Professor Thaddeus Pope Instructor

Medical Law at the End of Life **Course Title**

Section

Take Home Final Paper Format

Total Time for Exam 72 hours

16 (not including the appendix) **Total Number of Pages**

Reference Materials Allowed

Open Book (all reference materials allowed)

Take-Home Exam Instructions

1. Please know your correct Spring 2012 exam number and include this number at the top of each page of your exam answer (for example, in a header). To locate your exam number, go to www.hamline.edu and follow the steps below. A graphic guide to locating your exam number is attached to these instructions.

Click on Logins in the header.

Go to Piperline

Log in to the secure area

Enter your Student ID and PIN

Click Student Services

Click Registration

Click Student Detail Schedule

Select the appropriate term from the drop down menu

Exam Numbers are listed below Total Credit Hours at the top of the page

- 2. Confirm that you are using and have typed the correct exam number on your exam document.
- 3. You may download the exam from the course TWEN site any time after 8:00 a.m. on May 4, 2012. All exams must be submitted by 5:00 p.m. on May 17, 2012. Therefore, you will want to download your exam no later than 5:00 p.m. on May 14, 2012, to ensure that you have the full allowed 72 hours to complete the exam.
- Write your answers to all three parts of the exam in a word processor. Save your document as a single PDF file 4. before uploading to TWEN. Use your exam number as the name for the PDF file.

Instructions Specific to This Examination

GENERAL INSTRUCTIONS:

- 1. Honor Code: While you are taking this exam, you are subject to the Hamline University Code of Conduct. You may not discuss it with anyone until after the end of the exam period. It is a violation of the Honor Code to share the exam questions. Shred or delete the questions immediately upon completion of the exam.
- 2. Competence: Accepting this examination is a certification that you are capable of completing the examination. Once you have accepted the examination, you will be held responsible for completing the examination.
- 3. **Exam Packet:** This exam consists of 16 pages, including this cover page. Please make sure that your exam is complete.

- 4. **Identification**: Write your exam number on the top of each page of your exam answer.
- 5. **Anonymity**: The exams are graded anonymously. Do not put your name or anything else that may identify you (except for your exam number) on the exam. **Failure to include your correct exam number will result in a 10-point deduction.**
- 6. **Total Time**: Your completed exam is due within 72 hours of downloading it. If your exam is uploaded more than 72 hours after downloading the exam, your exam grade will be **lowered by one point** for every minute in excess of the 72 hours. If the timestamp on your uploaded exam indicates that you have exceeded the 72-hout limit by more than 15 minutes, the situation will be referred for a Code of Conduct investigation and potential discipline. Please save sufficient time to successfully upload your exam.
- 7. **Timing:** The exam has been written as a three-hour exam. A student could write complete answers to all the questions in three hours. But since this is a take-home exam, you will want to take some extra time (perhaps an hour) to outline your answers and consult your course materials. You will also want to take some extra time (perhaps two hours) to revise and polish your answers, such that you will not be submitting a "first draft." In short, while this is a 72-hour take home, you really need not spend more than five or six hours on this exam.
- 8. **Scoring**: There are 180 total points on the exam. The final exam comprises 60% of your overall course grade, 180 of the 300 total course points.
- 9. **Open Book**: This is an OPEN book exam. You may use any written materials, including, but not limited to: any required and recommended materials, any handouts from class, PowerPoint slides, class notes, and your own personal or group outlines.
- 10. **Additional Research**: While you may use any materials that you have collected for this class, you are neither expected **nor are you permitted** to do any online or library research (e.g. on Lexis, Westlaw, Google, reference materials) to answer the exam questions.
- 11. **Format**: The exam consists of three parts:

 PART ONE comprises 32 multiple choice questions worth 1.5 points each, for a combined total of 48 points.

 PART TWO comprises two short answer questions worth 16 points each, for a combined total of 32 points.

 PART THREE comprises two essay questions worth 50 points each, for a combined total of 100 points.
- 12. **Grading**: All exams will receive a raw score from zero to 180. The raw score is meaningful only relative to the raw score of other students in the class. Your course letter grade is computed by summing the midterm, final, and quiz scores. I will post an explanatory memo and a model answer to TWEN a few weeks after the exam.

SPECIAL INSTRUCTIONS FOR PART ONE:

- 1. **Numbered List of Letters:** In your exam document create a vertical numbered list (1 to 32). Next to each number type the letter corresponding to the best answer choice for that problem.
- 2. **Ambiguity**: If (and only if) you believe the question is ambiguous, such that there is not one obviously best answer, neatly explain why immediately after your answer choice. Your objection must (i) identify the ambiguity or problem in the question and (ii) reveal what your answer would be for all possible resolutions of the ambiguity. I do not expect this to be necessary.

