



Syllabus
PUBH 750: Strategies for Prevention for Clinicians
Fall 2019
3 Credits | Residential

Course Description

Designed for those interested in the clinical arena. Establishes a framework for examining prevention activities for clinicians, and then considers a number of important health problems and the evidence for applying prevention strategies to these health problems. Encourages active student participation and involves a multidisciplinary faculty.

Prerequisites: None. Students must be enrolled in the Population Health for Clinicians concentration or have permission of the instructor to enroll.

Instructor

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Office Hours: There are no set office hours for this course. Students may request an appointment by email.

Course Website: <https://sakai.unc.edu/welcome/>. Use your ONYEN and password.

Class Days, Times, Location: Tuesday and Thursdays, 3:30-4:45pm, 1304 McGavran-Greenberg

Course Texts

There is no required textbook. Required readings will be noted in the Course Schedule. Recommended readings are also noted on the course website for each session when relevant.

Students should know how to access online prevention guidelines of the US Preventive Services Task Force: <http://www.uspreventiveservicestaskforce.org> and also the Task Force on Community Preventative Services <https://www.thecommunityguide.org>. Another helpful evidence based site for cancer prevention is the NCI's PDQ Board for Screening <http://www.cancer.gov/cancertopics/pdq/screening> and for prevention <http://www.cancer.gov/cancertopics/pdq/prevention> .

Course Overview

This is a course in evidence-based prevention, designed for students with a background in clinical medicine. Our goal is to encourage students to think critically and analytically about (1) the priority of prevention needs of populations of people, (2) the net benefit (i.e., benefits minus harms) of various prevention strategies that could meet those needs, and (3) ways in which appropriate priority prevention strategies might be implemented. To facilitate these goals, we will help you develop an approach to identifying priority prevention needs and appropriate prevention strategies, considering evidence about benefits, harms and costs. We hope that this critical way of thinking, these “habits of the mind”, will spill over into forming ways of thinking about all health and health care issues – which we see fundamentally as the same as prevention issues.

This approach to evidence involves analyzing the level of certainty of a body of evidence about the benefits and harms of adopting a particular prevention strategy, analyzing the potential magnitude of net benefit (i.e., benefit minus harm), and analyzing such other relevant factors as cost, competing priorities, public opinion and preference/values. The approach to what to do with the evidence involves synthesizing all these factors into a rational recommendation and communicating that recommendation effectively to decision makers and the public. The synthesis and recommendation should also consider how much evidence is needed, under various conditions, before recommending a strategy. We need to recognize when the evidence is insufficient to make a reasonable decision, identifying the need for specific research. We also discuss theories of health behavior and their use in developing new interventions (i.e., in the absence of evidence or as a complement to limited evidence) that can then be tested in a formal way.

Course Format

The course format of most sessions will include a short lecture or presentation followed by small group discussions and in-class exercises that apply principles of prevention to specific public health problems. Some sessions feature guest speakers followed by questions and discussion, and others focus more on Team Based Learning (TBL) activities. Although the format may vary from week to week, this is primarily a discussion class, not a lecture class. Students are expected to attend class, to have

read the required readings before class, and to actively and thoughtfully participate in class discussions.

To encourage and facilitate active learning, each person in the class will be a member of a small group, to be organized in Session #1. You will stay in these groups throughout the semester. The groups will be used primarily for one of the two purposes: traditional TBL (or TBL-like) sessions, or small group discussion/activity. Group activities are designed to promote deeper thinking and intra-team discussion. Often, they will conclude with a question or dilemma to which each team will respond. TBL sessions conclude with large group, inter-team discussion.

Course-at-a-Glance

We have organized the course broadly into seven modules outlined in the table below, although there is obvious overlap with several individual sessions fitting into more than one module. We also have some “Special Sessions” planned that integrate concepts across different modules. The goal is to provide an overview and “deep-dive” into key concepts specific to each module via sessions that use specific cases or examples to illustrate key principles. Demonstrating the ability to think critically and analytically about the prevention needs of populations is much more important than prior knowledge of familiarity with individual topics or interventions.

