The University of Texas at Austin School of Nursing
N395 Community Participatory Research on Health Disparities
Spring, 2015

SYLLABUS

Time and Location: Fridays 9-12 PM, Room NUR 5.167
Placement, Credit, Prerequisites: Graduate level, 3 semester hours; must be Graduate student in nursing, social sciences, social work, public health, public policy, communication, medicine and law or receive consent of instructor to enroll.

Faculty:	Dr. Miyong Kim
Office; Phone:	NUR 5.141; 471-8361
E-Mail:	mkim@nursing.utexas.edu
Office Hours	Tuesdays and Thursdays 10:30 – 12:00, and by appointment

Faculty:	Dr. Melissa Smith
Office; Phone:	512-324-4918.
E-Mail:	mcsmith@seton.org
Office Hours	by appointment

Course Description: **Description:** This seminar is designed as the first of a series of seminars to enable an interdisciplinary team of graduate students and faculty to work in partnership with community organizations on issues related to health disparities as they are experienced in the Central Texas.

This will contribute to a broader initiative to develop a program of community health engagement, focused on health inequalities. Seminar participants will work with community members to create a census of community-based organizations with knowledge of health disparities within their community and to identify key research questions about the causes of these disparities.

Interdisciplinary teams of students will join with members of community organizations engaged in work on health disparities to explore priority health issues. These teams will use community participatory research methods to strengthen the work of the community organizations. This will involve community walks, interviews, service learning, community dialogue sessions and other community outreach activities in order to gain deeper insight about these complex challenges. Seminar participants will work with community members to create a census of community-based organizations with current or potential interest in these issues and will work with these organizations to identify key research questions about root causes of, and effective community responses to, health disparities

Course Objectives: Upon completion of the course students will be able to:

1. Discuss the theoretical and operational principles of participatory , social determinants of health, health inequalities for underserved populations
2. Describe the various community participatory research principles, theories and methods;
3. Summarize health disparities data describing Austin and Central Texas;

4. Engaged and participated in community-partnered research and practice concerned with health assessment, analysis of contributing factors, and the design, implementation and assessment of community-based health interventions;
5. Write a community partnered intervention proposal that reflects community needs and community partnered solutions.

METHODS OF EVALUATION	% OF GRADE	DUE DATE
Attendance and Participation	15%	Weekly
Weekly reading and self reflection notes 1-2 pgs, main points, critique/self-reflection, questions	15%	2/6/15 3/6/15 3/27/15 4/24/15 5/8/15
CBPR Fieldwork	40%	Census of community organizations
CBPR proposal and report to community	30%	<u>3/20/15:</u> 2-3 page CBPR proposal outline due <u>4/10/15</u>: 4-6 page CBPR Project draft, to include Project Aims, Process, Methodology <u>4/24/15:</u> 10-15 page Complete CBPR proposal draft: to include: Aims, Methodology, Process, Evaluation Plan, Sustainability strategy, References. (See format in Canvas) <u>5/8/15:</u> Final CBPR proposal

Grading Scale: The School of Nursing does not use plus (+) or minus (-) with grades.

    A   =   90-100%
    B   =   80-89.9%
    C   =   79-79.9%
    D   =   60-69.9%
    F   =   Below 60%

Required Readings:

Required textbooks

Israel, B.A., Eng, E., Schulz, A.J., Parker, E.A. (2012). Methods in community-based participatory research for health. (2nd edition). San Francisco: Josey-Bass.

Minkler, M., Wallerstein, N. (2008). Community based participatory research for health. (2nd edition). San Francisco: Josey-Bass.

Optional textbook
Minkler, M (eds) (2012) .Community Organizing and Community Building for Health and Welfare, 3rd Edition

Weekly readings will be assigned from various sources and are listed on the class schedule of this syllabus. Readings can be obtained via the UT library website (link to Find an Article from a Citation: http://www.lib.utexas.edu/indexes/citation/) or the direct Internet link (if cited). Selected readings may be posted on Canvas under Course Documents.

