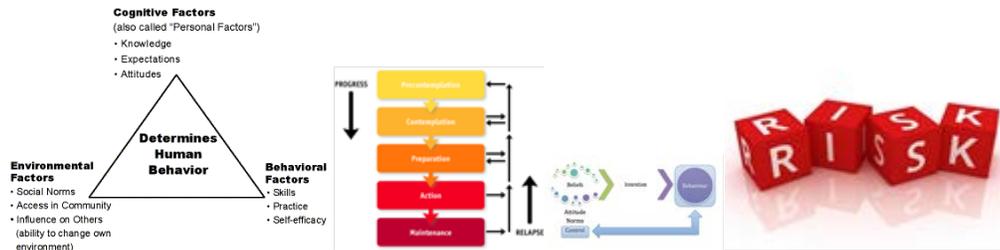


Social and Behavioral Sciences for Public Health
University of Wisconsin-Madison
School of Medicine and Public Health
Department of Population Health Sciences
PHS 786 – 3 Credits
Spring 2016 – Mondays 3:30 PM-6:30 PM
Meetings will be held in 1309 HSLC



I. Course Overview

In this course, students analyze public health issues from a social and behavioral sciences perspective, and examine the strengths and weaknesses of particular theories for developing effective individual and population-based intervention programs. Course content includes: (1) foundations of health behavior; (2) models of individual health behavior; (3) models of interpersonal behavior; (4) community and group models of health behavior change; and (5) using theory in research and practice.

II. Course Mechanics

This blended format course consists of **five** live class sessions (**1/25, 2/1, 2/8, 4/18, 4/25**) accompanied by weekly online modules that contain session overviews, session learning objectives, recorded lectures/narrated PowerPoint presentations or online videos, textbook and supplemental readings, weekly discussion postings on Learn@UW and online quizzes. Overall, the course requirements include the completion of 10 quizzes, at least 10 discussion group postings (out of a possible 14 opportunities) on Learn@UW, and the preparation of two papers due on March 11th and April 22nd respectively. Students are expected to attend the live sessions identified above.

III. Course Instructors

Linda J. Baumann, PhD, RN, FAAN (ljbauman@wisc.edu) is a Professor Emerita at the University of Wisconsin-Madison School of Nursing and School of Medicine and Public Health. She is a fellow of the American Academy of Nursing and is a fellow of the Society of Behavioral Medicine. She received a BSN and MS in nursing from the University of Michigan and her PhD in psychology from the University of Wisconsin-Madison. Professor Baumann's expertise is community health nursing, behavioral health, and global health. Her research examines how beliefs about health and illness influence self-care behaviors, especially to promote diabetes self-care. Dr. Baumann is active in national and international organizations and has served as a consultant on health workforce development to the World Bank in Vietnam and the West Bank. In 2012 she was appointed to serve a 4-year term on the United States Preventive Services Task Force (www.uspstf.com).

Robert J. McDermott, PhD, FASHA (rjmcdermott@wisc.edu) received BS, MS, and PhD degrees from the University of Wisconsin-Madison. Between 1981 and 2012, he taught at Southern Illinois University-Carbondale and the University of South Florida College of Public Health in Tampa. He was Founding Director of the Florida Prevention Research Center funded by the US Centers for Disease Control and Prevention (CDC). He has been a Visiting Professor at the University of Cologne (Germany), University of Maryland, University of Florida, University of Tampa, and New Mexico State University. Since 2006 he has been an affiliated faculty member of the UW's Department of Population Health Sciences. He has served as a CDC consultant for collaboration with the Russian Federation, and consultant to the European Union's *Communicating AIDS Project*. For over 20 years he has collaborated on numerous projects involving the application of social marketing principles to public health challenges.