Module	Session
1. Health of the Public, Risk and Prevention at the Individual and Population Levels	1-5
2. Evidence: Balancing Benefits & Harms/Costs & How Much Do We Need to Act?	6, 12, 18, 21
3. Screening	8, 13, 15, 16, 19, 23
4. Lifestyle	20, 25, 28
5. Prophylaxis	16, 23
6. Immunizations	11, 14
7. Social Determinants	7-9, 17

Course Assignments and Assessments

This course will include the following graded assignments that contribute to your final grade in the course. For assignment descriptions and assignment grading rubrics, please see below.

Graded Assignments	Points/Percentages of Final Course Grade
1. Participation (Attendance, small and large group discussions)	40
2. Prevention Paper	50
3. Group presentations/assignments	10
TOTAL	100

Assignment Descriptions

1. Course Participation, including small and large group discussions (40%)

This is primarily a discussion class, not a lecture class. You are expected to attend class, to have read the required readings before class, and to actively and thoughtfully participate in class discussions (40% of the grade is class contribution, demonstrating that you have read and thought about the articles beforehand – a portion of this grade will come from your group readiness assessment assessments test grades and small group participation, described below). Contribution is defined more by the quality than the quantity of your comments. To actively contribute is not just to speak often, but to speak thoughtfully, making relevant points or asking relevant questions that move the discussion in useful and interesting ways. All students are expected to learn carefully and to respect the opinions or questions of others. Giving an opinion without a rationale may not be very useful to the class’s thinking. Asking a good question, or seeking to organize the

discussion, can sometimes make a large contribution. To receive a grade of “Honors”, students must demonstrate reading and thinking beyond the required level. We understand that some students are not as comfortable speaking up as others. We will look for ways during class to allow you to say what you think.

2. Prevention Paper (50%)

In pairs ** [see note at end of paper description], you will write 12 to 14 double spaced paper, in three sections (50% of the class grade). For the paper, you and your partner will first choose: (a) a health problem that leads to a substantial burden of suffering (a list of suggested topics for papers will be shared via Sakai); and (b) a defined population (e.g., men ages 50-70, women of child-bearing age; cigarette smokers; children of Hispanic parents; low income families; people attending primary care clinics).

You must submit (with your partner) a brief statement of your chosen condition and defined population by the specified date via the Sakai “drop box” folder. Note that the population, setting prevention strategy does not have to be applicable to the U.S. You will turn in Section 1 and 2 together before Thanksgiving break on the date noted in the course schedule, and Section 3 on the last day of class. You may revise Sections 1 and 2 after you receive feedback and turn them in together with Section 3 if you wish (not required). Revised sections will be re-graded and the scores for those sections may be increased if significant improvement is noted. Most importantly, the paper should be written in the spirit of the class including: critical appraisal of articles, population thinking, and critical thinking about your target condition. Refrain from becoming an advocate for a specific strategy/intervention—this is a scientific analysis.

Again, this paper will contain 3 sections as described below.

Section 1. Burden of suffering (2-3 pages)

This section should include the following:

Describe the epidemiology of the health condition or problem you’re addressing, including type and severity of the condition (i.e., its effect on morbidity or mortality for individuals and groups), number (and proportion) or people affected, incidence/prevalence rates both of risk factors for the condition (if known) and of the condition itself, and trends over time. Can you identify a group of people who carry a large proportion of the total burden? This last question is a critical one—from Geoffrey Rose—from where do the “cases” come? If we can identify that subpopulation that carries the predominant burden, then this might suggest effective and efficient prevention strategies.

