

**University of Florida**  
**College of Public Health & Health Professions Syllabus**  
**Quality and Outcomes in Health Services Research**  
**HSA 7759 (3 credits)**  
 Semester: 2016  
 Delivery Format: On-Campus  
 Course Website: <http://elearning.ufl.edu/> Canvas)

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Instructor Name: Frederick R. Kates, PhD, MBA  
 Room Number: HPNP 3115  
 Phone Number: 352-273-6060  
 Email Address: kates.rick@phhp.ufl.edu  
 Office Hours: by appointment

Preferred course communications: email  
 Course meeting times and location:  
 Thursday 1:55- 4:55pm (HPNP G307)

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## ***PURPOSE AND OUTCOME***

### **Course Overview**

The purpose of this course is to enable students to understand, explain, critique and execute doctoral level research related to health care quality and outcomes.

#### *What is health care quality?*

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

Institute of Medicine – Crossing the Quality Chasm

#### *What is outcomes research?*

“Outcomes research seeks to understand the end results of particular health care practices and interventions. End results include effects that people experience and care about, such as change in the ability to function. In particular, for individuals with chronic conditions—where cure is not always possible—end results include quality of life as well as mortality. By linking the care people get to the outcomes they experience, outcomes research has become the key to developing better ways to monitor and improve the quality of care.”

AHRQ, <http://www.ahrq.gov/research/findings/factsheets/outcomes/outfact/index.html>

“Touches all aspects of health care delivery, from the clinical encounter itself to questions of the organization, financing and regulation of the health care system.”

Academy Health, <http://www.academyhealth.org/files/publications/healthoutcomes.pdf>

## Course Objectives and Competencies

Upon successful completion of the course, students will be able to:

1. Apply basic measurement theory, including scale development and validation.
2. Apply basic risk adjustment methodologies and concepts.
3. Identify, organize and critically evaluate important topics in quality and outcomes research
4. Review, synthesize, critique, and identify the contributions of peer-reviewed research articles
5. Review, synthesize, critique, and identify the contributions of streams of research literature
6. Develop qualitative research proposal suitable for the development of a publishable peer-reviewed manuscript

## Instructional Methods

The course will cover a mix of conceptual, technical, and practical research skills that will prepare students to contribute to health services research related to health care quality and outcomes. This will be achieved through a mix of textbook readings and discussions as well as readings, critiques, and discussions of timely and important research articles related to health care quality and outcomes. Topics will include:

1. Survey design
2. How to systematically search and review research literature
3. Health measurement scale development and use
4. Risk adjustment and secondary data use
5. Patient reported outcomes
6. Qualitative research to include grounded theory, case study, ethnographic, narrative, and coding methods

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## DESCRIPTION OF COURSE CONTENT

Outline/Course Schedule

*\*\* Note: the schedule is subject to change. Please refer frequently to the course website for the most recent content.*

### Survey Design Section

The course will provide practical real-life experience developing surveys with Qualtrics. Qualtrics is a web-based software that is free to UF students and faculty allowing the user to create surveys and generate reports without having any previous programming knowledge. There are still nine slots available if you would like additional training on Qualtrics besides what we will cover in class. <https://lss.at.ufl.edu/training/wp-register/schedule.shtml?id=373>

We will be working with the UF Veterinary School at the start of the semester to improve an existing survey. In the coming weeks, we will beta test and work on improving the sequence and flow of their questionnaire. Applying this back to ACA changes, there has

been controversy over the way hospitals are defining, measuring and achieving patient satisfaction which might not be advancing the quality of care (Robbins, 2015). The point is many people read and understand questions differently and reply based on their interpretation or they give social acceptable responses (what the department head wants to hear) or they may answer the question too quickly. This hands-on exercise with UF Veterinary School will help you improve your ability to create questions for your own research as well avoid any of the pitfalls associated with creating survey questions. Finally, we will use some of the reporting tools in Qualtrics to run data analyses on the results of the survey.

### **Seminar Section**

The course is in seminar format. Part of the learning at the doctoral level is to develop the ability to conduct a seminar. Moreover, a major part of doctoral-level research and teaching involves being able to synthesize, interpret, and critique other people's work. For this reason, each class session will have a primary and a secondary discussant. Only on occasion will the instructor lecture traditionally, particularly for topics that have technical components.