IV. Course Objectives

- Describe the role of social and behavioral factors as major determinants of morbidity and mortality.
- Identify the role of social and behavioral interventions to reduce public health problems and improve the health of individuals and populations.
- Explain the principles and concepts of health behavior theories and models that are used in public health research and practice.
- Apply selected theories and models to the analysis of public health problems and the design and evaluation of interventions to reduce these problems.
- Compare and contrast different health behavior models/theories and evaluate the empirical support, strengths and weaknesses underlying these frameworks.
- Identify multiple targets and levels of intervention for social and behavioral interventions: individual, family, social networks, school, workplace, and other organizations, community, policy, built environment, and culture.

V. Required Course Textbook

Glanz, K., Rimer, B.K., & Viswanath, K. (Eds.) (2015). *Health Behavior and Health Education*. (5th ed.). Hoboken, NJ: Jossey-Bass.

VI. Other readings

These will be posted in each module on Learn@UW and occur on nearly a weekly basis.

VII. Assignment Descriptions and Grading

Students are expected to complete all activities (including each quiz) for the modules and live sessions by 11:59 PM on the Friday of the week in which they are assigned. Students will receive A-F letter grades for the course and will be evaluated on the basis of accumulating the following point totals out of a possible 200:

- A \geq 186 points
- AB 176-185 points
- B 166-174 points
- (Note: MPH students must achieve at least a grade of B in all MPH program coursework)
- BC 156-165 points
- C 140-155 points
- D 120-139 points
- F 0-119 points

WEEKLY QUIZZES – 40% [80 total points] The objective of the quizzes is to assess knowledge of fundamental concepts and provide immediate feedback regarding mastery of course content. The pattern of having regular (almost weekly) but brief quizzes is an attempt to prevent any lapse in focus for the course, as new concepts build upon previous ones. The quizzes are designed to test key concepts rather than trivial ones. The completion of all 10 quizzes is required; quizzes are 20 items in length and consist of multiple-choice and true/false options. Whereas the input for these quizzes comes primarily from the required text, items also may be drawn from lectures, videos, supplemental readings, and other assignments. Clearly, the elements of the course beyond the reading from the textbook are designed to reinforce concepts and help students to master them. The time available for each quiz will be 60 minutes from the time of login; quizzes are available through Learn@UW and normally occur weekly and are due by 11:59 PM on the Friday of the week during which they are assigned. Missed quizzes generally cannot be made up unless there is an acceptable and documentable reason.

PAPER #1 –BEHAVIOR CHANGE PROJECT – 20% [40 total points].

The objective of this assignment is to analyze and classify factors in a theory-driven approach to change and sustain personal health behavior change. Detailed instructions and the grading rubric are contained below in the syllabus. This paper is **due by 11:59 PM on Friday, March 11, 2016.**

PAPER #2 – BEHAVIOR CHANGE CHALLENGE – 35% [70 total points].

The objective of this assignment is to integrate key components of a behavior change model with a behavioral health challenge from an array of problems that we present to you. Detailed instructions and the grading rubric are contained below in the syllabus. This paper is **due by 11:59 PM on Friday, April 22, 2016.**

POSTINGS ON LEARN@UW – 5% [10 points] The objective of this assignment is to interact with faculty and other students to share opinions and insights into weekly topics and to read other students' work. You will be invited to respond to instructions in each module about posting a comment/response to an online group you to which you are assigned. **Initially, you will be assigned a discussion group based upon the first letter of your last name: A-B, C-E, F-H, I-M, N-R, and S-Z.** You are required to make at least 10 postings by the end of the semester. Each posting will be scored as 0 (no credit) or 1 (credit). Students will receive credit if they follow directions for each posting and demonstrate reasonable effort in their responses.

Paper #1 Behavior Change Project

The objective of this assignment is to analyze and classify factors in a theory-driven approach to change and sustain personal health behavior change. This paper is worth **40 total points and is due on March 11, 2016 at 11:59 PM Central Time**. Completion of work on time is a critical professional skill; thus, there is a 1-point per day penalty for late papers commencing at the hour that the paper is due.