Writing Style and Format: All written assignments must be word-processed, use 12-point font and 1-inch margins, be double-spaced, include the student's name, date of submission, page numbers and running head with partial title of paper on all but first page. Papers must demonstrate American Psychological Association (APA) guidelines for writing style and format for citing references, using headings in the body of the paper, and for the reference list. APA style is explained in the APA's (2010) *Publication manual of the American Psychological Association* (6th ed.). Students may borrow the manual from the School of Nursing Learning Center. Online resources for APA style are at http://www.utexas.edu/nursing/norr/html/courses/writing_apa.html. The APA Style website itself is a useful searchable source of instructions for how to cite references http://www.apastyle.org/. Students who use resources such as NoodleBib should do so with caution because NoodleBib and other products might not adhere to APA guidelines.

Late Submissions: Unless otherwise noted, all written assignments should be submitted at (or by) the beginning of class on the due dates. Students who have problems and are unable to turn an assignment in on time need to negotiate an extension with the faculty (e-mail is fine). Unless there is a serious emergency, students are expected to call or e-mail and explain the problem, letting the faculty know when the assignment will be turned in. Failure to negotiate an extension will result in a loss of points, 1 point per day.

Description of Evaluation Methods and Assignments

Attendance and Participation (15%): Attendance at all classes is expected. For an absence to be excused, students must notify faculty by e-mail or office telephone (or voice mail) <u>prior</u> to class, or as soon as possible in case of emergencies. Students are responsible for all information presented and announcements made during class and for submitting due assignments, even on missed class days. When students are not able to attend class they should contact a classmate for missed announcements, assignments, or notes. Please do not ask faculty what was missed or what was important.

Students must arrive on time for all classes, behave professionally, and stay until the end of the class.

Students are expected to complete the assigned readings prior to class and participate in thoughtful discussion applying knowledge from the readings. As class participants, students are expected to further their own knowledge while contributing to the learning of others by raising salient questions and responding respectfully to other students and to faculty's questions. Students' contributions should be based on the readings, knowledge gained from other assignments (e.g., preparation for paper), and personal experiences.

Weekly reading notes and Discussion Questions (10%): Each week by 8 AM on the morning of the class (unless otherwise noted on the schedule) each student will submit 1-2 pages notes that summarize the readings and self-reflection. In addition, students are also post one open-ended question related to the week's topic and assigned readings on the Canvas Discussion Board (or email to the class group email list – we will form this list serve at the first week of the class) . Open-ended questions encourage thought and debate. The best discussion questions do not have only one right answer. Sample questions include, "What is the best way to measure socio-economic status?" "How does Hispanic/Latino culture affect patients' decisions about diet?" In contrast, an example of a closed-ended question is, "According to the Centers for Disease Control and Prevention, what is the most common cause of death among African Americans aged 15-59?" Closed-ended questions will receive fewer points. We will address a few of the questions in class each week.

CBPR fieldwork (40%): Student fieldwork experiences will be guided by the needs and schedules of the community organizations. We anticipate this will involve a combination of interviews with group members, community needs assessment, community walks, client visits, meetings, and other community engagement activities. As part of this collaboration, we will ask students to write up a detailed description of the community organization to contribute to a census of groups working on health disparities in Central Texas. Guidelines for this census will be provided in class. Each week's expected hours of collaboration are included in the course syllabus, and each student can communicate directly about scheduling time to meet and work with the organization members. We ask your teams to let us know if you are not able to meet as expected. Each student will be asked to keep weekly field notes regarding this collaboration, which includes a 1-page narrative of your activities, discussions and plans. We will ask each community organization to meet with students at a halfway point to discuss how the partnership is developing, to identify strengths and opportunities for improvement, and to share those observations with us as well. We will request a similar evaluation at the end of the semester. These sources of evaluation will contribute to

Field Work section of the grade as follows:

> Student field notes: 50%
> Organization evaluation/feedback: 40%
> Census information: 10%

CBPR proposal (as Final paper)

Students will work with their assigned CBO partners to develop a mock CBPR program grant to seek funding from a foundation. The topic should be health-related or social service that addresses one of the most urgent issues of the population that CBO serves.

The final paper (grant proposal) should have various components of the grant application on a selected health (or social) topic and population.

