

**COLLEGE OF PUBLIC HEALTH & HEALTH PROFESSIONS
PHC 7038 PSYCHIATRIC EPIDEMIOLOGY**

SPRING 2022 FULL SEMESTER

SECTIONS **16213 – CPE only online synchronous**
 16212 – in person
 31400 – online synchronous

MONDAY PERIOD 6 - 8 (12:50 PM - 3:50 PM)
ROOM # COM C2-33 (Communicore building)

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: **Friday noon:** Via Zoom or by arrangement with instructor.

Meeting ID: 988 3620 3386

Passcode: 511986

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.

Nunnally JC, Bernstein IH. *Psychometric Theory (3rd Ed)*. New York: McGraw Hill, 1994.

<On the web>

The NIH Toolbox for Assessment of Neurological and Behavioral Function

<http://www.healthmeasures.net/explore-measurement-systems/nih-toolbox>

Instructional Methods

On Campus Face-to-Face

This course will provide face-to-face instructional sessions to accomplish the student learning objectives of this course; be aware of this when registering and register for the appropriate method (face-to-face, on-line synchronous or asynchronous). Please see below for COVID-19 specific policies.

Please bring a computer or tablet with on-line capability to the classroom.

Online Synchronous Sessions

Our class sessions may be audio visually recorded for students in the class to refer back and for enrolled students who are unable to attend live or have registered for on-line instruction. Students who participate with their camera engaged or utilize a profile image are agreeing to have their video or image recorded. *If you are unwilling to consent to have your profile or video image recorded, be sure to keep your camera off and do not use a profile image.* Likewise, students who un-mute during class and participate orally are agreeing to have their voices recorded. If you are not willing to consent to have your voice recorded during class, you will need to keep your mute button activated and communicate exclusively using the "chat" feature, which allows students to type questions and comments live. The chat will not be recorded or shared.

This course utilizes lectures, discussions, chats, group work and other assignments, including readings, to meet course objectives. If you are registering for on-line course completion, be aware that group work will still be assigned with needed technology to facilitate the interaction.

Recording Within the Course:

Students are allowed to record video or audio of class lectures. However, the purposes for which these recordings may be used are strictly controlled. The only allowable purposes are (1) for personal educational use, (2) in connection with a complaint to the university, or (3) as evidence in, or in preparation for, a criminal or civil proceeding. *All other purposes are prohibited. Specifically, students may not publish recorded lectures without the written consent of the instructor.*

A “class lecture” is an educational presentation intended to inform or teach enrolled students about a particular subject, including any instructor-led discussions that form part of the presentation, and delivered by any instructor hired or appointed by the University, or by a guest instructor, as part of a University of Florida course. *A class lecture does not include lab sessions, student presentations, clinical presentations such as patient history, academic exercises involving solely student participation, assessments (quizzes, tests, exams), field trips, private conversations between students in the class or between a student and the faculty or lecturer during a class session.*

Publication without permission of the instructor is prohibited. To “publish” means to share, transmit, circulate, distribute, or provide access to a recording, regardless of format or medium,

to another person (or persons), including but not limited to another student within the same class section. Additionally, a recording, or transcript of a recording, is considered published if it is posted on or uploaded to, in whole or in part, any media platform, including but not limited to social media, book, magazine, newspaper, leaflet, or third party note/tutoring services. A student who publishes a recording without written consent may be subject to a civil cause of action instituted by a person injured by the publication and/or discipline under UF Regulation 4.040 Student Honor Code and Student Conduct Code.

(For more on students expectations, see below).

Course Requirements/Evaluation/Grading

Letter Grade.

ASSIGNMENTS

#	Assignment	Date Due	Criteria for Grading	Pts
1	Individual postings comprising an online discussion 1. Discussion on alcohol use disorder in the DSM 5	Varies	Students will be graded on the quality and quantity of their postings related to classroom discussions and instructor initiated prompts.	25
2	During all classes, students will participate in group assignments. These will be of two types: 1. Shared notes on reading Using the Perusall app, students will be placed in a small group to share in annotating one of the assigned readings; 10 points for 3 annotations per article 2. Group projects During or after class time, students will work in a group to (a) choose a best research question, (b) sampling strategy, (c) measure and (d) strategy to advance the field. 5 points for participation	Varies	Students will be graded on the quality of their participation and subsequent posting/presentation. Each session will contribute 2.5 points to the total.	15
3	Epidemiology Paper: 2 - 4 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	Due February 7 th at noon	Clear presentation, concise writing.	15