For this paper we ask you to:

- (1) Identify a specific personal health-related behavior that you want to change and describe why you want to change it. The behavior should require maintenance, i.e., it is not a one-time behavior.
 - a. Be specific about the change. Instead of vague behaviors such as eat more fruits and vegetables, exercise more, or get more sleep, state behaviors that are specific and measurable (e.g., Eat ≥ 4 servings of fruits and vegetables on ≥ 5 days per week; Be physically active at a moderate-to-vigorous level for ≥ 60 minutes on ≥ 5 days per week).
 - b. The change should be observable by you or others.
 - c. The change should be framed as a positive and permanent action rather than something you will stop doing.
 - d. The behavior change goals should be something you feel fairly confident you can reasonably address in approximately 4 weeks.
- (2) Assess, measure, and/or describe your baseline behavior.
- (3) Monitor this behavior for *not less than* 4 weeks.
- (4) Apply an individually-focused health behavior model/theory/framework (e.g., Health Belief Model, Theory of Planned Behavior, Precaution Adoption Process Model, or the Transtheoretical Model).
- (5) Provide a summary of the factors (explained by the theory you have selected) that assist or impede you with respect to reaching and maintaining your behavioral objective.

Layout of Your Paper

- Choose your health-related behavior; report your current level of practice (i.e., baseline) where this behavior is concerned; describe your history with this particular behavior; tell why it is important to you to accomplish (i.e., health reasons, personal reasons, external motivations, etc.); describe any historic conditions that have stood in the way of your practicing this behavior, anticipated challenges that you foresee, and report anything else that indicates your assessment of your current behavior.
- Choose your model / framework from among the 4 possibilities indicated above; give an account of why you selected this particular framework and how you think it applies with respect to your achieving an improved understanding of your current and preferred health behavior; for example, how do you think the model helps you interpret your low level of participation currently in the behavior that you want to change? Furthermore, identify the key components of the model / framework that you select specific to the behavior that you are trying to change.

- Using a diary with entries on a daily (or at least multiple entries per week) basis, and that you will include with your submitted assignment, monitor this health behavior in which you identify the elements that challenge you in achieving the behavior of choice – what competes with your behavior of choice? What gets in the way of your behavior of choice? What facilitates, assists, or helps you do what you set out to do? How do you feel about yourself, the behavior, and the factors that influence it during this monitoring period? How do these factors/elements relate back to the model that you have selected?
- You are NOT going to be judged on the actual achievement of your health behavioral objective. Rather, you will be evaluated on the basis of your descriptions and monitoring and your ability to relate the elements that foster or compete with your desired behavior back to the model / framework that you selected. Early in the semester there will be “live” interactive class time with peers about the monitoring process and the facilitating and impeding factors.
- Finally, using your selected model / framework, describe how it can be useful to you in developing a plan for a theory-driven intervention that will move you on a continuous pathway towards achieving this behavioral objective and sustaining it for the long term.

You may ask questions of us, and we will try to assist *but* we will not respond to questions such as: (1) How much detail do you want? (2) How specific do I have to be? (3) How many pages (or words) does my assignment have to be? This assignment should be deposited in the drop box as a WORD document labeled as ‘**yourlastname_ppr1.doc or docx**’ If you are fearful that you will be ill or have another conflict as March 11th approaches, get your paper in early.