The suggested outline for the proposal is:
  A. Title page
  B. Abstract (200 word maximum)
  C. Introduction / research question / Specific aims (1 pages): Describe issue, its significance, and the purpose of the project.
  D. Significance (.5-1 page): Provide a compelling argument why this is an important issue
  E. Approach/ method (5 pages):
     - Provide conceptual framework of the project
     - Provide study population
     - Description of design
     - Eligibility criteria
     - Recruitment strategies
     - Implementation strategies
     -Evaluation Method (description of instruments if apply)
     - Analysis plan
  F. Collaboration, dissemination, other community engagement plan
  G. References
     Appendices (optional): Include diagram of theoretical framework that guides your research, a copy of instruments, any other supplemental material, e/g., recruitment flyers

Class Schedule: The schedule of weekly topics and assignments is presented in the table below. Although changes are not anticipated, it is within the discretion of the faculty to adjust the schedule to enhance topic relevancy, include new publications, or respond to current events.

Class Schedule

*Read assigned readings **before** class to facilitate class participation*

Week # Date	Class Topic	Assignments / Activities
#1 1/23/15	**Introduction to the Course** Syllabus & course expectations Introduction: principles of CBPR, historical and theoretical roots **(Relevant research project presentation:** **Dr. Miyong Kim)**	**Bring** syllabus (paper or electronic) to review. ***Readings:*** Israel et al, Forward and Part 1 Introduction to methods for CBPR (pages 1-39) Minkler, Part 1, Chapters 1-4, Introduction to CBPR; Theoretical, historical and practice roots of CBPR; Critical issues in CBPR principles, Experimental Design (pages 1-83). (Total = 122 pages) ***Supplementary Reading:*** Horowitz, Carol, R., Robinson, M. Seifer, S. (2009). Community-Based Participatory Research from the Margin to the Mainstream: Are Researchers Prepared? *Circulation, 11*, 2633-2642
1/29/15	**Welcome dinner**	**Dr. Smith's house (6:30-9pm)** Introductions of all participants, interest in subject, goals. Watch Unnatural Causes video "In Sickness and in Wealth"

| #2
1/30/15 | **The Social Determinants of Health and Health Equity**

a. Overview of the social determinants of health and health equity (10) (Melissa)
b. Case and place-based lens: Maternal/infant mortality US and global experiences: (Melissa)
   Unnatural Causes video: When the Bough Breaks (30 min)
   PBS News Hour Video: Maternal and infant mortality in Peru (10)
Health Actions for Women: Chapter 2, Sonia's story, and Root Causes activity (45) (Melissa)
c. Discuss plans for Disparity Dialogue session to be held Tues, Feb 17, (Miyong) (15) | ***Readings:***
Braveman, P., Susan, E., and David R. W. (2011). "The Social Determinants of Health: Coming of Age." *Annu. Rev. Public Health, 32*, 381-398. (17 p)

Marmot, M. (2006). Inequalities in Health, Lancet; Health in an Unequal World, *Lancet, 368*, 2081-2094 (13 p)

Krieger, N. Rowley, D.L., Harman, A.A., Avery, B., & Phillips, M.T. (1993). Racism, sexism and social class: Implications for Studies of Health and Disease and well-being. *American Journal of Preventive Medicine 1993;9* (supp);82-120. (28 p)

Braveman, P. & Gruskin, S. Defining Equity in Health. (2003). *Journal of Epidemiology and Community Health, 57*, 254-258. (4 p)

Smith, M., Shannon, S., Vickery, K., Health Actions for Women, 2015, chapter 2 (10p)(to be posted)

Physicians for Human Rights article on maternal mortality in Peru: (Read Executive Summary, p.5-19)
Deadly Delays:
https://s3.amazonaws.com/PHR_Reports/maternal-mortality-in-peru2007.pdf

Undoing Racism in Public Health: A blueprint for Action in Urban MCH: (59 pages)

Amnesty International report on US maternal mortality: Deadly Delivery: (skim report highlights)
http://www.amnestyusa.org/sites/default/files/pdfs/deadly delivery.pdf *(103 pages)*

Supplementary Readings and links to be posted on Canvas:
Mullings, L., Wali, A., McLean, D., et al., (2001). Qualitative Methodologies and Community Participation in Examining Reproductive Experiences: The Harlem Birth Rights Project," *Maternal and Child Health Journal, 5*(2), 85-93.

See Link to Amnesty International campaign: http://www.amnestyusa.org/our-work/campaigns/demand-dignity/maternal-health-is-a-human-right.

