

COLLEGE OF PUBLIC HEALTH & HEALTH PROFESSIONS
PHC 7038 SECTION 02H3
PSYCHIATRIC EPIDEMIOLOGY
SPRING 2020 FULL SEMESTER
THURSDAYS 1:55 – 5:10 P.M.
ROOM # C2-33 (COM)

Instructor Information

Associate Professor Catherine Woodstock Striley, PhD, MSW, MPE
Department of Epidemiology
College of Public Health and Health Professions
College of Medicine

Clinical and Translational Research Building

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Office Hours: By arrangement with instructor. Evening and Saturday hours are available.

Course Overview or Purpose

This advanced epidemiology methods course in Psychiatric Epidemiology will cover concepts, history, measures, methods and analytic techniques to study the risks, prevalence and incidence, course, comorbidities and consequences of major mental disorders (mood and anxiety disorders, schizophrenia, personality disorders, alcohol and drug abuse and dependence). Psychiatric epidemiology studies in general and specific populations internationally will be discussed for their methods, measures and findings. Students will be required to further their own research projects as part of the class. This course is one of several epidemiology courses that can be taken to meet the advanced methods requirement in the PhD in epidemiology curriculum.

Prerequisites Epidemiology Methods I and II or permission of the instructor.

Course Objectives and/or Goals

Upon successful completion of the course, students should be able to

1. Define and describe recent trends in psychiatric epidemiology.
2. Choose the appropriate methods and assessment for a descriptive psychiatric epidemiologic study and justify the methods and assessment chosen.
3. Discuss the epidemiology of at least two common major psychiatric disorders.
4. Speak knowledgeably about the DSM and ICD systems and their current versions.
5. Explain the importance of psychiatric epidemiology to the field of epidemiology, public health and medical care.

Course Materials

Required for reference

Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 5th ed.

Washington, D.C.: American Psychiatric Association, 2013.

Available in the UF Libraries and on line through the library:

1. eBook: Full Text Online. Diagnostic and statistical manual of mental disorders: DSM-5 (0-89042-554-X, 978-0-89042-554-1), 5th ed. / American Psychiatric Association. In PsychiatryOnline Premium Package.
2. In-Library Use, RC455.2.C4 D536 2013, UF LEGAL INFORMATION CENTER - Reference
3. 2-Hour Loan, RC455.2 .C4 D536 2013, UF EDUCATION LIBRARY - Reserve
4. In-Library Use, RC455.2.C4 D54 2013, UF LIBRARY WEST: - Reference Desk (2nd Floor).

All other Course Material will be available on the course page in Canvas.

Recommended for further study: <On “Reserve” in Dr. Striley’s office>

Keyes KM & Galeo S. *Population Health Science*. New York: Oxford University Press, 2016.

Saunders JB, Conigrave KM, Latt NC, Nutt DJ, Marshall EJ, Ling W, Higuchi S. *Addiction Medicine*. Second Ed. Oxford, UK: Oxford University Press, 2016.

Streiner DL, Norman GR & Cairney J. *Health Measurement Scales: A Practical Guide to their Development and Use*. Oxford, UK: Oxford University Press, 2015.

Susser E, Schwartz S, Morabia A, & Bromet EJ. *Psychiatric Epidemiology*. New York: Oxford University Press; 2006.

Tsaung MT, Tohen M. *Textbook in Psychiatric Epidemiology (2nd Ed.)*. New York: Wiley-Liss; 2002.

Course Requirements/Evaluation/Grading

Letter Grade.