SPECIAL INSTRUCTIONS FOR PARTS TWO AND THREE:

1. **Submission**: In your exam document create clearly marked separate sections for each of the four problems:

Short Answer 1

Short Answer 2

Essay 1

Essay 2

- Outlining Your Answer: I strongly encourage you to use at least one-fourth of the allotted time per question to outline your answers on scrap paper before beginning to write. Do this because you will be graded not only on the substance of your answer but also on its clarity and conciseness. In other words, organization, precision, and brevity count. If you run out of insightful things to say about the issues raised by the exam question, stop writing until you think of something. Tedious repetition, regurgitations of law unrelated to the facts, or rambling about irrelevant issues will negatively affect your grade.
- 3. **Answer Format**: This is important. Use headings and subheadings. Use short single-idea paragraphs (leaving a blank line between paragraphs). Do not completely fill the page with text. Leave white space between sections and paragraphs.
- 4. **Answer Content**: Address all relevant issues that arise from and are implicated by the fact pattern and that are responsive to the "call" of the question. Do not just summarize all the facts or all the legal principles relevant to an issue. Instead, apply the law you see relevant to the facts you see relevant. Take the issues that you identify and organize them into a coherent structure. Then, within that structure, examine issues and argue for a conclusion.
- 5. **Citing Cases**: You are welcome but not required to cite cases. While it is sometimes helpful to the reader and a way to economize on words, do not cite case names as a complete substitute for legal analysis. For example, do not write: "Plaintiff should be able to recover under A v. B." Why? What is the rule in that case? What are the facts in the instant case that satisfy that rule?
- 6. **Cross-Referencing**: You may reference your own previous analysis (e.g. B's claim against C is identical to A's claim against C, because ___." But be very clear and precise what you are referencing. As in contract interpretation, ambiguity is construed against the drafter.
- 7. **Balanced Argument**: Facts rarely perfectly fit rules of law. So, recognize the key weaknesses in your position and make the argument on the other side.
- 8. **Additional Facts**: If you think that an exam question fairly raises an issue but cannot be answered without additional facts, state clearly those facts (reasonably implied by, suggested by, or at least consistent with, the fact pattern) that you believe to be necessary to answer the question. Do not invent facts out of whole cloth.

Exam Misconduct

The Code of Conduct prohibits dishonest acts in an examination setting. Unless specifically permitted by the exam or proctor, prohibited conduct includes:

Discussing the exam with another student

Giving, receiving, or soliciting aid

Referencing unauthorized materials

Reading the questions before the examination starts

Exceeding the examination time limit

Ignoring proctor instructions

Part One

32 Multiple Choice Questions 1.5 points each

- 1. A Medicare beneficiary is eligible for hospice only where his/her physician certifies that the individual has a life expectancy of:
 - A. Two months or less
 - B. Three months or less
 - C. Six months or less
 - D. One year or less
- 2. A Minnesota woman underwent surgery to remove excess skin from her body following a substantial weight loss. She expressly refused to consent to a breast lift or enlargement. Nevertheless, during the surgery the surgeon enlarged her breasts from a size 34B to a 40DD.

Her best cause of action is:

- A. Battery
- B. Informed consent
- C. Stautory, under the Patient Self Determination Act
- D. Statutory, under the Minnesota Health Care Directive Act
- E. She has no cause of action since she has not been harmed
- 3. A Minnesota advance directive is valid:
 - A. Until revoked by the patient in writing
 - B. For one year
 - C. Until revoked
 - D. All of the above

Use this fact pattern for BOTH questions 4 AND 5:

In December 2011, Eva had breast reduction surgery. But she is surprised and dismayed by the presence of hypertrophic scars. She has sued the surgeon and the case has gone to trial. These three witnesses testified:

1. Dr. Cooper, plaintiff's expert: Dr. Cooper reviewed plaintiff's medical files and records and found no fault with the surgery itself. He testified that Eva's poor understanding of the English language prevented the signed consent from being valid.

Dr. Cooper further testified that he personally performed nearly 1000 breast reduction surgeries, and that in each case he discussed the full risks involved. Each of those patients elected to undergo the surgical procedure despite the stated risks.