**Each week the primary discussant** will be responsible for:

1. Synthesizing the assigned readings
2. Extracting key concepts from the readings
3. Leading and pacing the discussion
4. Developing handouts for class 24 hours in advance of class (Wednesdays by 1:55 PM)
5. Preparing approximately 3-5 in-depth questions for the class to discuss
6. Meeting at least once with the secondary discussant to prepare for the upcoming class

**The secondary discussant** will be responsible for:

1. Knowing the material equally as well as the primary discussant
2. Serving as a backup primary discussant in case of an unexpected absence
3. Meeting at least once with the primary discussant to prepare for the upcoming class

**Non-discussant students** will be responsible for:

1. Knowing the material equally as well as the primary discussant

**The instructor** will be responsible for:

1. Highlighting and explaining the most critical concepts
2. Correcting any misconceptions or oversights in the discussants' presentations
3. Pacing the discussion
4. Introducing additional discussion questions

**\*To maximize learning, I strongly encourage all students to meet in small discussion groups each week before Thursday's class.\***

## Discussing Book Chapters

When discussing book chapters (as opposed to research articles), the discussants should address the following:

1. What are the key topics covered in each chapter?
2. How do the assigned chapters relate to each other?
3. What are the research challenges and opportunities associated with the concepts/methods?
4. What are the strengths and limitations of the concepts/methods covered?
5. Any misunderstandings or confusion about the topics

## Discussing Research Articles

When discussing research articles (as opposed to book chapters), the discussants should address the following:

1. Open with a conceptual framework
2. An overview of the research area and/or methods introduced in the readings
3. What is (are) the research question(s)? How and why are they significant?
4. What is (are) the research method(s) used to answer the questions?
5. What are the underlying theories, models, and/or hypotheses? How are they tested?
6. How significant are the results? (This has nothing to do with p-values.)
7. Do you see any counterintuitive results?
8. What are the theoretical implications? What are the contributions to the literature? What are the practical (i.e. policy or managerial) implications?
9. What are the future research questions to be answered?

A high quality presentation and discussion should include coverage of the core ideas, a balanced critique (i.e. limitations and contributions), while also integrating material from the different readings. The discussants should prompt the class with questions to encourage discussion on key issues in and relationships between the chapters and articles. The leaders should also prompt the class with more basic questions or misunderstandings that arose when reading the material. Remember, class is scheduled to meet for three hours, so you should develop an in-depth set of presentation materials and discussion notes but also synthesize sufficiently so that all materials are covered in discussion.

## Conceptual Framework

This is a core course for the doctoral program and the overall objective is for students to develop mastery of the course content to fulfill future academic and research roles. Performance is not judged on demonstrating information acquisition, but on what one does with the information to gain mastery of each topic, therefore the goal is understand, integrate, analyze, and synthesize the material. One way to demonstrate your understand is through the use of conceptual frameworks. A conceptual framework is a mental map of the topic that captures the key

elements, identifies the causal and effect variables, the relationships, and direction of relationships.

For weeks we cover articles a conceptual framework will be required. Please send your conceptual frameworks to me by email [kates.rick@php.ufl.edu](mailto:kates.rick@php.ufl.edu) with the filename starting with your last name and then the date in the following format (e.g. Smith\_Jan14\_2016.docx). The conceptual framework is due on Wednesday by 2:00 PM the day before the class. Later submissions will not be accepted and will cause you to lose all your points for the framework.

Bring a hard copy of your framework to class with your own notes for the class discussion. Also bring your material on a thumb drive and load it on the classroom computer before the start of class.

If for an unavoidable reason, you miss a class, you will prepare a comprehensive integrative paper (not a summary of each article sequentially, but an integrative-analytical paper). This paper will be a minimum of 4-6 pages covering the content of all the articles.

How to develop a conceptual framework?

You will identify (working individually) among the readings, a key article that represents the major issues on the topic. (I have identified such papers if such are available among the readings for the day, and ordered them to appear first in your set for each day). You will use the major issues or factors to develop a conceptual framework that represents the core issues with the causal/ mediating variables impacting the core issues /phenomena/ players (as applicable) within the topic of the day. (I will present one as an example before the first conceptual framework is assigned)

### **Integrative Paper**

For the day that you have signed up to be a primary discussant, you will prepare an integrative paper. You will turn in this narrative along with your conceptual framework Wednesday by 2:00 PM the day before the class.