Be critical (in the analytic sense) of the data sources. Be especially careful of secondary data sources from voluntary health associations that may be biased toward overstating the burden for “their” condition. Describe where the data on burden come from, how reliable they are, and what their limitations are. It is okay to say we don’t know the burden of suffering exactly (often true) because of incomplete or poor data. DO NOT fall into the trap of hyperbole – overstating the burden. It is better to say we don’t know, or we aren’t sure than to make a wild guess. (on the other hand, educated guesses are not only permitted but necessary—as long as we understand the

potential error in the estimate.) Describe the population interest, including size of the population (if known). Include description of subpopulations at higher risk because of known risk factors. Also include any relevant information about health disparities among racial or ethnic groups, if available. If data are available, describe the health problem at the population level in terms of disability-adjusted life years or disability-adjusted life expectancy. This may be hard to find for many problems.

Section 2. Prevention Strategies (5-6 pages)

This section should include the following:

1. Describe the primary prevention strategy or strategies that could be applied to this health problem (e.g., counseling, healthy lifestyle promotion, screening, chemoprevention, immunization, public education, policy). If more than one strategy is possible, mention the potential of each to reduce the burden of suffering that you have documented in section 1.
2. Then choose 1-2 (prefer 2 rather than 1) strategies as your focus. When more than 2 are possible, give a rationale for your choices. For each chosen strategy, describe and critically appraise the strongest evidence for “efficacy” (using the strategy under ideal circumstances) and “effectiveness” (using the strategy under usual circumstances), in terms of: the relative and absolute reduction in the burden of suffering (benefits); the potential harms; the likely cost (both economic and opportunity); the uncertainties of the evidence for benefits and harms; and the studies used to find this information and their strengths and weaknesses.

Usually students will use a “best evidence” approach (as opposed to a “systematic” approach) to answering these questions. We suggest that you search for high quality studies or systematic reviews to answer the question you are asking. You may need to examine lower quality evidence if there is no higher quality evidence. We suggest you choose a topic that allows you to evaluate at least some reasonable evidence.
3. Prepare an “Outcomes Table” if possible, using a hypothetical group of people from your population. The “Outcomes Table” should have both benefits and harms, and should describe what we would expect (from the evidence) to happen if the hypothetical population were to adhere to one or another prevention strategy (e.g., number of positive tests, number of people injured by the work-up, number of people with disease detected, number of people whose lives were extended, etc). Calculate number needed to screen, number needed to treat and number needed to harm if possible.
4. If you can find cost-effectiveness data on your topic, please include it, describing the perspective taken (societal, payer, etc.) and the comparisons made (interventions are more or less cost effective, compared to something else).
5. Conclude this section with a paragraph summarizing your findings, stated in terms of your assessment of the quality of literature (good, fair, poor) and the magnitude of net benefit (benefit minus harms) (substantial, moderate, small, zero/negative).

6. Again, be critical! You are searching for the truth, not trying to sell something.

Section 3. Guidelines, Implementation, and Future Research (4-5 pages)

This section should include the following:

1. If you wish, you may start this section with a revised version of the first and second sections, revised based on the suggestions and comments from Dr. Feltner or Dr. Moyer. This is not required and should be used especially in situations where the student believes they can markedly improve their initial version.

2. A discussion of the available guidelines for the problem: what the guidelines say, to whom the guidelines apply (target population), who developed the guidelines, when they were released, how they were developed (consensus process, systematic evidence reviews, etc.), and who is the target audience.

3. A discussion of the current level of implementation of the recommendations in the guideline(s)—how many people in the target population have received the preventive service or what proportion of the population has been reached by an educational strategy or similar measure of implementation (this may vary by topic). Hopefully, you can find evidence from studies about the degree of implementation.

4. A discussion of the problems, barriers, difficulties or implementing the recommendations and what you think it will take to get them implemented, especially focusing on the role of clinicians. Again, use evidence from research as much as possible in determining the barriers to implementation.