- **2. Eva:** Eva testified on direct examination that had she known about the potential for wide scarring she would not have undergone the procedure. But, on cross-examination, she testified that regardless of the risks involved, she would still have had the surgery because she wanted to alleviate the pain in her back and shoulders.
- **3. The surgeon:** The surgeon testified that consent is an ongoing process of discussion between physician and patient, and that not all risks or matters of discussion are set forth in the signed consent form. The surgeon further testified that Eva did not, however, ask to have a Spanish consent form or an interpreter provided for the surgical consent, although she did sign a consent in Spanish for general medical services to be provided by the hospital. Moreover, although Eva claimed to have difficulty understanding English when spoken, she acted as a translator for another Spanish-speaking patient while at the hospital.
- 4. The jury is MOST likely to find that Eva's cause of action for informed consent cannot satisfy the element of:
 - A. Duty
 - B. Breach
 - C. Causation
 - D. Damages
- 5. Even if Eva has trouble making out her informed consent claim, she can PROBABLY still successfully bring a claim for:
 - A. Battery
 - B. PSDA
 - C. Both A and B
 - D. Neither A nor B

6. All of the following are true in Minnesota, EXCEPT:

- A. An agent is normally authorized to make health care decisions for a principal only when the principal lacks capacity
- B. Before implementing an agent's decision for a principal, a physician must first make a reasonable effort to inform the patient of proposed treatment **even if** the patient then lacks capacity
- C. Hospitals may require executed advance directives as a condition of hospital admission
- D. An advance directive may not normally be witnessed by an employee of a health care facility where the patient is receiving treatment
- E. More than one of the above

7. Matt is married to Rachael. Rachael's authority as named agent in Matt's Minnesota advance may be effectively nullified by:

- A. Matt's oral revocation of the advance directive
- B. Matt's written revocation of the advance directive
- C. Matt's burning the advance directive
- D. Matt's divorce from Rachael
- E. Two of the above (A to D)
- F. Three of the above (A to D)
- G. Four of the above (A to D)

8. Even if Rachael's authority as named agent in Matt's Minnesota advance is destroyed as in Question 7, Rachael might likely still be Matt's substitute decision maker unless her agency had been likely terminated by:

- A. Matt's oral revocation of the advance directive
- B. Matt's written revocation of the advance directive
- C. Matt's burning of the advance directive
- D. Matt's divorce from Lisa

9. A person is dead in Minnesota if she is determined to have:

- A. Irreversible cessation of cardiopulmonary function
- B. Irreversible cessation of whole brain function
- C. Irreversible cessation of higher brain function
- D. A and B
- E. A and C
- F. A or B
- G. A or C
- H. A or B or C

10. The Patient Self Determination Act (PSDA) went into effect in 1991, after *Cruzan*. It requires the hospital to:

- A. Provide patients with information about advance directives and require patients to execute at least one type of advance directive
- B. Provide patients with information about living wills (instructional advance directives) only
- C. Provide patients with all information about all types of advance directives (instructional and proxy) applicable in the hospital's state
- D. Provide patients with information about all types of advance directives regardless of whether the information is applicable in the hospital's state

11. Kola was found to be incapacitated to make decisions regarding her HIV treatment. Therefore, necessarily:

- A. She must lack capacity to make other treatment decisions
- B. She must lack capacity to make non-medical major life decisions
- C. Both A and B
- D. Neither A nor B

12. If a patient refuses a procedure or treatment that is recommended by her physician:

- A. The patient is obviously incapacitated
- B. The physician must "consider" the refusal but may still provide the recommended procedure or treatment, if the physician deems it medically indicated
- C. The physician may attempt to secure consent to the recommended procedure or treatment from the patient's agent or surrogate
- D. The patient's agreement with a physician's recommendation is not directly related to the patient's capacity

13. A Minnesota physician may hasten the time of a patient's death by:

- A. Removing a ventilator at the patient's own request
- B. Removing artificial nutrition and hydration from a terminal patient in a minimally conscious state at the request of the patient's agent
- C. Removing artificial nutrition and hydration from a terminal patient in a minimally conscious state pursuant to written instructions in the patient's advance directive
- D. Administering sufficiently high doses of analgesics and sedatives for pain relief at the request of the patient
- E. Two of the above (A to D)
- F. Three of the above (A to D)
- G. All of the above (A to D)