Grading Rubric for Paper #1 Total 40 points

Levels of Achievement:	Superior	Competent	Below Expectations
Criteria:			
Identify a personal health behavior you want to change:	<p>10-9 The health behavior is clearly described. Sufficient background and rationale explaining why this is a problem is provided.</p>	<p>8-6 The health behavior is adequately described. Limited information and rationale related to the problem is provided.</p>	<p>5-0 The health behavior is unclear along with little rationale provided.</p>
Provide rationale for choosing a behavior change model:	<p>10-9 Review of model is complete, relates to the targeted behavior. Key constructs are identified.</p>	<p>8-6 Review of a model is loosely related to the problem.</p>	<p>5-0 Review of a behavioral model is not related to the targeted behavior. Key constructs are not identified.</p>
Use daily diary entries to monitor progress:	<p>10-9 Student clearly documents daily monitoring of behavior change process and consistently includes facilitators, barriers, monitoring strategies and reflects on feelings.</p>	<p>8-6 Student documents daily monitoring of behavior change process and includes facilitators, barriers, monitoring strategies and reflects on feelings</p>	<p>5-0 Documentation of monitoring behavior change process is sketchy and incomplete.</p>
Reflect how the model used can be useful for a future behavioral intervention to change and sustain healthier behaviors.	<p>10-9 Student describes a complete and clear plan for a theory-driven behavioral intervention to initiate and sustain healthy behavior change.</p>	<p>8-6 A description of the model for a future intervention is provided. There may be pieces that could be described more fully or are missing completely.</p>	<p>5-0 A plan for how to apply a model to a behavioral intervention is not adequately described.</p>

Paper #2 Behavior Change Challenge

The objective of this assignment is to integrate key components of a multi-level or socio-ecological approach to health behavior change at a population level, forming an analysis for addressing a "sticky" public health problem. Specific health problems are listed below for your selection. The paper is worth **70 total points and is due on April 22, 2016 at 11:59 PM Central Time.**

Instructions:

Begin with a review of *individual* or *intrapersonal* factors that contribute or might contribute to current health behavior and the desired health behavior change. The iteration of these factors should occur as a result of your reviewing the literature on the subject (health problem) you select. Second, review *interpersonal* or *relationship* factors that influence health behavior status. Again, this iteration of factors should be based on a solid examination of current scholarly literature. Third, look at *institutional* and *community level* factors that contribute to current health behavior practice. Once again, these factors should emanate from your consultation of recent health behavior literature. Finally, review *societal factors* that may include health, economic, policy, or other societal-level elements that can affect current and future health behavior practices. Specific examples of these societal factors should be cited from literature that you seek out. In your examination of literature for all of these levels, you may include, but you should not rely exclusively on citations from online sources unless these sources represent scholarly, peer-reviewed literature (i.e., scholarly journals). In other words, do not rely strictly on going to "such and such" website to obtain the preponderance of your background information. **NOTE:** Socio-ecological or multi-level approaches may adopt or incorporate aspects of more than one health behavior model or framework, so you also should explain how the models or frameworks you choose (e.g., Health Belief Model, Theory of Reasoned Action, Theory of Planned Behavior, Social-cognitive Theory, Transtheoretical Model, or other model/framework) may be useful in contributing to our understanding of non-adherence or low compliance with the desired behavior or practice and how their principles can be employed to move the problem you choose in a favorable direction. **NOTE:** You are not being asked to design all the specifics of the program or intervention – rather, you are being asked to illustrate in a systematic form how consideration of socio-ecological/multi-level influences and the models/frameworks lead you through a series of planning steps or decisions that culminate in a comprehensive analysis that could be presented to an organization or funder poised to address this health challenge.

A. Health Behavior Challenges – i.e., Health Behaviors with Low Adherence / Compliance (Choose one)

- The challenge of increasing participation in cervical cancer screening for Wisconsin women ages 21-65 who have not been screened (i.e., received a Pap test) in the past 3 years.
- The challenge of increasing participation in "Let's Walk Wisconsin," a fictional physical activity promotion program for adults 45 to 64 years of age in one of Wisconsin's 72 counties, where you select the county and identify the rationale for your selection.

- The challenge of increasing participation in the fictional "If You Party Hearty: Then No Drive – No Ride" program designed to decrease driving/riding in motor vehicles after consumption of alcoholic beverages among students at the University of Wisconsin-Madison.
- The challenge of increasing use of condoms by sexually active young adults 18-25 years of age in Dane County, Wisconsin who are among the non-student population.