5. If there aren't any recommendations/guidelines for your topic because there aren't any strategies adequately supported by evidence, then describe the research that needs to be done to develop evidence of effectiveness. Briefly propose a research study, including the research design, who the eligible subjects would be, what the outcomes would be and how they would be measured, and what the difficulties might be in conducting such a study (e.g., it would take a gazillion people or a gazillion years or a gazillion dollars or all three to do this study). End with what you think should be done to decrease the burden of suffering for your problem, absent good data of effectiveness for the prevention strategy.

****NOTE:** Occasionally a student finds that his/her circumstances make it more difficult to write the paper with another person. If you feel that it would be difficult to write the paper with a class colleague, you must speak with Dr. Feltner to explain your situation and obtain permission to work independently. Note that one of the goals of this exercise is for students to learn to work as members of a small team, so we will not approve a request unless the benefits of independent work outweigh the benefits of working collaboratively with another class colleague.

Suggestions for writing, formatting, find appropriate resources and topics will be provided on the course website in the “Prevention Paper” folder under the “Resources” tab by the second week of class. See the appendix for grading rubric for the Prevention Paper.

3. Group Presentation/Assignments (10%)

Throughout the course, group will participate in active-learning activities. For some activities, groups will respond to a question related to the topic/readings and present their response(s) to a larger group. This may occur informally (verbal summary of group’s discussion) or more formally (preparation of power-point slides to present the groups decision). Detailed instructions will provide in-class; any preparation work needed prior to class (aside from the readings) will be posted in Sakai.

Map of Competencies to Learning Objectives and Assessment Assignments

Below you will see the competency you will develop in this course, the learning objectives that comprise the competency, and the assignment in which you will practice demonstrating this competency.

Competency PHC01.
Demonstrate the ability to think critically and analytically about the priority prevention needs of populations and appropriate prevention strategies, considering evidence about benefits, harms, and costs.
Learning Objectives that comprise the competency
-Define prevention, considering one definition as the appropriate reduction of risk in individuals and populations; -Explain the social determinants of health -Understand the need to weigh potential benefits against potential harms and costs of all preventative services, and explain why this is difficult;
Assessment Assignment for evidence of student attainment of competency
-Prevention paper, group discussions and activities

Competency PCH04.

Apply appropriate data collection methods to measure the burden of disease in a population, and to assess potential benefits and harms of various strategies to improve health and advance health equity
Learning Objectives that comprise the competency
-Explain how to assess the “burden of suffering” from various health problems in a specific population -Describe strategies for prevention, including those that are commonly thought as “individual-level” (chemoprevention, screening, counseling, healthy lifestyle promotion, immunization, individual lifestyle change) and those that are considered “population-level” (healthy lifestyle, public education, and policy) approaches;
Assessment Assignment for evidence of student attainment of competency
-Prevention paper, group discussions and activities

Competency PHC05.
Synthesize evidence and disseminate findings that enhance the rapid translation of knowledge into policy and practice to promote population health priorities in clinical and community contexts
Learning Objectives that comprise the competency
-Explain the difference between efficacy, effectiveness, efficiency, and cost effectiveness and describe how to evaluate the efficacy of a preventative service; -Assess the evidence base for prevention guidelines (recommendations for screening, counseling, healthy lifestyle promotion, immunization, and chemoprevention) for children and adults (both older and younger); -Discuss gaps in the quality (overuse, underuse, misuse) of preventative care and effective approaches to implementing evidence-based preventive services in clinical practice and within communities.
Assessment Assignment for evidence of student attainment of competency
-Prevention paper, group discussions and activities

Syllabus Appendix

Course Grading Scale

Final course grades will be determined using the following [UNC Graduate School grading scale](#). The relative weight of each course component is shown in the Graded Assignments table.