- 14. Minnesota has adopted a definition of death in which:
 - A. An injury to any part of the brain will support a diagnosis of death
 - B. Both the brain stem and the neocortex must stop working
 - C. A nonfunctioning brain stem is sufficient to declare death
 - D. Ancencephalic babies are included
 - E. More than one of the above
- 15. On April 20, 2012, Dan hit victim on the head with a baseball bat. On April 25, victim was diagnosed as brain dead. On April 27, victim's wife consented to the removal of Dan's ventilator which was sustaining his cardiopulmonary function. Dan probably is:
 - A. Guilty of homicide
 - B. Not guilty of homicide because wife's actions, not Dan's, were the immediate and proximate cause of victim's death
 - C. Not guilty if victim would have survived a year and a day (to April 21, 2013) had the ventilator not been withdrawn
 - D. None of the above
- 16. Christy, a 54-year old woman with diabetes, has been hospitalized in Minnesota with unstable agina, bilateral heel ulcers, a urinary tract infection, and chronic renal failure. One year ago, she was hospitalized with diabetic ketoacidosis after reporting that "voices" told her to stop taking her insulin. Currently, she is improving but requires a urinary catheter and must keep her legs elevated at rest. Christy says that she is now able to take care of herself and wants to return home. She said she is not now hearing voices. She appears to understand her medical situation and appreciates the consequences of care options. She has learned self-catheterization and has agreed to home nursing care. But the staff is worried that Christy will not stick to her medication regiment and self-catheterization.

With respect to the decision whether to discharge home:

- A. Christy lacks capacity
- B. Christy has capacity
- C. Only a court can determine whether or not Christy has capacity

17. Prior to initiating treatment, a provider LEAST likely has a duty to inform a patient about:

- A. The patient's medical condition
- B. The benefits of the treatment
- C. Another patient's poor outcome from the proposed treatment
- D. Alternative treatments with lower risk
- E. Potential treatment complications
- 18. Barta and Bogan were on their honeymoon skiing in Vail, Colorado. Barta, feeling invincible, ignored the double black diamond warning signs and sped off the side of Devil's Ridge Run. Upon hitting the expert run, Barta lost control of her skis and tumbled 150 feet down the side of the mountain. Barta hit the bottom of the slope with tremendous force. Bogan called the ski patrol and two paramedics arrived. The paramedics detected no pulse and immediately transported Lance to Colorado Central Hospital.

In CCH's emergency room CPR was administered and Barta's heart was restarted. Barta remains at CCH in a persistent vegetative state. Six months have passed since Barta's accident. Barta remains in the ICU of CCH, where he has been intubated and placed on a ventilator.

Which of the following is most correct?

- A. Because her circulation and respiration are only artificially maintained, Barta is dead.
- B. Because her circulation and respiration are still artificially maintained, Barta is not dead.
- C. Barta is dead, whether or not her circulation and respiration are artificially maintained.

19. The doctrine of double effect

- I. Distinguishes intended outcomes from unintended outcomes
- II. Is based upon the intent of the providers
- III. May shield a health care provider from a criminal homicide charge in a death from overdose.
- A. I only
- B. III only
- C. I and II only
- D. II and III only
- E. I, II, and III

- 20. The Uniform Determination of Death Act (adopted in Minnesota) provides that a person with ______ is dead.
 - A. Irreversible cessation of heartbeat and respiration
 - B. Any evidence of brain activity
 - C. Either A or B
 - D. Both A and B
- 21. In a pending Ramsey County, Minnesota case, the court is considering a patient's claim that the physician had used a procedure in operating on a hernia that he had not described to patient in seeking his consent for the surgery. The defendant physician is arguing that the failure to explain the procedure (an omission he concedes) is of no relevance to the suit.

Under *Canterbury*, which of the following arguments LEAST supports the defendant's position?

- A. A reasonable person would not consider the risk important to the decision whether or not to have the surgery
- B. A reasonable person would have proceeded with the surgery even had he known about the procedure
- C. A reasonably prudent physician would not have described the procedure to the patient under the circumstances
- 22. Tricia has completed an advance directive pursuant to the Minnesota Health Care Directives Act. Her advance care plan indicates that if she has an end-stage illness, then he does not want "any tube feeding." Tricia's advance care plan also appoints Kris as agent.

If Tricia later has an end-stage illness and Kris demands that tube feedings be continued, then

- A. The hospital should comply with Kris since he is the duly-appointed agent, authorized to make health care decisions for Tricia.
- B. The hospital should comply because Kris's demand is a reasonable interpretation of the advance directive and the hospital can comply in good faith.
- C. The hospital should not comply with Kris, unless Tricia has been determined to lack capacity.
- D. The hospital should not comply with Kris, even if Tricia has been determined to lack capacity.
- E. Both A and B

23. On what does the *Canterbury* court ground the informed consent obligation that a physician owes a patient?

- A. Contractual duties
- B. Right to self-determination
- C. The notion that patients make better decisions than physicians
- D. Agency law: the physician acts for the patient
- E. None of the above

24. Under the Minnesota Health Care Directives Act, who typically determines when an advance directive goes into effect?

- A. Court
- B. Agent
- C. Surrogate
- D. Designated physician
- E. Conservator

25. Under the Minnesota Health Care Directives Act, removing life-sustaining medical treatment (such as a ventilator) would or normally:

- A. Not constitute suicide (by patient) if requested by the patient herself
- B. Not constitute homicide (by provider) if requested by the patient herself
- C. Not constitute suicide if requested by the patient's surrogate
- D. Not constitute homicide if requested by the patient's surrogate
- E. A, B, and C
- F. A, B, C, and D

26. JoAnn, a capacitated woman, has a Minnesota advance directive naming Gabe as her agent. JoAnn has now been diagnosed with advanced, inoperable cancer and has been certified to be in a terminal condition.