Link to Hesperian Health Guides Safe Pregnancy and Birth Phone app: http://hesperian.org/books-and-resources/safe-pregnancy-and-birth-mobile-app/

Link to PBS News hour link to Peru story: |

| #3 2/6/15 | **Beginning CBPR/Developing Partnerships:**

a. How to begin CBPR, logistics (60) (Miyong)
b. Partnership formation and maintenance (20) (Melissa)
c. Presentations of community groups, dialogue with students regarding their interests, team formation, plan to begin fieldwork next week (60)
d. Sharing self-reflection journal, challenges, opportunities (30) | *Readings:*
Israel et al, Part 2: chapters 2, 3, 4 Developing and Maintaining Partnerships with Communities; Strategies for Effective Group Process in CBPR; Equitable Decision Making in Research (pages 40-127=87)

Minkler, Chapters 5, 6 (87-118=31) (Race and Privilege, Are Academics Irrelevant? Roles for Scholars (Total=118 pages)

Supplementary Readings:
Minkler, Chapters 7, 8 Case studies: CBPR with Cambodian Girls, CBPR with Transgender Community, (121-153)

Center for Disease Control and Prevention. (1997). Principles of Community Engagement. See CDC link

Nyden, P.l. & Wievel, W. (1992). Collaborative Research: Harnessing the tensions between researcher and practitioner. *American Sociologist*, 43-45.

Cary, T.S., Howard, D.L., Goldmon, M., Roberson, J.T., Godley, P.A., & Ammerman, A. (2005). Developing effective interuniversity partnerships and community-based research to address health disparities. *Academic Medicine, 80*(11), 1039-1045.

View the 8th Annual William T. Small, Jr. Keynote Lecture presented February 2006 entitled "Collaborative Research with Communities: Value Added and Challenges Faced" by Meredith Minkler, Dr. P.H. including live telephone question and answer session. |

#4 2/13/15	**Community Assessment/Issue Identification** a. Community Assessment and Issue Identification (60) (Miyong) b. Small group discussions among collaborative research teams (60) c. Report out to class: teams share preliminary ideas (30) d. Prepare for community dialogue session panel comments next week (20) (Melissa)	*(Fieldwork should begin earlier in week: 3-4 hours)* _Readings:_ Israel et al, Part 3 chapters 5, 6.; Insiders and Outsiders; Who is Community?; Using Ethnography in CBPR; (pages 127-189=62 pgs). Israel et al, Part 4: Define the Issue, design and conduct the research. Chapters 7-9. Survey Design; Interviewer Training Manual; Focus Groups (pages 189-277=88 pgs). (Total=150p.)
#5 2/20/15	**Place-based approach to CBPR; Issue Identification continued** a. Film: Unnatural Causes: Place Matters (30 Min) (features CBPR asthma project, Dr. Jim Krieger) b. Issue Identification continued (30) c. Issues in Participatory Evaluation (30) d. Skype conversation with Dr. Jim Krieger (30 min) e. Research team discussions (20)	*(Field work: optional)* **_Readings:_** Israel et al, Part 4 continued: Define the Issue, design and conduct the research continued. Chapters 10-12. Food Environment Audit; Ethnography; CBPR Asthma Assessment (pages 277-365=88 pgs). Minkler, chapter 9-12, Community Driven Asset Identification and Issue Selection; Using Web-based tools to build capacity for CBRP; Using photo voice; Issues in Participatory Evaluation (pages 153-225=75 pgs) (Total=163) **_Supplementary Readings:_** Macintyre S, Maciver S, Sooman A. (1993). Area, class and health: Should we be focusing on places or people? *Journal of Social Policy*, 213-234. Policy and System Changes to Build Health Communities in Washington. National Civic Review, 10.1002/NCR, 2117 Spring 2014