	or untreated. Public health consequence of disorder must also be addressed.			
4	Measurement Paper: 2 - 5 page paper critically analyzing the ways the chosen disorder has been measured. This is NOT a paper on the DSM or ICD; measures must be selected that purport to accurately capture a psychiatric disorder (not just general symptoms) and at least 2 measures should be contrasted for burden on respondent, language and construction, reliability, validity. Check the https://www.phenxtoolkit.org/toolkit for applicable measures recommended for use by NIH.	Due February 21 st at noon	Grading metric will be provided in class.	10
5	Study Presentation. Students will present the study design, sample, measures and analytic strategy for one psychiatric epidemiology publication from 2010 or later.	Varies	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 pages 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. This may be a literature review if the methodology is provided; it may also be a review of programs or interventions. Carefully specify inclusion criteria, review criteria, and present appropriate tables. Students may choose to hand in a draft for the professor’s consideration of appropriateness by the 12 th week of class.	Due April 25 th at 12 midnight	Grading metric online under assignments.	25
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	Assignm't Due
1 1/10	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>Lovell AM. The World Health Organization and the contested beginnings of psychiatric epidemiology as an international discipline: one rope, many strands. <i>Inter J of Epi</i>. 2014; i6-i18. Doi: 10.1093/ije/dyu125</p>	1 – posting to be prepared after in-class time.
2 1/24	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</p>	1: Reading notes Kessler; 2: Discussion -- Alcoholism

		disorders – Results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). <i>Compr Psychiatry</i> . 2013; 54(6): 627-638.	
3 1/31	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 2/7	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> <p>Packet on Psychiatric Classifications from <i>World Psychiatry</i>. 2016;15:1-39.</p> <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 <i>Drug and Alcohol Dependence</i> 2002; 67(2):205-212 https://doi.org/10.1016/S0376-8716(02)00064-9</p>	3

		CLASS EXERCISE: WRITING DIET	
5 2/14	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 2/21	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 2/28	Test/Retest Studies and Analytic Designs	<p>Üstün B, Compton W, Mager D, Babor T, Baiyewu O, Chatterji S, Cottler L, Gögüş A, Mavreas V, Peters, L, Pull C, Saunders J, Smeets R, Stipek MR, Vrasti R, Hasin D, Room R, Van den Brink W, Regier D, Blaine J, Grant BF, Sartorius N. WHO Study on the reliability and validity of the alcohol and drug use disorder instruments: overview of methods and results. <i>Drug Alc Depend.</i> 1997; 47 (3):161-169. ISSN 0376-8716, https://doi.org/10.1016/S0376-8716(97)00087-2. (https://www.sciencedirect.com/science/article/pii/S0376871697000872).</p> <p>Keyes KM, Miech R. Age, period, and cohort effects in heavy episodic drinking in the US from 1985 to</p>	2 after class

		<p>2009. <i>Drug Alcohol Depend.</i> 2013;132(1-2):140-148. doi:10.1016/j.drugalcdep.2013.01.019</p> <p>Cole-Lewis H, Pugatch J, Sanders A, Varghese A, Posada S, Yun C, Schwarz M, Augustson E. Social listening: A content analysis of e-Cigarette discussions on twitter. <i>J Med Internet R.</i> 2015; 17(10):e243. PMID: 26508089.</p>	
8 3/14	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 3/21	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 3/28	Psychotic Disorders	<p>Lemprière, S. Hierarchical clustering defines inflammatory subtypes in psychosis. <i>Nat Rev Neurol</i> 16, 653 (2020). https://doi.org/10.1038/s41582-020-00429-w</p> <p>Maj M, van Os J, De Hert M, Gaebel W, Galderisi S, Green MF, Guloksuz S, Harvey PD, Jones PB, Malaspina D, McGorry P, Miettunen J, Murray RM, Nuechterlein KH, Peralta V, Thornicroft G, van Winkel R, Ventura J. The clinical characterization of the patient with primary psychosis aimed at personalization of management. <i>World Psychiatry.</i> 2021 Feb;20(1):4-33. doi: 10.1002/wps.20809. PMID: 33432763; PMCID: PMC7801854.</p>	1 and 5 (if scheduled)