	Description	Numeric Value
H	High Pass: Clear excellence	93-100
P	Pass: Entirely satisfactory graduate work	80-92
L	Low Pass: Inadequate graduate work	70-79
F	Fail	0-69

Rubrics

Assignment Rubric: Prevention Paper (50%)

Criteria	Not Met	Meets Expectations (P)	Exceeds Expectations (H)
States a clear, defined population?		Well defined	Highly specified and clear, gives good rationale
States a clear, defined health problem?		Well defined	Highly specified and clear, gives good rationale
Burden of suffering section; States evidence to determine “badness”		Severity of health consequences clear; does not exaggerate; provides credible sources for information; acknowledges any uncertainty	Adds well-done critique of sources used
Burden of suffering section: States number of people affected within given population		Gives reasonable range; does not exaggerate; provides credible source; acknowledges any uncertainty	Adds well-done critique of sources used;
Burden of suffering section: attempts to estimate “where the cases come from” within the given population		Gives reasonable range; uses credible source; acknowledges uncertainty; relies on credible, strong risk assessment tool	Adds well-done critique of sources used; adds well-done critique of risk assessment tools
Burden of suffering section: determines whether prevention efforts can be targeted to a subpopulation within the chosen population		Estimates # and % of the “cases” (i.e., burden) that would be prevented by targeting to this subpopulation; uses credible sources; acknowledges uncertainty	Adds well-done critique of sources used;
Prevention strategies section: gives list of strategies that could potentially be used for		Reasonable list; brief discussion of each	Complete list; assessment of which strategies have the greatest potential

this problem in chosen population			
Prevention strategies section: chooses 1-2 strategies to focus on		Clearly states what these are and gives a brief rationale about why this 1 or 2 was (were) chosen	Rationale is particularly compelling
Prevention strategies section: search for high quality evidence about effectiveness of strategy to reduce burden of this health problem in chosen population		Gives search terms/strategy and what was found; gives all approaches to finding articles (including systematic reviews)—which may include asking experts, searching PubMed, looking through reference lists	Approach used to find articles/sources of information is exceptionally thorough
Prevention strategies section: provides information about how the # of articles found on search were reduced in number to provide high quality evidence		Gives criteria for excluding studies—may be based on when published, research design, # of participants, internal or external validity of study	Describes clearly and persuasively why chosen studies are highest quality available
Prevention strategies section: provides information about critical appraisal of included articles		Comments on the internal and external validity, precision, and consistency of articles included, acknowledges uncertainty	Critique of validity is exceptional
Prevention strategies section: Provides reasonable interpretation of the literature assessed		Interprets results section of each included article in reasonable manner, taking the critical appraisal of the article into consideration; acknowledges uncertainty; does not exaggerate; puts evidence together in a reasonable manner; considers absolute and relative risk reduction (or increase)	Does not simply summarize other authors' results, but reaches own conclusions based on critical assessment of article methods and validity
Prevention strategies section: considers benefits, harms and costs in result		Gives information about what we know about benefits, harms and costs of using this prevention strategy in this population	Adds well-done critique of sources used

Instructor Expectations:

Email

The instructor will typically respond to email within 24-48 hours or less if sent Monday through Friday. The instructor may respond to weekend emails, but it is not required of them. If you receive an out of office reply when emailing, it may take longer to receive a reply. The instructor will provide advance notice, if possible, when they will be out of the office.

Feedback

All graded assignments will receive written feedback that coincides with the assessment rubric. Feedback is meant to be constructive and help the student continue to build upon their skills. The types of feedback you may receive are descriptive feedback, evaluative feedback, and motivational feedback. Feedback is a tool that you as a learner can use to understand the areas that you are succeeding in and what you can do to improve in other areas.

Grading

Assignments will be graded no more than two weeks after the due date. Assignments that build on the next assignment will be graded within one week of the final due date. Early submissions will not be graded before the final due date.

Honor Code

Instructors may report suspected violations of the Honor Code, including inappropriate collaborative work or problematic use of secondary materials, to the Honor Court. Honor Court sanctions vary but may include receiving a zero for the assignment, failing the course and/or suspension from the university. See Additional Resources and Policies for additional information.

Inclusive Excellence

In this class, we practice the Gillings School's commitment to inclusion, diversity, and equity in the following ways. See Additional Resources and Policies for additional information.