#6 2/27/15	**No class meeting**	*(Field work-8 hrs)* Community-based fieldwork Community-walks, site visits, windshield tours, interviews with community members, etc. Develop preliminary project proposal ideas *Readings:* Israel et al, Part 5: Documentation and Evaluation of Partnerships Chapter 13. (Pages 365-399=34pgs) Minkler, Ch 13-16, Issues and Choice points for improving quality of CBPR; Impact of CBPR on academic researchers. Research quality and methodology and power relation; Methodological and Ethical Considerations; Analyzing and Interpreting Data with Communities. (Pages 225-307=82pgs)
#7 3/6/15	**Improving Quality of Research and Project Proposals** a. Issues related to research quality, and program evaluation (60) (Miyong) b. Teams share self-reflection journals, experiences of fieldwork, ideas for CBPR projects, group trouble-shooting, (60) c. How to write CBPR grant proposal-concept paper (Miyong) (60)	*(Field work: 4-6 hours, develop draft outline of CBPR proposal)* **_Readings:_** Horowitz, C., Robinson, M., Seifer, S. (2009). Community-Based Participatory Research from the Margin to the Mainstream: Are Researchers Prepared? *Circulation. 119*, 2633-2642. Cain, K.D., Theurer, J.R., Sehgal, A.R. (2014). Sharing of grant funds between academic institutions and community partners in community-based participatory research. *Clin Transl Sci, 7*(2), 141-144. Yonas, M.A., Jones, N., Eng, E., Vines, A.I., Aronson, R., Griffith D.M., White B., & DuBose, M. (2006). The art and science of integrating Undoing Racism with CBPR: challenges of pursuing NIH funding to investigate cancer care and racial equity. *Journal of Urban Health, 83*(6), 1004-1011.

#8 3/13/15	**Feedback, Interpretation, Dissemination, and Application of Results** a. Discuss Readings and self-reflection journals (60) (Melissa) b. Share drafts of proposals, challenges and trouble-shooting (60) (Miyong) c. Team Work: (30)	*(Field work 4-6 hrs)* (Due: 2-3 page CBPR proposal outline due in class) **_Readings:_** Israel, et al, Ch. 14-19, Developing Guidelines for Dissemination; Collaborative Data Collection; Collaborative Mapping; Photovoice*; CBPR Food Policy; Environmental Justice (399-573=174) *(*NOTE chapter 17 p. 489-517 is optional (as is redundant with previously read chapter 11, Minkler =146 total pages)*
3/20/15	**Spring Break**	
#9 3/27/15	**Best Practices of CBPR, CBPR Networking Fair** a. Community organizations booths/UT faculty/student posters and networking fair: 9:30-11 b. Panel: Best Practices CBPR: Panelists TBA, (UT faculty and community groups), dialogue with audience: 11-12:00 c. Reception and Networking 12:00-1:00	*(Field work: 4-6 hrs)* Community groups and faculty/students can have posters about their research interests and activities **_Readings:_** *Articles from panel speakers*

| #10 4/3/15 | **Structural Competency: Exploring Root Causes of Health Disparities: Focus on Diabetes and Chronic Disease**

a. PBS Film: Unnatural Causes: Bad sugar (30)
b. Structural Competency: Case presentation: Popular education, popular theater and CBPR: Root cause activity (40) (Melissa)
c. NIH Self management science center goals and opportunities: (Miyong) (20)
d. Dialogue with Seton clinic diabetes team (30) | Note: Field trip to Seton McCarthy Community Health Center, dialogue with diabetes team

(Field work 4-6 Team work on CBPR proposals)

Readings:

Metzl, J.M, Hansen, H. (2014). Structural Competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine, 103*, 126-133.

Kim, K.B., Han, H.R., Nguyen TH, Kim, B.Y., & Kim, M.T. (2014). The effect of community based self –Help multimodal behavioral intervention in Korean American seniors with high blood pressure. *American Journal of Hypertension*, *27* (9), 1199-1208.

Kim, M.T., Han, H.R., Hedlin, H.K., Kim, J.Y., Kim, K.B., & Hill, M.N. (2011). Tele-transmitted monitoring of BP and bilingual nurse counseling sustained improvements in BP control over 12 months in hypertensive Korean Americans. *Journal of Clinical Hypertension, 13*(8), 605–612.

Kim, M.T., Han, H.R., Song, H., Lee, J.E., Kim, J., & Kim, K.B. (2009). A community-based culturally tailored behavioral intervention for Korean Americans with diabetes. *Diabetes Educator*, *35*(6), 986-994.