B. Possible Resources

- County Health Rankings (<http://www.countyhealthrankings.org/>)
- The Guide to Community Preventive Services (<http://www.thecommunityguide.org/index.html>)
- Public Health Profiles (<https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm>)
- [DHSHealthstats@dhs.wisconsin.gov/](https://dhshealthstats.dhs.wisconsin.gov/) to access Wisconsin Interactive Statistics on Health (WISH) available at <http://www.dhs.wisconsin.gov/wish/> WISH has published a new module on statewide and local deaths among Wisconsin residents that occurred in the years 1989 through 2014.

Layout of Your Paper in Five Labeled Parts

- Choose your health problem (e.g., low participation in cervical cancer screening among women at elevated risk) with a description of why this problem should be of interest to Wisconsinites. (**Public Health Challenge**)
- Identify key socio-ecological/multi-level factors that contribute or may contribute to the problem. (**Key Contributing Socio-ecological / Multi-level Factors**)
- Identify a model/framework or elements of multiple ones that assist our interpretation and understanding of current low participation/engagement and that assist our forging an intervention to address this problem. (**Models / Frameworks Assisting Intervention**)
- Present your analysis of the health problem incorporating the multi-level factors and appropriate elements of health behavior change models/frameworks in a responsive manner. The outcome should be a type of logic model or systematic plan for a theory-driven intervention. (**Analysis and Logic Model**)
- Provide a list of references that actually were cited in your paper and organize them appropriately using either APA or AMA format (to correspond with the style adopted in the preparation of the main body of your paper). (**References**)

You may ask questions of us, and we will try to assist; however, we will ***not*** respond to questions such as: (1) How much detail do you want? (2) How specific do I have to be? **PAPERS SHOULD NOT EXCEED 2500 WORDS EXCLUDING REFERENCES (double spaced, 11-12 point font, 1-inch margins)**. Papers should be placed in the Learn@UW dropbox as a WORD document labeled as ‘**yourlastname_ppr2.doc or docx**’. There will be a 1-point penalty per day for late papers. We gladly accept your paper before the due date.

Grading Rubric for Paper #2 70 points

Levels of Achievement: **Superior**

Competent

Below Expectations

Criteria:

Public health challenge defined:

10-6
Sufficient background and rationale explaining why this is a PH issue is provided. References are from evidence-based and reliable public health sources.

5-3
PH issue is described adequately. Limited information and rationale related to the background of the problem or issue. References are from reliable sources.

2-0
Public health issue is unclear. How the problem is related to the public health burden is unclear. References do not reflect evidence-based resources sufficiently.

Identify and describe the multi-level factors that influence or may influence the PH problem:

20-16
Factors from all levels are thoroughly described, including key components and assumptions documented from the literature.

15-10
Factors are adequately described, with most components and assumptions identified from the literature.

9-0
Factors and components are not adequately described and literature citations are either superficially presented or absent.

Describe how the models/frameworks help to interpret/explain low participation and direct us to potential points of intervention:

10-6
An analysis is provided for models/frameworks that link key components and assumptions with the specific behavioral challenge.

5-3
The analysis provided for models/frameworks is incomplete in identifying key components or assumptions.

2-0
Models/frameworks are not linked to the specific behavioral challenge. Methods or plans are sketchy and vastly incomplete.

Present your analysis of the multi-level factors influencing the health challenge and propose a population-based, theory-driven

20 - 12
A logic design or plan is presented for including key components in a theory-driven intervention specific to the behavioral

11-5
A logic design or plan is presented for including key components in a theory-driven intervention specific to the behavioral

4-0
A logic design or plan is either not presented or lacks key components for a theory-driven intervention specific to the behavioral

intervention that incorporates health behavior change models/frameworks:

challenge. A description of multi-level data, other information driving the intervention, and the application of one or more models/frameworks is included.

challenge. The logic or plan may have minor flaws and the behavioral models/frameworks used could be described more completely.

challenge. The logic or plan has major flaws or exclusions and the application of behavioral models/frameworks is vague or missing with respect to they relate to the health behavior challenge.

Technical aspects:

10-6
Paper consistently follows prescribed organizational format of headings and APA or AMA style; no grammatical or mechanical errors and no typos. Paper flows smoothly. Paper appropriately cites references.