ASSIGNMENTS

#	Assignment	Date Due	Criteria for Grading	Pts
1	Individual postings comprising an online discussion	Var- ies	Students will be graded on the quality and quantity of their postings related to classroom discussions and instructor initiated prompts.	25
2	During 4 different classes, students will participate in group assignments. Students will choose a best research question, sampling strategy, measure and strategy to advance the field. No outside classroom time in addition to the reading is required.	Var- ies	Students will be graded on the quality of their participation and subsequent posting/presentation. Each session will contribute 2.5 points to the total.	10
3	Epidemiology Paper: 2 page paper clearly defining a major mental health or substance abuse disorder using diagnostic criteria and detailing its epidemiology based on the literature, including onset, duration and course if treated or untreated. Public health consequence of disorder must also be addressed.	Week 4	Clear presentation, concise writing.	15
4	Measurement Paper: Nosology. 2 to 3 page paper critically analyzing the ways the chosen disorder has been defined and measured in the literature.	Week 6	Grading metric will be provided in class.	15
5	Study Presentation. Students will present the study design, sample, measures and analytic strategy for one psychiatric epidemiology publication from 2010 or later.	Varie s	Presentation skill and content. Grading metric will be provided in class.	10
6	Student Final Paper. Students are responsible for preparing a final paper of up to 20 double spaced text with at least 10 references from the scholarly literature. While the content of the paper may vary by whatever is the relevant "next step" for the student's progress in their degree, each paper must contain (a) at least one psychiatric disorder or diagnostically relevant symptom of a disorder, (b) information on the public health impact and significance of the disorder on a specific population, and (c) a methodology and analysis using a review process or statistical technique. Students may choose to hand in a draft for the	Exam Week	Grading metric online under assignments.	25

	professor's consideration of appropriateness by the 12 th week of class.			
Extra Credit	Points worth up to 5% of the grade will be given for excellence in contribution to the classroom discussions	None	Quality of and timing of comments made in the classroom. High quality comments will spur other discussion and clarification of lecture.	5 extra credit

Percentage or points earned in class	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 equivalent	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

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://www.registrar.ufl.edu/catalog/policies/regulationgrades.html>

Topical Outline

NOTE: CLASS WILL BE DISMISSED EARLY TO ATTEND EPIDEMIOLOGY DEPARTMENT SEMINARS WHEN DATE CONFLICTS

Week Date	Topic(s)	Reading or Instructional Material	Assignments Due
1 1/9	Psychiatric Epidemiology: Past, Present, Future	<p>Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. <i>Arch Gen Psychiatry</i>. 2005;62:593-602.</p> <p>Regier DA, Narrow WE, Sartorius N. Meta effects of classifying mental disorders. In: Kuhl EA & Kupfer DJ. eds. <i>The Conceptual Evolution of DSM-5</i>. Washington, DC: APA Book; 2011: 59-77.</p> <p>Insel T. It's not just about counting anymore. National Institute of Mental Health. Available at: http://www.nimh.nih.gov/about/director/publications/psychiatric-epidemiology.shtml</p>	1 – posting to be prepared after in-class time.

2 1/16	Landmarks in Psychiatric Epidemiology	<p>Robins LN, ed, Regier DA, ed. <i>Psychiatric Disorders in America: The Epidemiologic Catchment Area Study</i>. New York, NY: The Free Press; 1991: 1-31.</p> <p>Kessler RC, McGonagle KA, Zhao S, Nelson CB, Hughes M, Eshleman S, Wittchen HU, Kendler KS. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. <i>Arch Gen Psychiatry</i>. 1994;51:8-19.</p> <p>Chou SP, Huang B, Goldstein R, Grant BF. Temporal associations between physical illnesses and mental disorders – Results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). <i>Compr Psychiatry</i>. 2013; 54(6): 627-638.</p>	2 – group posting to be completed after in-class time.
3 1/23	Diagnostic Systems, including DSM and ICD	<p>First MB. DSM-IV and Psychiatric Epidemiology. In: Tsaung MT, Tohen M. <i>Textbook in Psychiatric Epidemiology</i>. 2nd ed. New York: Wiley-Liss; 2002: 333-342.</p> <p>Kramer M. Historical roots and structural bases of the international classification of diseases. In: Mezzich JE & Cranach MV, ed. <i>International Classification in Psychiatry: Unity and Diversity</i>. New York: Cambridge University Press; 1988: 3-29.</p> <p>Adam D. On the spectrum. <i>Nature</i>. 2013; 496:416-18.</p> <p>Grinker RR. The five lives of the psychiatry manual <i>Nature</i>. 2010; 468:168-70.</p> <p>Keeley JW, Reed GM, Roberts MC, et al. Developing a science of clinical utility in diagnostic classification systems. Field study strategies for ICD-11 Mental and Behavioral Disorders. <i>American Psychologist</i>. 2016; 71(1): 3-16.</p>	1
4 1/30	Alternative Diagnostic Systems	<p>Clark LA, Cuthbert B, Lewis-Fernández R, Narrow WE, Reed GM. Three Approaches to Understanding and Classifying Mental Disorder: ICD-11, DSM-5, and the National Institute of Mental Health's Research Domain Criteria (RDoC). <i>Psychol Sci Public Interest</i>. 2017 Sep;18(2):72-145. doi: 10.1177/1529100617727266. http://journals.sagepub.com/doi/pdf/10.1177/1529100617727266</p> <p>Conway CC, Forbes MK, Forbush KT, Fried EI, Hallquist MN, Kotov R, et al. A Hierarchical Taxonomy of Psychopathology Can Transform Mental Health Research. <i>Perspect Psychol Sci</i>. 2019 May;14(3):419-436. doi: 10.1177/1745691618810696.</p>	3