Song, H.J., Han, H.R., Lee, J.E., Kim, J., Kim, K.B., Nguyen, T., Kim, M.T. (2010). Translating Current Dietary Guidelines into a Culturally Tailored Nutrition Education Program for Korean American Immigrants with Type 2 Diabetes. *Diabetes Educator, 36*(5), 752-761. |

#11 4/10/15	**Using CBPR to Promote Social Change and Healthy Public Policy** a. Invited speakers: Shetal Vohra-Gupta, Ph.D (get her title), Linda Phan, ED Asian Family Support Service of Austin (Obama Minority Health Commission) (90) b. Discuss project proposals: group update then teams (90)	*(Field work: 4-6 hrs)* (Due: Project proposal draft , 4-6 pages: Include Aims, Process, Methodology) ***Readings:*** Minkler, chapters 17-20 Role of CBPR in Policy Advocacy; Using CBPR to promote Environmental Justice; Action Research with Hotel Cleaners; Food Security through Store Conversions (pages 307-366=64pgs). Others:TBA (*from Shetal, Linda Phan)

| #12 4/17/15 | **Making CBPR Sustainable: Next Steps and Strategies**

a. Progress reports from teams (50)
  Sustainability strategies, building long-term relationships, sustaining our vision
  Looking forward
b. Panel discussion and dialogue with class: Effective project proposals: Invited speakers from local funders (SDCHF, Seton Fund, DDCE, UT School of Nursing, MSDF, DMS) (90)
c. Debrief: Effective grant writing highlights. (30) Miyong | *(Fieldwork, complete draft of proposals 4-6)*

Readings:
Minkler, Ch. 21, What Predicts Outcomes? (371-388=24)

Weiss, E.S., Stevenson, A.J., Erb-Downward, J., Combs, S., Sabino, E.E., Michel, T.A., Kemeny, M.M., Ackley-Kazdal, T., O'Connor, M., & Rapkin, B. (2012). Sustaining CBPR partnerships to address health disparities in times of economic instability. *Journal of Health Care for the Poor and Underserved. 23*(4), 1527-1535.

Pinto, R.M., da Silva, S.B., Penido, C., & Spector, A.Y. (2012). International Participatory Research Framework: triangulating procedures to build health research capacity in Brazil. *Health Promotion International, 27*(4), 435-444.

Vines, A.I., Teal, R., Meyer, C., Manning, M., & Godley, P. (2011). Connecting community with campus to address cancer health disparities: a community grants program model. *Progress in Community Health Partnership, 5*(2), 207-212.

Bogart, L.M., & Uyeda, K. (2009). Community-based participatory research: partnering with communities for effective and sustainable behavioral health interventions. *Health Psychology, 28*(4), 391-3.

Minkler, M., Blackwell, A.G., Thompson, M., Tamir, H. (2003). Community-based participatory research: implications for public health funding. *American Journal of Public Health, 93*(8), 1210-1213. |
| #13 4/24/15 | **Class presentations**
a. Invited speaker and dialogue with class: Cross-systems approach to undoing Racism: Joyce James, include sharing self-reflection journals related to this topic (45)
b. CBPR proposals: practice presentation sessions, feedback (90)
c. Team work (30) | (*Fieldwork 4-6 hours*)
(Due: Complete proposal drafts: To include: Aims, Methodology, Process, Evaluation Plan, Sustainability strategy)

Readings:
TBA: From speaker, article about Undoing Racism |

#14 5/1/15	**Evolving Community Engagement Strategies/Class presentations** a. Discuss feedback on CBPR Proposal drafts (30) b. Practice sessions, continued, group feedback (60) c. Panel discussion: Evolving Community Engagement Strategies: Art, Technology, and Social Entrepreneurs (90) (Consider invitation to Ron Berry, Jay Bernhard, Center for Health Communications, Dr. Mark Shen, DMC, Suzy Sosa, VERB, RJK program)	*(fieldwork 4-6 hrs)*
5/7/15 Brunch at Dr. Smith's House (10-12)	**Celebration, Evaluation and Next Steps**	Share self-reflection journals Participatory Evaluation: Evaluate course experience, strengths, challenges, suggestions for future
#15 5/8/15 5:30-7:30 in Community Setting	**Disparity Dialogues: Using CBPR and Community Collaboration To Achieve Health Equity**	(Due: Final CBPR proposals)

Selected Applicable Course, School, and University Policies

All courses at UT-Austin must adhere to all university policies. The following policies are included for your convenience.