		<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.</p> <p>Book DOI: http://dx.doi.org/10.1017/CBO9781139381635</p>	
11 4/4	Alcohol and Drug Use Disorders	<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>Compton WM, Valentino RJ, DuPont RL. Polysubstance use in the U.S. opioid crisis. <i>Mol Psychiatry</i>. 2021 Jan;26(1):41-50. doi: 10.1038/s41380-020-00949-3. Epub 2020 Nov 13. PMID: 33188253; PMCID: PMC7815508.</p>	2 and 5 (if scheduled)
12 4/11	Personality Disorders	<p>First MB, Gaebel W, Maj M, Stein DJ, Kogan CS, Saunders JB, Poznyak VB, Gureje O, Lewis-Fernández R, Maercker A, Brewin CR, Cloitre M, Claudino A, Pike KM, Baird G, Skuse D, Krueger RB, Briken P, Burke JD, Lochman JE, Evans SC, Woods DW, Reed GM. An organization- and category-level comparison of diagnostic requirements for mental disorders in ICD-11 and DSM-5. <i>World Psychiatry</i>. 2021 Feb;20(1):34-51. doi: 10.1002/wps.20825. PMID: 33432742; PMCID: PMC7801846.</p> <p>Simms LJ. Consensus building and clinical translation: The path to an impactful and evidence-based personality disorder classification system. <i>Personality and Mental Health</i> 15: 3–7 (2021-02) Published online in Wiley Online Library (wileyonlinelibrary.com) DOI 10.1002/pmh.1504</p>	<p>1 and 5 (if scheduled)</p> <p>Draft of final paper due for determination of appropriateness of content (optional)</p>
13 4/18	Other Behavioral Disorders	<p>RESOURCE ONLY: British Gambling Prevalence Survey 2010. ISBN: 9780108509636. Available from http://www.official-documents.gov.uk/</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> <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> <p>Shulte EM, Potenza MN, Gearhardt AN. How much does the Addiction-Like Eating Behavior Scale add to the</p>	1, 7 due on Canvas or at Dr. Striley’s office by April 25

		<p>debate regarding food versus eating addictions? International Journal of Obesity. 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>	
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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 are expected to act in accordance with the University of Florida 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.

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.

Professionalism and COVID

As students pursuing a path in the health professions or public health, it is crucial to demonstrate professional behaviors that reflect integrity and commitment to the health of patients, fellow health professionals, and to populations we serve. To accomplish this, a strong responsibility for the well-being of others must be evident in our decisions, along with accountability for our actions. Professionalism in the health disciplines requires adherence to high standards of conduct that begin long before graduation. This is particularly true during times of health emergencies such as the COVID pandemic, given our professional habits can have a direct impact upon the health of persons entrusted to us.

If you are not vaccinated, get vaccinated. Vaccines are readily available at no cost and have been demonstrated to be safe and effective against the COVID-19 virus. Visit this link for details on where to get your shot, including options that do not require an appointment: <https://coronavirus.uflhealth.org/vaccinations/vaccine-availability/>. Students who receive the first dose of the vaccine somewhere off-campus and/or outside of Gainesville can still receive their second dose on campus.

In response to COVID-19, the following professional practices are in place to maintain your learning environment, to enhance the safety of our in-classroom interactions, and to protect the health and safety of ourselves, our patients, our neighbors, and our loved ones.

- You are required to wear approved face coverings at all times while in Health Science Center classrooms and within Health Science Center buildings even if you are vaccinated.
- If you are sick, stay home and self-quarantine. Please visit the UF Health Screen, Test & Protect website about next steps, retake the questionnaire and schedule your test for no sooner than 24 hours after your symptoms began. Please call your primary care provider if you are ill and need immediate care or the UF Student Health Care Center at 352-392-

1161 (or email covid@shcc.ufl.edu) to be evaluated for testing and to receive further instructions about returning to campus. UF Health Screen, Test & Protect offers guidance when you are sick, have been exposed to someone who has tested positive or have tested positive yourself. Visit the UF Health Screen, Test & Protect website for more information.

- Continue to follow healthy habits, including best practices like frequent hand washing.
- Avoid crowded places (including gatherings/parties with more than 10 people)

Sanitizing supplies are available in the classroom if you wish to wipe down your desks prior to sitting down and at the end of the class. Hand sanitizing stations are located in every classroom.

Course materials will be provided to you with an excused absence, and you will be given a reasonable amount of time to make up work. If you are withheld from campus by the Department of Health through Screen, Test & Protect you are not permitted to use any on campus facilities. Students attempting to attend campus activities when withheld from campus will be referred to the Dean of Students Office.

Continue to regularly visit coronavirus.UFHealth.org and coronavirus.ufl.edu for up-to-date information about COVID-19 and vaccination.

COVID-19 Symptoms

See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> for information about COVID-19 symptoms, which may include fever, cough, shortness of breath or difficulty breathing, fatigue, chills, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and loss of taste or smell.

Policy Related to Guests Attending Class

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>

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/>.

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.