		<p>Degenhardt L, Linskey M, Coffey C, Patton G. ‘Diagnostic orphans’ among young adult cannabis users: persons who report dependence symptoms but do not meet diagnostic criteria Drug and Alcohol Dependence 2002; 67(2):205-212 https://doi.org/10.1016/S0376-8716(02)00064-9</p> <p>CLASS EXERCISE: WRITING DIET</p>	
5 2/6	Psychiatric Interviews, Symptom Scales, Screeners and Clinical Interviews	<p>Robins LN. An overview of the Diagnostic Interview Schedule and the Composite International Diagnostic Interview. In: Mezzich JE & Cranach MV, ed. <i>International Classification in Psychiatry: Unity and Diversity</i>. New York: Cambridge University Press; 1988:205-220.</p> <p>Assessment Measures and Cultural Formulation. In: <i>DSM-5</i>. 5th ed. Washington, D.C.: American Psychiatric Association; 2013: 733 – 760.</p> <p>Streiner D, Norman GR, Cairney J. <i>Health Measurement Scales: A Practical Guide to their Development and Use</i>. 5th Ed. Chapter 4: Scaling Responses, pp. 38-73. Cambridge: Oxford University Press. 2015.</p>	
6 2/13	Methods for Psychiatric Epidemiology Study	<p>Cozby PC. <i>Methods in Behavioral Research, Third Ed.</i> Chapter 7: Asking People about Themselves. Pp. 121-135. Boston: McGraw Hill. 2009.</p> <p>Gillihan SJ & Parens E. Should we expect “Neural Signatures” for DSM diagnosis? <i>J Clin Psychiatry</i> 712001; 72:1383-1390.</p> <p>Welsing PM, Rengerink KO, Collier S et al., Series: Pragmatic Trials and Real World Evidence: Paper 6. Outcome measures in the real world. <i>Journal of Clinical Epidemiology</i> 90 (2017):99-107.</p> <p>Susser E, Schwartz S, Morabia A, Bromet EJ. Choosing cases and choosing controls in biologic psychiatry. In: Susser E, Schwartz S, Morabia A, Bromet EJ. <i>Psychiatric Epidemiology</i>. New York: Oxford University Press; 2006:236-261.</p>	1 before and after in-class time; 4
7 2/20	Analytic Strategies in Psychiatric Epidemiology	<p>Copas AJ, Lewis JJ, Thompson JA, Davey C, Baio G, Hargreaves JR. Designing a stepped wedge trial: three main designs, carry-over effects and randomization approaches. <i>Trials</i>. 2015; 16:352.</p>	2 after class