Does Gabe now have decision making authority?

- A. Yes
- B. Yes, but only unless/until JoAnn's condition improves
- C. No, if Gabe were one of the witnesses to the advance directive
- D. No, even if the advance directive were valid
- E. Both A and B
- F. Both C and D

27. Under the Texas Advance Directives Act, the review process for resolving futility disagreements includes the following:

- A. Invite family participation and give 48 hours notice of the committee review meeting
- B. Provide a written report of the findings and conclusion of the review process
- C. Assist the family in seeking transfer to a willing provider if the ethics review process concurs with the treating physicians that ongoing medical treatment other than comfort care is futile
- D. All of the above

28. If the ethics review process, pursuant to section 166.046 of the Texas Advance Directives Act, concurs with the attending physician that treatment is futile, then such treatment may be stopped, without surrogate consent:

- A. In 48 hours
- B. In 72 hours
- C. In 10 days
- D. In 10 days, unless stayed by a court where there is significant evidence of a likely transfer to another facility

29. A Minnesota POLST can be revoked:

- A. By a patient at any time
- B. If the patient lacks capacity, by the patient's agent
- C. A or B
- D. Only by a healthcare provider, since POLST is a medical order

30. A healthcare provider may presume a patient's lack of decision-making capacity solely on the basis of the patient's:

- A. Age
- B. Disability
- C. Appearance
- D. Medical condition
- E. Making a decision that the provider considers unwise
- F. None of the above

31. When someone suffers sudden cardiac or respiratory arrest, CPR attempts to restart their heart or breathing and restore their circulation. CPR interventions are invasive and include chest compressions, electric shock by an external or implanted defibrillator, injection of drugs and ventilation. For critically ill hospital inpatients, CPR has a very low success rate and the burdens and risks of CPR include harmful side effects such as rib fracture and damage to internal organs; adverse clinical outcomes such as hypoxic brain damage; and other consequences for the patient such as increased physical disability. If the use of CPR is not successful in restarting the heart or breathing, and in restoring circulation, it may mean that the patient dies in an undignified and traumatic manner.

Patient is admitted to your Minnesota facility. There is no evidence of patient's wishes regarding CPR. The patient's agent may:

- A. Not consent to DNAR ever
- B. Not consent to DNAR without express warrant in the patient's advance directive
- C. Consent to DNAR on the basis of substituted judgment
- D. Consent to DNAR on the basis of best interests
- 32. Julie was severely injured in an automobile accident. She carried a signed card indicating that she was a Jehovah's Witness with firm religious convictions and did not want to receive blood transfusions under any circumstances. The ED physician ignored these instructions and gave Julie a blood transfusion. The transfusions saved Julie's life.

Julie's best cause of action is:

- A. Informed consent
- B. Statutory violation of her advance directive
- C. Battery
- D. None of the above would likely be successful

Part Two

2 short answer questions 16 points each Word count limit: 500 words each

Short Answer Question 1

A Minnesota POLST us intended to supplement, but not replace, an advance directive. In part, this is because POLST is indicated for a smaller population than the population (virtually everyone) for which advance directives are indicated. But this supplement-not-replace role also exists because POLST cannot accomplish everything that an advance directive can.

- 1. Identify (any) two things that a Minnesota advance directive can accomplish that a Minnesota POLST cannot.
- 2. Explain how and why the advance directive can accomplish these two things but a POLST cannot.
- 3. Limit your entire answer to 500 words.

Short Answer Question 2

We discussed the (medical futility) situation in which a patient's agent requests life-sustaining treatment that the provider judges medically inappropriate (or even cruel). But now consider the opposite situation. Suppose the agent wants to **stop** life-sustaining treatment on which the patient is now temporarily dependent. The provider thinks that the patient will make a substantial (perhaps even a complete) recovery. That is, the provider judges that the medical treatment is obviously indicated and that non-treatment would seriously harm the interests of the patient.