- Develop classroom participation approaches that acknowledge the diversity of ways of contributing in the classroom and foster participation and engagement of *all* students.
- Structure assessment approaches that acknowledge different methods for acquiring knowledge and demonstrating proficiency.
- Encourage and solicit feedback from students to continually improve inclusive practices.

Syllabus Changes

The instructor reserves the right to make changes to the syllabus, including assignment due dates. Session topics are likely to change in order to accommodate guest speaker scheduling. The table below will be updated when schedule changes occur. The assignment due dates listed are NOT likely to change; if due dates are revised, these changes will be announced as early as possible (in class and via email). Work on in-class group assignments/activities is not listed in the “assignments due”. Required and Recommended readings for each session will be finalized one week in advance and will be available on Sakai, with the exception of the first week of class. For session-by-session course schedule details, please see below.

Date/ Session	Topic	Assignment Due
8/20 Session 1	Introduction & course overview/context	Form groups
8/22 Session 2	Determinants of health and concepts of risks	
8/27 Session 3	Individual and population strategies; what are the strategies of prevention?	Group names
8/29 Session 4	Part 1: Individual vs. population strategies (cont.) Part 2: Burden of suffering; Defining and monitoring priority health problems	
9/3 Session 5	Module 1 review and application	
9/5 Session 6	USPSTF: scope, methods and outcomes tables	
9/10 Session 7	Encouraging healthy lifestyle/introduction of Health Behavior Theory	
9/12 Session 8	Screening: Basic Principles	
9/17 Session 9	Social Determinants of Health and Prevention (1): Focus on concepts and work as a Social Determinant of Health	Draft Paper Topics due
9/19 Session 10	Social Determinants of Health and Prevention (2): Focus on IPV	
9/24 Session 11	Immunization Strategies Part 1: Introduction, focus childhood immunizations	
9/26 Session 12	Introduction of Cost-effectiveness and modeling: considering the “value” of prevention	Finish screening videos 1 and 2
10/1 Session 13	Prevention of STIs: focus on screening (advanced concepts)	Finish screening videos 3 and 4

10/3 Session 14	Immunization Strategies Part 2: Focus on adults	
10/8 Session 15	Overdiagnosis	Finish screening videos 5 and 6
10/10 Session 16	Tuberculosis: Comparing prevention strategies <i>Guest Speaker: Leila Kawhhati, MD MPH</i>	
10/15 Session 17	Prevention of Gun Violence <i>Guest Speaker: Sara Scarlet, MD MPH</i>	
10/17	<i>No class- Fall break</i>	
10/22 Session 18	Community Task Force – methods, comparison to USPSTF	
10/24 Session 19	Prevention and aging, focus on screening for hearing loss	Optional: targeting questions/feedback on paper draft due
10/29 Session 20	Addressing social determinants of health in primary care <i>Guest Speaker: Seth Berkowitz, MD MPH</i>	
10/31 Session 21	Screening policymaking US vs UK <i>Guest: Sian Taylor-Phillips, NHS Screening Program</i>	
11/5 Session 22	Prevention of Lead Toxicity	
11/7 Session 23	Screening, prophylaxis, behavior change, cost, modeling and prioritization: the problem of hepatitis C	
11/12 Session 24	Child/adolescent health topic: TBD	
11/14 Session 25	Alcohol related morbidity and mortality, and screening for Alcohol Use Disorders <i>Guest: Dan Jonas, MD MPH</i>	Parts 1 and 2 of paper due
11/19 Session 26	Prevention of Diarrhea Related Mortality in Children <i>Guest: Sylvia Becker-Dreps, MD MPH</i>	
11/21 Session 27	NC Harm Reduction Coalition <i>Guest: Jesse Bennett, BSW, NCHRC</i>	
11/26 Session 28	Behavioral Economics vs Incentives for Improving Health: a look at NYC initiatives <i>Guest: Anthony Viera, MD MPH</i>	
11/28	<i>No class- Thanksgiving Recess</i>	
12/3 Session 29	Wrap up – What are the lessons?	Final paper due