Use of Blackboard: This course uses Blackboard, a Web-based course management system available at https://courses.utexas.edu. Blackboard (Bb) will be used to distribute course materials, communicate and collaborate online, post grades, submit assignments, and take online quizzes and surveys. Students will be responsible for checking the Blackboard course site regularly for class work and announcements. As with all computer systems, there are occasional scheduled downtimes as well as unanticipated disruptions. Notification of these disruptions will be posted on the Blackboard login page. Scheduled downtimes are not an excuse for late work. If there is an unscheduled downtime for a significant period of time close to a due date, adjustments may be made by the course faculty. Blackboard support is provided by the ITS Help Desk at 475-9400 Monday through Friday 8 am to 6 pm.

University Electronic Mail Notification Policy: The University (including course faculty) will exercise the right to send e-mail communications to all students, and the University will expect that e-mail communications will be received and read in a timely manner. Every student must provide the University with his or her official e-mail address using the on-line update form in UT Direct. The student's official e-mail address is the destination to which the University and course faculty will send official e-mail communications. It is the responsibility of every student to keep the University informed of changes in his or her official e-mail address; consequently, e-mail returned to the University with "User Unknown" is not an acceptable excuse for missed communication. Students are expected to check e-mail on a frequent and regular basis in order to stay current with University-related communications. It is recommended that e-mail be checked daily, but at a minimum, twice per week. The complete text of this policy and instructions for updating your e-mail address are available at http://www.utexas.edu/its/policies/emailnotify.html.

Student Conduct Policy: Students and faculty in The School of Nursing each have responsibility for maintaining an appropriate learning environment. Faculty members have the professional responsibility to treat students with understanding, dignity and respect and to guide the teaching/learning process. Students are expected to refrain from verbal and nonverbal behaviors in the classroom and clinical that may be distracting to others, such as, but not limited to: arriving late or leaving early, side conversations, text messaging, note passing, surfing the internet or answering e-mail on laptops, and answering cell phone or pager. Students who persistently engage in behaviors that are disruptive to the teaching/learning process may be required to leave the setting. For further information refer to General Information, Institutional Rules on Student Services and Activities, Chapter 11: Student Discipline and Conduct.

Honor Code: Learning and practicing responsible and ethical behavior is a vital part of being a good citizen and student. The Institutional Rules on Student Services and Activities given in the General Information Catalog (p. 201, Sec. 11-101) and The University of Texas at Austin's Honor Code apply to all students:

The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the University is expected to uphold

these values through integrity, honesty, trust, fairness, and respect toward peers and community.

The profession of nursing has a legacy of public respect and trust. We provide specialized care for the health needs of individuals and the community with integrity, honesty, compassion, and state of the art knowledge and skills. Learning and practicing responsible and ethical professional behavior is a vital part of professional education. **The School of Nursing has its own Honor Code:**

> As a student in The University of Texas at Austin's School of Nursing, I pledge myself to be honest in all of my student activities including, but not limited to, all of my scholastic work and interactions with patients, members of the community, faculty, and peers. Furthermore, I will not use any substance prior to or during my interaction with patients that could alter my judgment or ability to render safe care: this includes but is not limited to any use of alcohol, illegal drugs, and prescription or over-the counter drugs that may impair my mental and/or physical abilities required to perform safe patient care. I will disclose to my instructor any violations of the above standards of conduct.

Scholastic Integrity and Scholastic Dishonesty: The School of Nursing recognizes the strong link between honesty in academic work and professional integrity. Students are expected to present original work for completion of course requirements and **strictly adhere to the American Psychological Association (APA) principles of documentation of sources and proper citation of quoted material**.

Scholastic dishonesty includes, but is not limited to cheating, plagiarism, collusion, falsifying academic records, and misrepresenting facts. Plagiarism is basically not giving others credit for their work when you use it in your work (including images). Presenting another's published or unpublished work as one's own work for completion of course requirements will result in a grade of zero ("F") for that assignment and reporting of the incidence to the Dean of Students' Office. The Dean of Students Office records acts of dishonesty and notifies the School of Nursing of each incident. Any act of academic dishonesty, including fabrication of reports or records of interactions with clients, is considered incompatible with ethical standards of nursing practice. The School of Nursing does not admit to the professional sequence students who have a record of violations. Students who engage in scholastic dishonesty may be subject to dismissal and may jeopardize their eligibility for licensure as a registered nurse. The Dean of Students may take action above and beyond that of the course instructor. More information can be found in the section on plagiarism in the APA Manual and the statement on Scholastic Dishonesty Policy Sec. 11-802.