		<p>Hemming K, Haines TP, Chilton PJ, Girling AJ, Lilford RJ. The stepped wedge cluster randomized trial: rationale, design, analysis, and reporting. <i>BMJ</i> 2015;350:h391.</p> <p>Der G, Everitt BS. Chapter 7: Analysis of Variance of Repeated Measures: Visual Acuity. In: <i>A Handbook of Statistical Analyses Using SAS, 2nd Edition</i>. Boca Raton, FL: Chapman & Hall/CRC; 2002. (Note: later editions are available; the copy in Canvas is this version.)</p>	
8 2/27	Childhood and Old Age and Gender Differences	<p>Angold A. Sex and developmental psychopathology. In: Hudziak JJ ed. <i>Developmental Psychopathology and Wellness: Genetic and Environmental Influences</i>. Washington, DC: American Psychopathological Publishing Inc; 2008.</p> <p>Stringaris A, Maughan B, Copeland WS, Costello EJ, Angold A. Irritable mood as a symptom of depression in youth: Prevalence, developmental and clinical correlates in the Great Smoky Mountains Study. <i>J Am Acad Child Adolesc Psychiatry</i>. 2013;52(8):831-40.</p> <p>Gianattasio KZ; Ciarleglio A; Power MC. Development of algorithmic dementia ascertainment for racial/ethnic disparities research in the US Health and Retirement Study. <i>Epidemiology</i> 2020; 31(1):126-133.</p>	1 and 5 (if scheduled)
9 3/12	Mood Disorders and Anxiety Disorders	<p>Murphy JM, Laird NM, Monson RR, Sobol AM, Leighton AH. A 40-year perspective on the prevalence of depression: The Stirling County study. <i>Arch Gen Psychiatry</i>. March 2000; 57(3) : 209-215.</p> <p>Bromet E, Andrade LH, Hwang I, Sampson NA, Alonso J, de Girolamo G, de Graaf R, Demyttenaere K, Hu C, Iwata N, Karam AN, Kaur J, Kostyuchenko S, Lépine JP, Levinson D, Matschinger H, Mora ME, Browne MO, Posada-Villa J, Viana MC, Williams DR, Kessler RC. Cross-national epidemiology of DSM-IV major depressive episode. <i>BMC Med</i>. July 2011;9:90. doi: 10.1186/1741-7015-9-90. (Skim and read tables)</p>	2 after in-class time
10 3/19	Psychotic Disorders	<p>Unutzer J, Harbin H, Schoenbaum M, Druss B. The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes. CHCS Brief, May 2013.</p> <p>Buka SL, Seidman LJ, Tsuang MT, Goldstein JM. The New England Family Study High-Risk Project: Neurological impairments among offspring of parents with schizophrenia and other psychoses.</p>	1 and 5 (if scheduled)

		<p><i>Am J Med Genet Part B</i>. 2013;162B:653–660.</p> <p>Haan M & Oongena Y. Chapter 27 - Tailored and targeted designs for hard-to-survey populations, In: Tourangeau R, Edwards B, Johnson TP, Wolter KM, Bates N. Eds. <i>Hard-to-Survey Populations</i>, pp. 555-574. Cambridge University Press, 2014. Book DOI: http://dx.doi.org/10.1017/CBO9781139381635</p>	
11 3/26	<p>Alcohol and Drug Addiction</p> <p>Guest Lecture: Dr. Catalina Lopez-Quintero</p>	<p>Cottler LB; Schuckit MA; Helzer JE; Crowley T, et al. The DSM-IV field trial for substance use disorders: Major results. <i>Drug and Alcohol Dependence</i>. April 1995; 38(1): 59-69.</p> <p>Cottler LB, Striley CW, Lasopa SO. Assessing prescription stimulant use, misuse, and diversion among youth 10 – 18 years of age. <i>Current Opinion in Psychiatry</i>. 2013; 26:511-19/</p> <p>Volkow ND, Baler RD, Compton WM, Weiss SRB. Adverse health effects of marijuana use. <i>N Engl J Med</i>. 2014; 370:2219-27.</p> <p>Volkow ND, Wise RA, Baler R. The dopamine motive system: implications for drug and food addiction. <i>Nature</i>. 2017; 18:741.</p>	2 and 5 (if scheduled)
12 4/2	Personality Disorders	<p>Lyons MJ & Jerskey BA. Personality disorders: Epidemiological findings, methods and concepts. In Tsaung MT, Tohen M. <i>Textbook in Psychiatric Epidemiology</i>. 2nd ed..New York: Wiley-Liss; 2002: 563-599.</p> <p>Bach B, Selbom M, Kongerslev M, Simonsen E, Krueger RF, Mulder R. Deriving ICD-11 personality disorder domains from DSM-5 traits: initial attempt to harmonize two diagnostic systems. <i>Acta Psychiatr Scand</i>. 2017; 136:108-117.</p> <p>Hopwood CJ, Kotov R, Krueger RF, et al. Commentary: The time has come for dimensional personality disorder diagnosis. <i>Personality and Mental Health</i>. 2017; Published online in Wiley Online Library (wileyonlinelibrary.com) DOI 10.1002/pmh.1408</p>	<p>1 and 5 (if scheduled)</p> <p>Draft of final paper due for determination of appropriateness of content (optional)</p>
13 4/9	<p>Other Behavioral Disorders</p> <p>Guest Lecture: Nathan Smith, MPH, PhD Student</p>	<p>RESOURCE ONLY: British Gambling Prevalence Survey 2010. ISBN: 9780108509636. Available from http://www.official-documents.gov.uk/</p> <p>Shulte EM, Potenza MN, Gearhardt AN. A commentary on the “eating addiction” versus “food addiction” perspectives on addictive-like food consumption. <i>Appetite</i>. 2017; 115:9-15.</p>	1 and 5 (if scheduled)