Your paper is a vehicle to present a coherent written review of the essence of the issues on the topic. Use the paper to describe your framework systematically, and cite the paper sources in APA format. Your description should describe the relationships between your text boxes in your conceptual framework, at least the major breakout concepts and cause-and-effect concepts. You can add additional analytical comments, but do not make the paper a summary of each reading. I want to see cross-referencing across articles and discussions about the main points of each article.

Additional guidance: Use paragraphs to demarcate between one train of thought and the next. Indent the first line of your paragraphs with a tab. Use sub-titles, and let the order of your sub titles flow logically. Typically the paper it should be about 3-5 pages double-spaced, 12-point Times New Roman, with 1" margin on all sides. (No indents, no additional spaces between

paragraphs. Use 0 point Before and After in the Paragraph menu. Remember to cite references and double check grammar/sentence construction.

## Course Outline

Date	Topic	Readings
Jan. 7	Course Introduction <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Review syllabus, readings, assignments</li> <li>Assign weekly discussants</li> <li>• Assign review paper groups</li> <li>• Citation software</li> <li>• Paper topic interest areas</li> <li>• Choosing a secondary dataset</li> </ul>	Start reading for Jan 14 class (see readings below)  Conducting High-Value Secondary Dataset Analysis: An Introductory Guide and Resources  <a href="http://www.sgim.org/communities/research/dataset-compendium">http://www.sgim.org/communities/research/dataset-compendium</a>
Jan. 14	Intro to Outcomes, Designing an Outcomes Research Study Discussants: Everyone	Kane Chap 1 & 2 <ol style="list-style-type: none"> <li>1. Define a board area of inquiry relevant to health quality or outcomes research</li> <li>2. Identify 2-3 potential datasets considering a mixed-methods approach</li> <li>3. Prepare for a discussion on qualitative research and introducing the case study approach</li> </ol>
Jan. 21	Measurement – devising items, scaling responses Discussants: Sunny, Ivana	Kane Chap-3 p59-63 Case Study Chaboyer, W., McMurray, A., Johnson, J., Hardy, L., Wallis, M., & Chu, F. Y. S. (2009). Bedside handover: quality improvement strategy to “transform care at the bedside.” <i>Journal of Nursing Care Quality</i> , 24(2), 136–142.  Kerr, M. P. (2002). A qualitative study of shift handover practice and function from a socio-technical perspective. <i>Journal of Advanced Nursing</i> , 37(2), 125–134. <a href="http://doi.org/10.1046/j.1365-2648.2002.02066.x">http://doi.org/10.1046/j.1365-2648.2002.02066.x</a>  Kyburz-Graber, R. (2004). Does case-study methodology lack rigour? The need for quality criteria for sound case-study research, as illustrated by a recent case in secondary and higher education. <i>Environmental Education Research</i> , 10(1), 53–65. <a href="http://doi.org/10.1080/1350462032000173706">http://doi.org/10.1080/1350462032000173706</a>  Martin, S. C., Greenhouse, P. K., Merryman, T., Shovel, J., Liberi, C. A., & Konzier, J. (2007). Transforming care at the bedside: implementation and spread model for single-hospital and multihospital systems. <i>Journal of Nursing Administration</i> , 37(10), 444–451.  Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. <i>BMJ: British Medical Journal</i> , 320(7227), 114–116.