5-3
Paper partially follows prescribed organizational format of headings and APA or AMA style; minimal grammatical, mechanical errors or typos. Paper flows relatively well, but could benefit from editing. Paper includes references that are for the most part cited appropriately.

2-0
Paper does not follow prescribed organizational format of headings and APA or AMA style; many grammatical and mechanical errors and typos. Paper does not flow well; references are not cited appropriately.

VIII. Summary of Course Schedule, Readings, Assignments, Quizzes, and Due Dates

Week of	Reading from Textbook	Activity/Instructor
WEEK 1: January 18-22	None Read course syllabus	Consult Learn@UW to retrieve posted syllabus for PHS 786
WEEK 2: January 25-29	<i>Ch1</i> -The Scope of Health Behavior <i>Ch2</i> -Theory, Research, and Practice in Health Behavior <i>Ch3</i> -Ecological Models of Health Behavior	Live lecture on 01/25 – McDermott Consult Learn@UW for supplemental reading, course activities, and assignments. Quiz for Week 2 should be completed by January 29th at 11:59 PM.
WEEK 3: February 1-5	<i>Ch4</i> -Introduction to Health Behavior Theories That Focus on Individuals <i>Ch5</i> -The Health Belief Model	Live lecture on 02/01 – Baumann and McDermott Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments. Quiz for Week 3 should be completed by February 5th at 11:59 PM.
WEEK 4: February 8-12	<i>Ch6</i> -Theory of Reasoned Action, Theory of Planned Behavior, and the Integrated Behavioral Model <i>Ch7</i> -The Transtheoretical Model and Stages of Change	Live lecture and in-class interactive session on personal health behavior change on 02/08 – Baumann and McDermott Consult Learn@UW for supplemental reading, videos

		to access, course activities, and assignments. Quiz for Week 4 should be completed by February 12th at 11:59 PM.
WEEK 5: February 15-19	<i>Ch8</i> -Introduction to Models of Interpersonal Influences on Health Behavior <i>Ch9</i> -How Individuals, Environments, and Health Behaviors Interact	Baumann Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments. Quiz for Week 5 should be completed by February 19th at 11:59 PM.
WEEK 6: February 22-26	<i>Ch10</i> -Social Support and Health <i>Ch11</i> - Social Networks and Health Behavior	McDermott Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments. Quiz for Week 6 should be completed by February 26th at 11:59 PM.
WEEK 7: February 29-March 4	<i>Ch12</i> -Stress, Coping, and Health Behavior <i>Ch13</i> -Interpersonal Communication in Health and Illness	Baumann Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments. Quiz for Week 7 should be completed by March 4th at 11:59 PM.
WEEK 8: March 7- 11	<i>Ch14</i> -Introduction to Community and Group Models of Health Behavior Change	Baumann Consult Learn@UW for supplemental reading, videos

	<p><i>Ch15-Improving Health Through Community Engagement, Community Organization, and Community Building</i></p>	<p>to access, course activities, and assignments.</p> <p>Quiz for Week 8 should be completed by March 11th at 11:59 PM.</p> <p>Paper #1 is due on March 11th by 11:59 PM</p>
<p>WEEK 9: March 14-18</p>	<p><i>Ch16-Implementation, Dissemination, and Diffusion of Public Health Interventions</i></p> <p><i>Ch17-Communication and Health Behavior in a Changing Media Environment</i></p>	<p>McDermott</p> <p>Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments.</p> <p>Quiz for Week 9 should be completed by March 18th at 11:59 PM.</p>
<p>WEEK 10: March 21-25</p>	<p>No Assignments</p>	<p>Spring Recess</p>
<p>WEEK 11: March 28-April 1</p>	<p><i>Ch18-Introduction to Using Theory in Research and Practice</i></p>	<p>Baumann</p> <p>Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments.</p> <p>Paper #1 will be returned this week.</p>
<p>WEEK 12: April 4-8</p>	<p><i>Ch19-Planning Models for Theory-Based Health Promotion Interventions</i></p>	<p>McDermott</p> <p>Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments.</p> <p>Quiz for Week 12 should be</p>