		<p>Shulte EM, Potenza MN, Gearhardt AN. How much does the Addiction-Like Eating Behavior Scale add to the debate regarding food versus eating addictions? <i>International Journal of Obesity</i>. 2017; 1.</p> <p>Cottler LB, Compton WM, Brown L, Shell A, et al. The Discrepancy Interview Protocol: A method for evaluating and interpreting discordant survey responses. <i>International Journal of Methods in Psychiatric Research</i>. Oct 1994; Vol 4(3):, 173-182.</p>	
14 4/16	Mental Health Services Research and Translational Research	<p>U.S. Department of Health and Human Services. <i>Mental Health: Culture, Race, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General</i>. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health; 2001: 64-116.</p> <p>Degenhardt L, Glantz M, Evans-Lacko, et al. Estimating treatment coverage for people with substance use disorders: an analysis of data from the World Mental Health Surveys. <i>World Psychiatry</i>. 2017; 16(3): 299-307.</p> <p>Bhugra D, Tasman A, Pathare S, et al. The WPA-Lancet Psychiatry Commission on the future of psychiatry. <i>Lancet Psychiatry</i>. 2017; 4(10): 775-818.</p>	1, 7 due on Canvas or at Dr. Striley's office by April 25

STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT

Policy Related to Class Attendance

Absences must be conveyed to the course instructor in advance whenever possible, or on the day of the absence for illness or emergency. Students are expected to attend and be prepared to participate in all class sessions. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis.

Requirements for class attendance and make-up exams, assignments, and other work in this course are consistent with university policies that can be found at:

<https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx>

According to the UF Graduate School Catalog (link below) “In general, acceptable reasons for absences from class include illness, serious family emergencies, special curricular requirements, military obligation, severe weather conditions, religious holidays, and participation in official University activities. Absences from class for court-imposed legal obligations (e.g., jury duty or subpoena) must be excused. Other reasons also may be approved.” For more information on

UF's attendance policy, visit
<https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx>.

Policy Related to Make-up Exams or Other Work

Instructors set the specific attendance policies for their courses. Students enrolled in a course are responsible for satisfying all academic objectives as defined by the instructor.

Make-up work will be allowed by the course instructor on an individual basis after an excused absence (see above) Students should consult with the professor for new deadlines for assignments. Please consult the university guidelines for more information on makeup policies:
<https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx>.

Statement of University's Honesty Policy

University of Florida Academic Honesty Statements

Students and faculty will adhere to the following policies for academic honesty and honor.

“I understand that the University of Florida expects its students to be honest in all their academic work. I agree and adhere to this commitment to academic honesty and understand that my failure to comply with this commitment may result in disciplinary action up to and including expulsion from the University.”

“All faculty, staff and students of the University are required and expected to obey the laws and legal agreements governing software use. Failure to do so can lead to monetary damages and/or criminal penalties for the individual violator. Because such violations are also against University policies and rules, disciplinary action will be taken as appropriate.”

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

For more information regarding UF's policy on Academic Honesty, please visit
http://gradcatalog.ufl.edu/content.php?catoid=4&navoid=907&hl=grades&returnto=search#Academic_Honesty
For details on how suspected honor code violations will be handled, please refer to
<http://regulations.ufl.edu/wp-content/uploads/2012/09/4042.pdf>

Citations and Plagiarism

The two key purposes of citation are to: 1) give appropriate credit to the authors of information, research findings, and/or ideas (and avoid plagiarism), and 2) facilitate access by your readers to the sources you use in your research.

Quotations: When directly quoting an outside source, the borrowed text, regardless of the amount, must be surrounded by quotation marks or block quoted. Quoted text over two lines in length should be single-spaced and indented beyond the normal margins. Every quote must include a source—the author, title, volume, page numbers, etc.—whether an internal reference, footnote, or endnote is used in conjunction with a bibliography page.

Paraphrasing or Citing an Idea: When summarizing an outside source in your own words or citing another person's ideas, quotation marks are not necessary, but the source must be

included. This includes, but is not confined to, personal communications from other students, faculty members, experts in the field, summarized ideas from published or unpublished resource, and primary methods derived from published or unpublished sources. Use the general concept of “when in doubt – cite.”