		Rowley, J. (2002). Using case studies in research. <i>Management Research News</i> , 25(1), 16–27.
Jan. 28	Database Searching (Nancy Schaefer) Room C2-3, middle of 2nd floor of Communicore Measurement – selecting items, biases in responding Discussants: Ivana, Shenae	<p>Kane Chap 4 Article(s) <a href="http://guides.mclibrary.duke.edu/c.php?q=158155&amp;p=1035849">http://guides.mclibrary.duke.edu/c.php?q=158155&amp;p=1035849</a> <b>Ethnographic</b> <b>** Start with Wilson &amp; Chaddha, 2009 and Chilcott, 1987 **</b></p> <p>Carlson, R., Wang, J., Siegal, H., Falck, R., &amp; Guo, J. (1994). An Ethnographic Approach to Targeted Sampling: Problems and Solutions in AIDS Prevention Research among Injection Drug and Crack-Cocaine Users. <i>Human Organization</i>, 53(3), 279–286. <a href="http://doi.org/10.17730/humo.53.3.0889m4661142ngh1">http://doi.org/10.17730/humo.53.3.0889m4661142ngh1</a></p> <p>Chilcott, J. H. (1987). Where Are You Coming from and Where Are You Going? The Reporting of Ethnographic Research. <i>American Educational Research Journal</i>, 24(2), 199–218. <a href="http://doi.org/10.2307/1162891">http://doi.org/10.2307/1162891</a></p> <p>Hahn, J. A., Page-Shafer, K., Lum, P. J., Bourgois, P., Stein, E., Evans, J. L., ... Moss, A. R. (2002). Hepatitis C Virus Seroconversion among Young Injection Drug Users: Relationships and Risks. <i>Journal of Infectious Diseases</i>, 186(11), 1558–1564. <a href="http://doi.org/10.1086/345554">http://doi.org/10.1086/345554</a></p> <p>Koester, S. (1994). Copping, running, and paraphernalia laws: Contextual variables and needle risk behavior among injection drug users in Denver. <i>Human Organization</i>, 53(3), 287–295.</p> <p>Small, W., Kerr, T., Charette, J., Schechter, M. T., &amp; Spittal, P. M. (2006). Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. <i>International Journal of Drug Policy</i>, 17(2), 85–95.</p> <p>Wilson, W. J., &amp; Chaddha, A. (2009). The role of theory in ethnographic research. <i>Ethnography</i>, 10(4), 549–564. <a href="http://doi.org/10.1177/1466138109347009">http://doi.org/10.1177/1466138109347009</a></p>
Feb. 4	EndNote (Nancy Schaefer) Measurement – reliability and validity Discussants:	Ravitch and Carl Chap 2 Using Conceptual Maps (Part 2)
Feb. 11	Intro to Reviews (Nancy Schaefer) Measurement – Generic/specific measures, satisfaction Discussants:	<p>Kane Chap 4 <b>Grounded Theory</b> Biradavolu, M., Jia, Y., Withers, K., &amp; Kapetanovic, S. (n.d.). Factors Influencing the Delivery of HIV-Related Services to Severely Mentally Ill Individuals: The Provider's Perspective. <i>Psychosomatics</i>. <a href="http://doi.org/10.1016/j.psym.2015.07.014">http://doi.org/10.1016/j.psym.2015.07.014</a></p> <p>Buttram, M. E., &amp; Kurtz, S. P. (2015). A Qualitative Study of African American/Black MSM's Experiences of Participating in a Substance Use and Sexual Risk Reduction Intervention. <i>American Journal of Men's Health</i>, 1557988315584157. <a href="http://doi.org/10.1177/1557988315584157">http://doi.org/10.1177/1557988315584157</a></p> <p>Cook, C. L., Lutz, B. J., Young, M.-E., Hall, A., &amp; Stacciarini, J.-M. (2015). Perspectives of Linkage to Care Among People Diagnosed With HIV. <i>Journal of the Association of Nurses in AIDS Care</i>, 26(2), 110–126. <a href="http://doi.org/10.1016/j.jana.2014.11.011">http://doi.org/10.1016/j.jana.2014.11.011</a></p> <p>Corbin, J. M., &amp; Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. <i>Qualitative Sociology</i>, 13(1), 3–21. <a href="http://doi.org/10.1007/BF00988593">http://doi.org/10.1007/BF00988593</a></p> <p>Garcia, J., Colson, P. W., Parker, C., &amp; Hirsch, J. S. (2015). Passing the baton: Community-based ethnography to design a randomized clinical trial on the effectiveness of oral pre-exposure prophylaxis for HIV prevention among Black men who have sex with men. <i>Contemporary Clinical Trials</i>, 45, Part B, 244–251. <a href="http://doi.org/10.1016/j.cct.2015.10.005">http://doi.org/10.1016/j.cct.2015.10.005</a></p> <p>Yehia, B. R., Mody, A., Stewart, L., Holtzman, C. W., Jacobs, L. M., Hines, J., ... Shea, J. A. (2015). Impact of the Outpatient Clinic Experience on Retention in Care: Perspectives of HIV-Infected Patients and Their Providers. <i>AIDS Patient Care and STDs</i>, 29(7), 365–369. <a href="http://doi.org/10.1089/apc.2015.0049">http://doi.org/10.1089/apc.2015.0049</a></p>