Student Expectations:

Appropriate Use of Course Resources

The materials used in this class, including, but not limited to, syllabus, exams, quizzes, and assignments are copyright protected works. Any unauthorized copying of the class materials is a violation of federal law and may result in disciplinary actions being taken against the student. Additionally, the sharing of class materials without the specific, express approval of the instructor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This includes, among other things, uploading class materials to websites for the purpose of sharing those materials with other current or future students.

Assignments

Submit all assignments through Sakai or assignment links located in the weekly modules, syllabus link, or assignments link (if made available by your instructor). Emailing assignments is not acceptable unless prior arrangements have been made. If you are having issues submitting assignments, try a different web browser first. If switching browsers does not work, email the instructor or the teaching assistant for guidance.

Attendance/ Participation

Your attendance and active participation are an integral part of your learning experience in this course. If you are unavoidably absent, please notify the course instructor and teaching assistant.

Contributions

You are expected to offer individual contributions in class and on individual assignments, and collaborate with fellow students on assignments for which students may work together, such as group assignments.

Honor Code

As a student at UNC- Chapel Hill, you are bound by the university's Honor Code, through which UNC maintains standards of academic excellence and community values. It is your responsibility to learn about and abide by the code. All written assignments or presentations (including team projects) should be completed in a manner that demonstrates academic integrity and excellence. Work should be completed in your own words, but your ideas should be supported with well-cited evidence and theory. To ensure effective functioning of the [Honor System](#) at UNC, students are expected to:

- Conduct all academic work within the letter and spirit of the Honor Code, which prohibits the giving or receiving of unauthorized aid in all academic processes.
- Learn the recognized techniques of proper attribution of sources used in written work; and to identify allowable resource materials or aids to be used during completion of any graded work.
- Learn the recognized techniques of proper attribution of sources used in written work; and to identify allowable resource materials or aids to be used during completion of any graded work
- Sign a pledge on all graded academic work certifying that no unauthorized assistance has been received or given in the completion of the work

- Report any instance in which reasonable grounds exist to believe that a fellow student has violated the Honor Code

See Additional Resources and Policies for additional information.

Inclusive Excellence

In this class, we practice the Gillings School's commitment to inclusion, diversity, and equity in the following ways. See Additional Resources and Policies for additional information.

- Treat all members of the Gillings community (students, faculty, and staff) as human persons of equal worth who deserve dignity and respect, even in moments of conflict and disagreement.
- Contribute to creating a welcoming and inclusive classroom environment, where all are able to learn and grow from one another.
- Acknowledge and respect the diversity of experiences that others bring to the classroom and the ways in which this richness enhances everyone's learning
- Strive to maintain a spirit of curiosity and generosity, particularly in the face of new and/or seemingly contradictory information and perspectives Encourage and solicit feedback from students to continually improve inclusive practices.

Late Work

Late work will not be accepted.

Readings

Readings for a particular class should be completed before the class session and before completing associated activities.

Technical support

The best way to help prevent technical issues from causing problems for assignments and quizzes is to submit them at least 24-36 hours before the due date and time. Your instructor cannot resolve technical issues, but it's important to notify them if you are experiencing issues. If you have problems submitting an assignment or taking a quiz in Sakai, immediately do the following:

1. Contact the UNC Information Technology Services (ITS) department with the time you attempted to do your course action and what the course action was.
2. Email your instructor with the information you sent to ITS and what time you sent the information.

The ITS department provides technical support 24-hours per day, seven days per week. If you need computer help, please contact the ITS Help Desk by phone at +1-919-962-HELP (919-962-4357), or by online help request at <http://help.unc.edu/help/olhr>, or by UNC Live Chat at <http://help.unc.edu/chat>.

