impact of Prematurity

Family; society; cost / length of hospitalization; lifelong care cost; US regions; elsewhere

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1. Neonatal Intensive Care Unit: Management of the Preterm Infant in the NICU

What care is necessary for preterm infants; machines; cost of machines and personnel; family’s role when child is in NICU

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1. Cerebral Palsy

Definition; how/why is it related to prematurity? Pathology? How is it diagnosed

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Social Implications of Prematurity

Wrongful life; disintegration of family life and dynamics; relationship to socioeconomic level and related implications

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1. Legislation

Who is eligible for treatment? What kind of treatment?; therapies; who pays? Who authorizes treatment

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1. Significant Studies That Have Been Done

Kinds of studies (risk factors, treatment for CP, treatment for other conditions related to preterm birth; problems with interpreting statistics

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1. Early Intervention Programs (Birth-to-3)

What are they; who is eligibility; what do they cost; what do they accomplish; early intervention services in Milwaukee; roles of County, State, Feds

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1. Catastrophic Examples of Childbirth (in the literature)

financial catastrophe stories; health catastrophe stories; other catastrophic problems

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1. Infant Mortality Rates

US / WI / Other States; globally; trends; preterm births versus other causes of mortality

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1. How Much Does It Cost to Have a Baby?

Who pays; Wi versus other states; US; other countries; How much does it cost to have a preterm baby?; uninsured health pregnancy – the cost

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1. Prevention of Preterm Births

Theories; if certain things can be done, or they cost effective? What is being done already?

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