Feb. 18	Secondary Data and Risk Adjustment Discussants:	Kane Chap 8 Iezzoni Chap 5 Coding exercise Introduce Qualitative Research Proposal
Feb. 25	Literature Map Presentations	<b>Validity in Qualitative Research</b> Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. <i>Theory into Practice</i> , 39(3), 124–130.  Maxwell, J. (1992). Understanding and Validity in Qualitative Research. <i>Harvard Educational Review</i> , 62(3), 279–301. <a href="http://doi.org/10.17763/haer.62.3.8323320856251826">http://doi.org/10.17763/haer.62.3.8323320856251826</a>  Ratcliffe, J. W. (1983). Notions of Validity in Qualitative Research Methodology. <i>Science Communication</i> , 5(2), 147–167. <a href="http://doi.org/10.1177/107554708300500201">http://doi.org/10.1177/107554708300500201</a>
Mar. 3	Spring Break – No Class	
Mar. 10	Secondary Data and Risk Adjustment Discussants:	Kane Chap 8 Iezzoni Chap 5 Article(s) <b>Risk Adjustments</b> Risk Adjustments are used to level the playing field.(Goodacre, Wilson, Shephard, & Nicholl, 2012; He, Almenoff, Keighley, & Li, 2013; Iezzoni, 2014; Yang et al., 2015) The article below provides an insight into how risk adjustments are being used to level the playing field for the ACA.  <a href="http://www.actuary.org/pdf/health/Risk_Adjustment_Issue_Brief_Final_5-26-10.pdf">http://www.actuary.org/pdf/health/Risk_Adjustment_Issue_Brief_Final_5-26-10.pdf</a> Goodacre, S., Wilson, R., Shephard, N., & Nicholl, J. (2012). Derivation and validation of a risk adjustment model for predicting seven day mortality in emergency medical admissions: mixed prospective and retrospective cohort study. <i>BMJ</i> , 344, e2904. <a href="http://doi.org/10.1136/bmj.e2904">http://doi.org/10.1136/bmj.e2904</a>  He, J., Almenoff, P. L., Keighley, J., & Li, Y.-F. (2013). Impact of patient-level risk adjustment on the findings about nurse staffing and 30-day mortality in Veterans Affairs acute care hospitals. <i>Nursing Research</i> , 62(4), 226–232  Iezzoni, L. I. (2014). Disability as a covariate in risk adjustment models for predicting hospital deaths. <i>Annals of Epidemiology</i> , 24(1), 17–22. <a href="http://doi.org/10.1016/j.annepidem.2013.10.016">http://doi.org/10.1016/j.annepidem.2013.10.016</a>  Yang, M., Mehta, H. B., Bali, V., Gupta, P., Wang, X., Johnson, M. L., & Aparasu, R. R. (2015). Which risk-adjustment index performs better in predicting 30-day mortality? A systematic review and meta-analysis. <i>Journal of Evaluation in Clinical Practice</i> , 21(2), 292–299. <a href="http://doi.org/10.1111/jep.12307">http://doi.org/10.1111/jep.12307</a>
Mar. 17	Article reviews and critiques Discussants:	Kane Chap 8 Iezzoni Chap 5
Mar. 24	Article reviews and critiques Discussants:	Coding exercise II Feedback on proposal
Mar. 31	Article reviews and critiques Discussants:	Introduction to Continuous Quality Improvement (CQI)
Apr. 7	Article reviews and critiques Discussants:	<b>Quality Measures</b> Institute of Medicine. Committee on Quality of Health Care in America. 2000. <i>To Err is Human: Building a Safer Health System</i> . Washington, DC: National Academy Press.  Institute of Medicine. Committee on Quality of Health Care in America. 2001. <i>Crossing the Quality Chasm</i> . Washington, DC: National Academy Press.
Apr.	Proposal/Review	None

14	Paper and Presentations	
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## Course Materials and Technology (Required)

### Textbooks (required)

Kane, R.L. (Ed.) (2006). *Understanding Health Care Outcomes Research* (2<sup>nd</sup> Edition). Sudbury, MA: Jones and Bartlett Publishers.

Ravitch, S.M., Carl N.M. (2016). *Qualitative Research Bridging the Conceptual, Theoretical, and Methodological* (1<sup>st</sup> Edition). Thousand Oaks, CA: Sage Publications

### Second Most Important Readings (“Recommended”)

Iezzoni, L.I. (Ed.) (2003). *Risk Adjustment for Measuring Healthcare Outcomes* (3rd Edition). Chicago: Health Administration Press.