		completed by April 8th at 11:59 PM.
WEEK 13: April 11-15	<i>Ch20</i> -Behavioral Economics and Health	McDermott Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments. Quiz for Week 13 should be completed by April 15th at 11:59 PM.
WEEK 14: April 18-22	<i>Ch21</i> -Social Marketing	Live lecture on 04/18 – McDermott and Baumann Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments. Paper #2 is due on April 22nd by 11:59 PM
WEEK 15: April 25-29	Integrating theory and practice for improved population health – a future perspective	Live lecture and interactive session on 04/25 – Baumann and McDermott Consult Learn@UW for supplemental reading, videos to access, course activities, and assignments.
WEEK 16: May 2-6		Paper #2 will be returned this week.

IX. Academic Policies

Nondiscrimination Policy

The UW Madison is committed to creating a dynamic, diverse and welcoming learning environment for all students and has a non-discrimination policy that reflects this philosophy. Disrespectful behaviors or comments addressed towards any group or individual, regardless of race/ethnicity, sexuality, gender, religion, ability, or any other difference is deemed unacceptable in this class, and will be addressed publicly by the professor.

Disability Reasonable Accommodation Policy

If you qualify for accommodations because of a disability, please submit a letter to the course director that outlines your request in a manner that is timely and consistent with established university policies for making such request so that your needs may be addressed. Policies for accommodating disabilities are available through the McBurney Disability Resource Center, 903 University Ave., 608-263-2741 (phone), 263-6393 (TTY), 265-2998 (Fax), mcburney@uwmadmail.services.wisc.edu
For additional information, please see <http://www.mcburney.wisc.edu/>

Religious Reasonable Accommodation Policy

Every effort shall be made to reasonably and fairly accommodate all students who, because of religious obligations, have conflicts with scheduled exams, assignments, or required attendance, provided advance notification of the conflict is given. Whenever possible, students should give at least one week advance notice to request special accommodation.

Student Honesty and Rules of Conduct

Academic honesty requires that the course work (e.g., quizzes, papers, exams) a student presents to an instructor honestly and accurately indicates the student's own academic efforts. These policies are available at <http://www.studentaffairs.wisc.edu/> UWS 14 is the chapter of the University of Wisconsin System Administrative code that regulates academic misconduct. UW-Madison implements the rules defined in UWS 14 through our own "Student Academic Misconduct Campus Procedures." UWS 14.03 defines academic misconduct as follows:

"Academic misconduct is an act in which a student:

- a. seeks to claim credit for the work or efforts of another without authorization or citation;
- b. uses unauthorized materials or fabricated data in any academic exercise;
- c. forges or falsifies academic documents or records;
- d. intentionally impedes or damages the academic work of others;
- e. engages in conduct aimed at making false representation of a student's academic performance;
- f. assists other students in any of these acts."

If you are accused of misconduct, you may have questions and concerns about the process. If so, you should feel free to call Student Advocacy & Judicial Affairs (SAJA) in

the Offices of the Dean of Students at (608) 263-5700 or send an email to dos@bascom.wisc.edu

Civility Policy

Members of the University of Wisconsin-Madison community are expected to deal with each other with respect and consideration. The civility policy for this course promotes mutual respect, civility and orderly conduct among the faculty, teaching assistants, and students. We do not intend this policy to deprive any person of his or her right to freedom of expression. Rather, we seek to maintain a safe, harassment-free workplace for the students, faculty, and teaching assistants. Positive communication is encouraged and volatile, hostile, or aggressive actions and language will not be tolerated. If the civility policy for this course is violated, the individual is subject to removal from the class and possibly the course altogether. In addition, the proper authorities at the UW Departmental, School, and University levels will be notified of such behavior accordingly and further action may be taken if necessary.