Additional Resources and Policies

Accessibility at UNC Chapel Hill

UNC-CH supports all reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or a pregnancy complication resulting in difficulties with accessing learning opportunities. All accommodations are coordinated through the UNC Office of Accessibility Resources & Services (ARS), <https://ars.unc.edu/>; phone 919-962-8300; email ars@unc.edu. Students must document/register their need for accommodations with ARS before accommodations can be implemented.

Counseling and Psychological Services at UNC Chapel Hill

CAPS is strongly committed to addressing the mental health needs of a diverse student body through timely access to consultation and connection to clinically appropriate services, whether for short or long-term needs. Go to their website: <https://caps.unc.edu>, call them at 919-966-3658, or visit their facilities on the third floor of the Campus Health Services building for a walk-in evaluation to learn more.

Gillings School Diversity Statement

We are committed to expanding diversity and inclusiveness across the School — among faculty, staff, students, on advisory groups, and in our curricula, leadership, policies and practices. We measure diversity and inclusion not only in numbers, but also by the extent to which students, alumni, faculty, and staff members perceive the School's environment as welcoming, valuing all individuals, and supporting their development.

For more information about how we are practicing inclusive excellence at the Gillings School, visit our [*Diversity and Inclusion*](#) webpages:

- Diversity and Inclusion:
<https://sph.unc.edu/resource-pages/diversity/>
- Minority Health Conference:
<http://minorityhealth.web.unc.edu/>
- National Health Equity Research Webcast:
<https://sph.unc.edu/mhp/nat-health-equity-research-webcast/>

Gillings School Office of Student Affairs

<https://sph.unc.edu/students/osa/>

Honor Code

As a student at UNC Chapel Hill, you are bound by the university's [Honor Code](#), through which UNC maintains standards of academic excellence and community values. It is your responsibility to learn about and abide by the code. All written assignments or presentations (including team projects) should be completed in a manner that demonstrates academic integrity and excellence. Work should be completed in your own words, but your ideas should be supported with well-cited evidence and theory. If you have any questions about [your rights and responsibilities](#), please consult the Office of Student Conduct (<https://studentconduct.unc.edu/>) or review the following resources:

- Honor System

<https://studentconduct.unc.edu/honor-system>

- Honor system module

<https://studentconduct.unc.edu/students/honor-system-module>

- UNC Library's plagiarism tutorial

<https://guides.lib.unc.edu/plagiarism>

- UNC Writing Center's handout on plagiarism

<https://writingcenter.unc.edu/tips-and-tools/plagiarism/>

LGBTQ Center

<https://lgbtq.unc.edu/>

Non-Discrimination Policies at UNC Chapel Hill

<https://eoc.unc.edu/our-policies/policy-statement-on-non-discrimination/>

Ombuds

<https://ombuds.unc.edu/>

Prohibited Discrimination, Harassment, and Related Misconduct at UNC Chapel Hill

<https://deanofstudents.unc.edu/incident-reporting/prohibited-harassmentsexual-misconduct>

Title IX at UNC Chapel Hill

Acts of discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, stalking, and related retaliation are prohibited at UNC-Chapel Hill. If you have experienced these types of conduct, you are encouraged to report the incident and seek resources on campus or in the community. Please contact the Director of Title IX Compliance / Title IX Coordinator (Adrienne Allison, adrienne.allison@unc.edu), Report and Response Coordinators (Ew Quimbaya-Winship, eqw@unc.edu; Rebecca Gibson, rmgibson@unc.edu; Kathryn Winn kmwinn@unc.edu), Counseling and Psychological Services (CAPs) (confidential) in Campus Health Services at 919-966-3658, or the Gender Violence Services Coordinators (confidential) Cassidy Johnson, cassidyjohnson@unc.edu; Holly Lovern, holly.lovern@unc.edu to discuss your specific needs. Additional resources are available at safe.unc.edu.

Writing Center

<https://writingcenter.unc.edu/>