Kane, R.L., Radosevich D.M (2011) *Conducting Health Outcome Research* (1<sup>st</sup> Edition). Sudbury, MA: Jones and Bartlett Publishers.

### Other readings

Institute of Medicine. Committee on Quality of Health Care in America. 2000. *To Err is Human: Building a Safer Health System*. Washington, DC: National Academy Press.

Institute of Medicine. Committee on Quality of Health Care in America. 2001. *Crossing the Quality Chasm*. Washington, DC: National Academy Press.

Institute of Medicine. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. 2002. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press.

Institute of Medicine. Division of Health Care Services. 1999. *Measuring the Quality of Health Care*. Washington, DC: National Academy Press.

### Additional readings

Additional reading will be assigned throughout the semester. Please refer to the canvas website for assigned readings.

### Technology

For technical support for this class, please contact the UF Help Desk at:

- [Learning-support@ufl.edu](mailto:Learning-support@ufl.edu)
- (352) 392-HELP - select option 2
- <https://lss.at.ufl.edu/help.shtml>

## ACADEMIC REQUIREMENTS AND GRADING

### Weekly Readings and Participation (50%)

Students are expected to arrive in class ready to discuss all of the chapters and articles assigned each week. Grades will be determined based on:

1. Participation as primary and secondary discussant of chapters/articles
2. Weekly participation as non-discussants
3. Grades on random quizzes related to the readings

### Literature Mapping and Final Analysis Paper (50%)

Students will work in groups to develop their own mapping and secondary dataset analysis, qualitative or other approved study design paper suitable for submission to a peer-reviewed journal. The instructor will assign groups. The paper may address any number of topics, but should be relevant to health care quality or outcomes research. More details will follow.

Point system used (i.e., how do course points translate into letter grades).

Points earned	93-100	90-92	87-89	83-86	80-82	77-79	73-76	70-72	67-69	63-66	60-62	Below 60
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:

<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

### Policy Related to Make-up Work

Late assignment or quiz submissions will not be accepted outside of extraordinary circumstances and may receive a zero grade.

### Policy Related to Required Class Attendance

Regular attendance is expected. Students should notify the instructor about upcoming absences as soon as they become aware of potential conflicts. Multiple absences may result in a reduction of a student's class participation grade. Excessive absences may result in further reductions to a student's final grade.

Please note all faculty are bound by the UF policy for excused absences. For information regarding the UF Attendance Policy see the Registrar website for additional details: <http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academicregulations/academicregulations013.htm>

### **Policy on Collaboration**

Unless otherwise stated explicitly by written instructions, the preparation of all coursework should be done individually. If you are unsure about what level of collaboration is appropriate, ask the instructor before beginning any graded assignment.

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## **STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT**

### **Communication Expectations**

Students are permitted to use computers and other electronic devices during class for course-related tasks only as identified by the instructor or TA. If the use of such devices becomes distracting to the instructor or others, students may be asked to discontinue using the device. The expectation is any use of technology either on a school or personal device will be conducted in a professional and appropriate manner.

For further clarification about appropriate email, threads, chats and online collaborations please visit *Netiquette Guidelines*: <http://teach.ufl.edu/wp-content/uploads/2012/08/NetiquetteGuideforOnlineCourses.pdf>

### **Academic Integrity**

Students are expected to act in accordance with the University of Florida's policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

**“We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.”**

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

**“On my honor, I have neither given nor received unauthorized aid in doing this assignment.”**

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>

<http://gradschool.ufl.edu/students/introduction.html>

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

### **Online Faculty Course Evaluation Process**

Students are expected to provide feedback regarding the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu>. Evaluations are typically open

during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results from these assessments are available to students at <https://evaluations.ufl.edu/results/>.

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## **SUPPORT SERVICES**

### **Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class. The Dean of Students Office will provide documentation of accommodations to you, which you must then give to me as the instructor of the course to receive accommodations. Please make sure you provide this letter to me by the end of the second week of the course. The College is committed to providing reasonable accommodations to assist students in their coursework.

### **Counseling and Student Health**

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On-line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/>. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter, We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from:  
Alachua County Crisis Center: (352) 264-6789  
<http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.asp>  
[X](#)

\* Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

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