Plagiarism is a serious violation of the academic honesty policy of the College. If a student plagiarizes others’ material or ideas, UF Policies on Honesty and honor code violations, noted above, will be followed.

Generally speaking, the three keys of acceptable citation practice are: 1) thoroughness, 2) accuracy, and 3) consistency. In other words, be sure to fully cite all sources used (thoroughness), be accurate in the citation information provided, and be consistent in the citation style you adopt. All references should include the following elements: 1) last names along with first and middle initials; 2) full title of reference; 3) name of journal or book; 4) publication city, publisher, volume, and date; and 5) page numbers referenced. When citing information from the Internet, include the WWW address at the end, with the “access date” (i.e., when you obtained the information), just as you would list the document number and date for all public documents. When citing ideas or words from an individual that are not published, you can write “personal communication” along with the person’s name and date of communication.

Class Demeanor Expected by the Professor/ Communication Expectations

As an online, virtual and/or in-person classroom of scholars, the instructor will treat students with respect and expects respect in return. The classroom climate will be supportive, encouraging and open. To this end, no one should be taking calls or texts or using their laptops for other purposes than taking notes while the class is in session, except in the case of emergency. Electronic items must be turned off if they appear to detract from classroom discussion and attention. Please listen attentively; participation is required. When opinions differ, please listen first, and then prepare to comment. Please give the same consideration to all on-line comments. First consider what was said. Wait before you reply; then reply when you can do so respectfully and with full consideration to the thoughts of the author. If you feel you have been treated disrespectfully by any member of the scholastic community involved in this course, please bring this to the instructor’s attention privately for remediation.

Online Faculty Course Evaluation Process

Students are expected to provide professional and respectful feedback on the quality of instruction in this course by completing course evaluations online via GatorEvals. Guidance on how to give feedback in a professional and respectful manner is available at <https://gatorevals.aa.ufl.edu/students/>. Students will be notified when the evaluation period opens, and can complete evaluations through the email they receive from GatorEvals, in their Canvas course menu under GatorEvals, or via <https://ufl.bluera.com/ufl/>. Summaries of course evaluation results are available to students at <https://gatorevals.aa.ufl.edu/public-results/>.

Policy Related to Guests Attending Class

(For on-campus students only). Only registered students are permitted to attend class. However, we recognize that students who are caretakers may face occasional unexpected challenges creating attendance barriers. Therefore, by exception, a department chair or his or her designee

(e.g., instructors) may grant a student permission to bring a guest(s) for a total of two class sessions per semester. This is two sessions total across all courses. No further extensions will be granted. Please note that guests are **not** permitted to attend either cadaver or wet labs. Students are responsible for course material regardless of attendance. For additional information, please review the Classroom Guests of Students policy in its entirety. Link to full policy: <http://facstaff.phhp.ufl.edu/services/resourceguide/getstarted.htm>

SUPPORT SERVICES

Accommodations for Students with Disabilities

Students with disabilities who experience learning barriers and would like to request academic accommodations should connect with the Disability Resource Center by visiting <https://disability.ufl.edu/students/get-started/>. It is important for students to share their accommodation letter with their instructor and discuss their access needs, as early as possible in the semester. 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.aspx>

For off-campus students, please contact the professor for assistance with locating appropriate resources.

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.

In case of emergency, contact Gainesville or your Police Department by dialing 911.

Inclusive Learning Environment

Public health and health professions are based on the belief in human dignity and on respect for the individual. As we share our personal beliefs inside or outside of the classroom, it is always with the understanding that we value and respect diversity of background, experience, and opinion, where every individual feels valued. We believe in, and promote, openness and tolerance of differences in ethnicity and culture, and we respect differing personal, spiritual, religious and political values. We further believe that celebrating such diversity enriches the quality of the educational experiences we provide our students and enhances our own personal and professional relationships. We embrace The University of Florida's Non-Discrimination Policy, which reads, "The University shall actively promote equal opportunity policies and practices conforming to laws against discrimination. The University is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status as protected under the Vietnam Era Veterans' Readjustment Assistance Act." If you have questions or concerns about your rights and responsibilities for inclusive learning environment, please see your instructor or refer to the Office of Multicultural & Diversity Affairs website: www.multicultural.ufl.edu