- 1. **May** the physician refuse to comply with the agent's treatment decision?
- 2. **Must** the physician refuse to comply with the agent's treatment decision?
- 3. Limit your entire answer to 500 words.

Part Three

2 essay questions 50 points each Word count limit: 1500 words each

Essay Question 1

Lucy is a terminally ill Oregon resident. In fact, she has become so weak and helpless that she is now unable to take and swallow lethal pills herself. Like many patients who have used the Oregon Death with Dignity Act, Lucy is concerned with losing autonomy, dignity, and control of her body functions.

- 1. Can Lucy legally hasten her death under the Oregon Death with Dignity Act?
- 2. Why or why not?
- 3. If Lucy cannot legally hasten her death under the Oregon Death with Dignity Act, does the state of Oregon have a "rational basis" for denying Lucy that right, while granting it to other patients who, unlike Lucy, can "participate" in their own death?
- 4. Does the state of Oregon need a "compelling state interest" to deny Lucy the right to hasten her death under the Oregon Death with Dignity Act, while granting it to others who can "participate" in their own death?
- 5. If so, does the state of Oregon have a compelling state interest?
- 6. Limit your entire answer to 1500 words.

Essay Question 2

Jesse is a terminally ill Minnesota resident. She has expressed dismay over her worsening condition and asked whether the doctor would "help me to die." A prolonged discussion with Jesse and her family regarding hastening death followed. After the discussion, both Jesse and the physician were convinced that she really wanted this. Accordingly, the physician described the options of palliative sedation to unconsciousness (PSU) and VSED. But Jesse was unwilling to pursue either of those two options because she found dehydrating to death to be morally repugnant. Since it is illegal in Minnesota, the physician never discussed physician aid-in-dying. Jesse subsequently died a protracted death with significant suffering.

Jesse's family has just consulted with you, a Minnesota attorney. They think that the physician should have presented Jesse with the option of obtaining physician aid-in-dying in Oregon or Washington (or even Switzerland, Belgium, or other jurisdictions where PAD is legal).

Assess the best causes of action (if any) that Jesse's estate may have against her physician. Limit your entire answer to 1500 words.

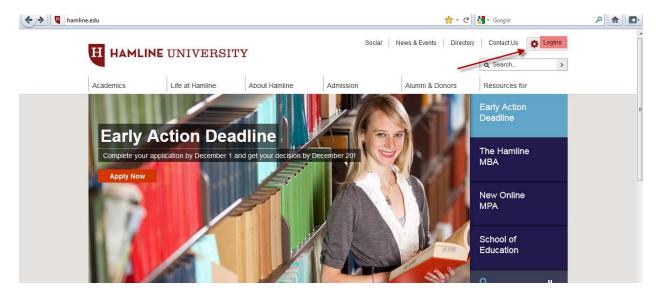
[THE EXAM WILL BE AVAILABLE FOR DOWNLOAD ON MAY 4]

END OF EXAM

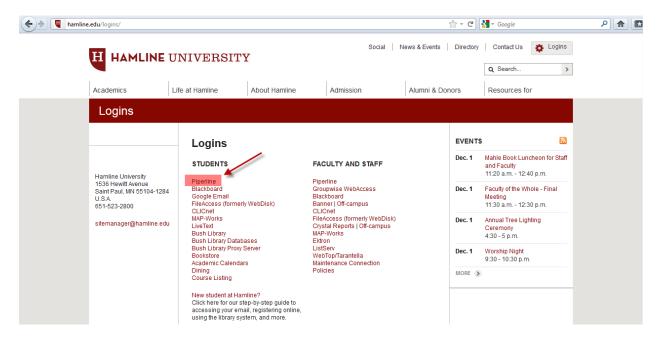
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How to Find Your Final Exam Number via Piperline

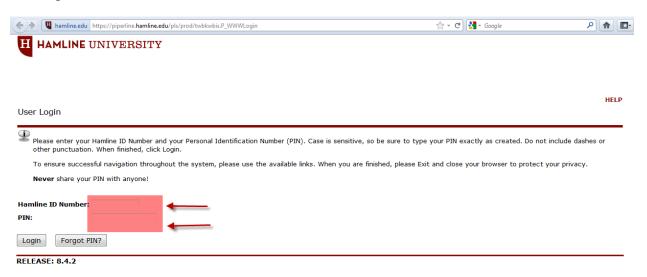
- 1. Go to www.hamline.edu
- 2. Click on the "Logins" button on the top of the right hand corner of the page.



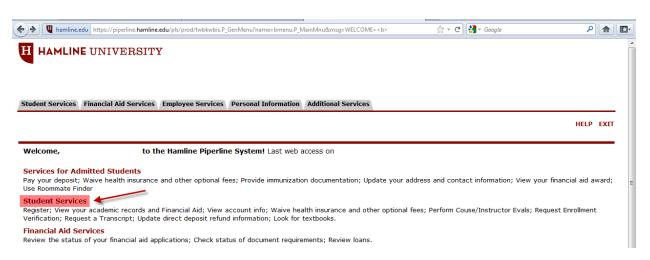
3. Click on "Piperline."



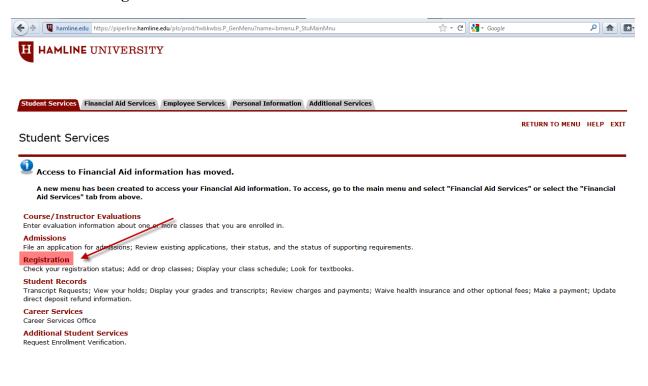
4. Enter your **Hamline ID Number** (this is the seven digit number starting with a nine) and your **PIN.** Click "**Login**." Remember that this is case sensitive. (If this is your first time logging into Piperline, you will be taken to a page where you will create a new password.)



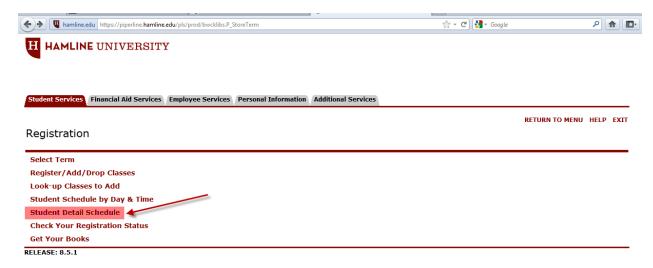
5. Click "Student Services."



6. Click "Registration."

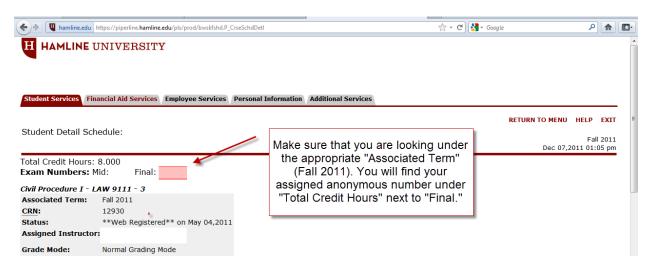


7. Click "Student Detail Schedule."



8. You will then need to select the appropriate term from a drop-down menu (Fall 2011).

9. Your **Final Exam Number** will be located under the **Total Credit Hours** at the top of the page.

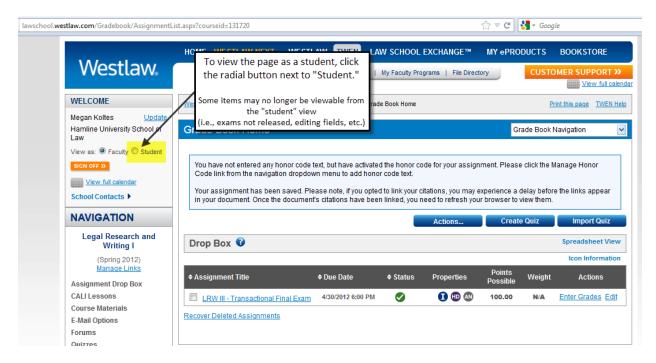


Everyone needs their final exam number to take the exam.

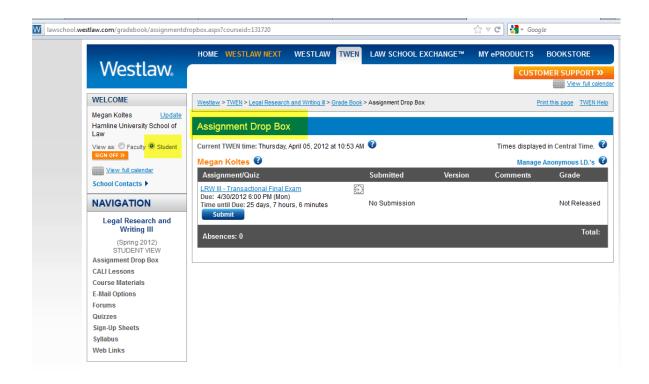
You will use the same exam number for all of your exams.

TWEN - View as a Student

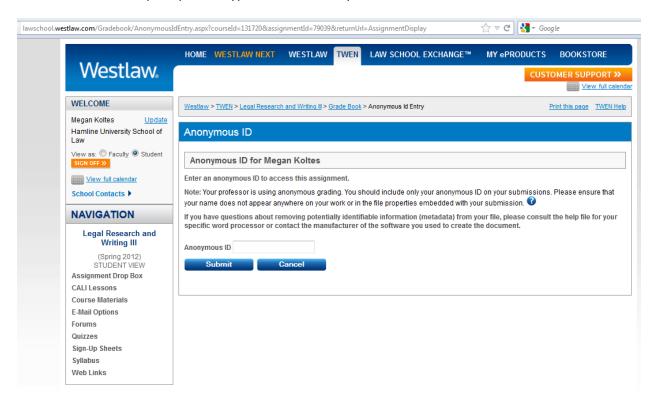
- 1. Log on to Westlaw as normal (<u>www.lawschool.westlaw.com</u>).
- 2. Select the TWEN tab.
- 3. Under your log-in information in the upper left corner, select the option to view as a student.



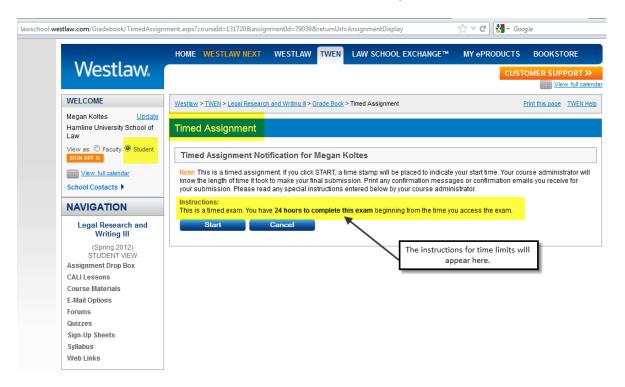
4. Once an exam has hit the time and date on which it should become available, students will then be able to see it in the "Assignment Drop Box."



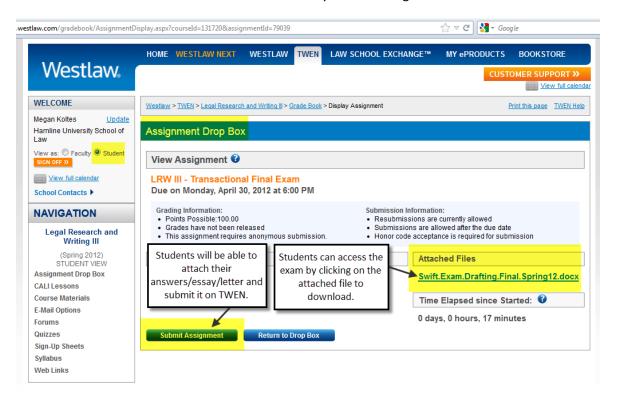
5. The student will be prompted to type in his/her anonymous I.D. to access the exam.



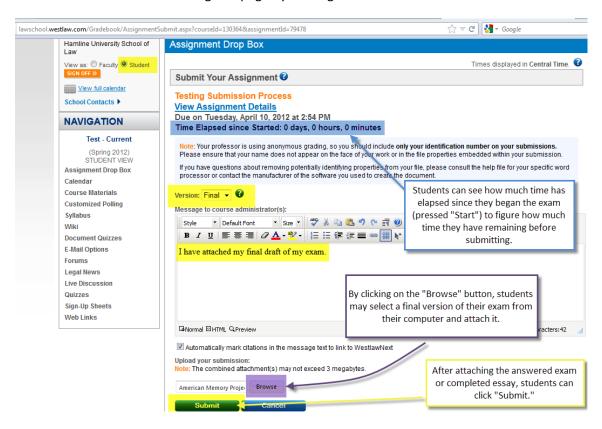
6. If the exam is a timed exam, the student will be given instructions stating as such. (The exam does not boot students out after the maximum amount of time; rather, the TWEN time stamps when a student accesses an exam and when a student submits an exam.)



7. The student will be able to access the exam by downloading the attached file.



8. The student will be able to attach their submission by clicking "Submit Assignment" and attaching their submission on the following webpage by clicking "Browse."



9. After submitting the attached exam/essay, students can view the time stamps on their assignment on the proceeding webpage. This will show when the student first hit the "Start" button and when the student hit the "Submit" button. (This is crucial for timed tests.)