Academic and Program Accommodations for Students with Disabilities: The University of Texas at Austin provides upon request appropriate academic adjustments for qualified students with disabilities. For more information, refer to General Information for more on Academic and Program Accommodations for Students with Disabilities or contact the Services for Students with Disabilities office in the Office of the Dean of Students at 471-6259 or 471-6461 TDD. The School of Nursing works to ensure that students who have disabilities have equal access to the University's programs and services. If you have any questions about services or accommodations for students with disabilities, please talk with the faculty member, the Assistant Dean for Undergraduate Programs, or the Assistant Dean for Student and Clinical Affairs.

Religious Holidays: A student who is absent from a class or test for the observance of a religious holy day may complete the work missed within a reasonable time after the absence, if proper notice has been given. Notice must be given at least fourteen (14) days prior to the classes scheduled on dates the student will be absent. For religious holy days that fall within the first two weeks of the semester, notice should be given on the first day of the semester. It must be personally delivered to the instructor and signed and dated by the instructor, or sent certified mail, return receipt requested. A student who fails to complete missed work within the time allowed will be subject to the normal academic penalties.

Submitting Late Assignments: Extensions for late work require prior approval of the instructor and will only be given for serious reasons, such as personal or family health.

IN CASE OF EMERGENCY

IF YOU SEE SMOKE, SEE FLAMES, SMELL SOMETHING BURNING, OR BECOME AWARE OF ANOTHER EMERGENCY THAT MAY REQUIRE EVACUATION OF THE BUILDING, **IMMEDIATELY**:

1. If possible, **ISOLATE** the fire or other emergency by closing the door.
2. **ACTIVATE** the nearest **FIRE ALARM PULL STATION**.
3. **EVACUATE** to the PRIMARY or ALTERNATE ASSEMBLY AREA.
4. Dial University Police at **911** or Dispatch **471-4441**.

DO NOT CALL 911 UNTIL YOU ARE OUTSIDE THE BUILDING.

IF A FIRE ALARM IS ACTIVATED:
- In a calm and orderly manner, proceed to evacuate the area and follow the instructions of the Fire Wardens or emergency response personnel. Each floor has two designated wardens. Their role is to ensure that everyone on their floor has proceeded to the fire exit stairs.
- Do not rush, push or panic.
- Close your office, classroom, or lab door behind you.
- EVACUATE to the designated ASSEMBLY AREAS. If your progress to the PRIMARY assembly area is impeded, proceed to the ALTERNATE assembly area.
- DO NOT USE ELEVATORS TO EVACUATE. Descend the nearest fire exit stairs in single file down to the GROUND LEVEL (first floor) and exit the building. Fire exit stairs are located on the southwest and northwest ends of the building.
- If there is someone who requires assistance, please provide it.
- Do not reenter the building unless directed by UTPD or an Austin Fire Department Officer in charge.

DO NOT BLOCK ACCESS TO BUILDING FOR EMERGENCY PERSONNEL. Do not exit through the front door of the building unless you are in the lobby areas outside the central elevators/stairwell. If you are in the courtyard outside the second floor lobby, you may exit through the glass doors to the east or west, then out to one of the designated assembly areas.

ASSEMBLY AREAS:

From NORTHWEST FIRE STAIR EXIT—proceed to first floor stairwell exit door to outside of building. DO NOT ENTER FIRST FLOOR HALLWAY AND EXIT THROUGH GLASS DOORS. Primary assembly area is across north bridge toward tennis courts. Alternate assembly area is east end of F23 parking lot near Red River St.

From SOUTHWEST FIRE STAIR EXIT— proceed to first floor stairwell exit door to outside of building. DO NOT ENTER FIRST FLOOR HALLWAY AND EXIT THROUGH GLASS DOORS. Primary assembly area is south to Centennial Park. Alternate assembly area is across south bridge toward tennis courts.

to tennis courts

creek

to park

to lower level

to lower level

patio

Red River
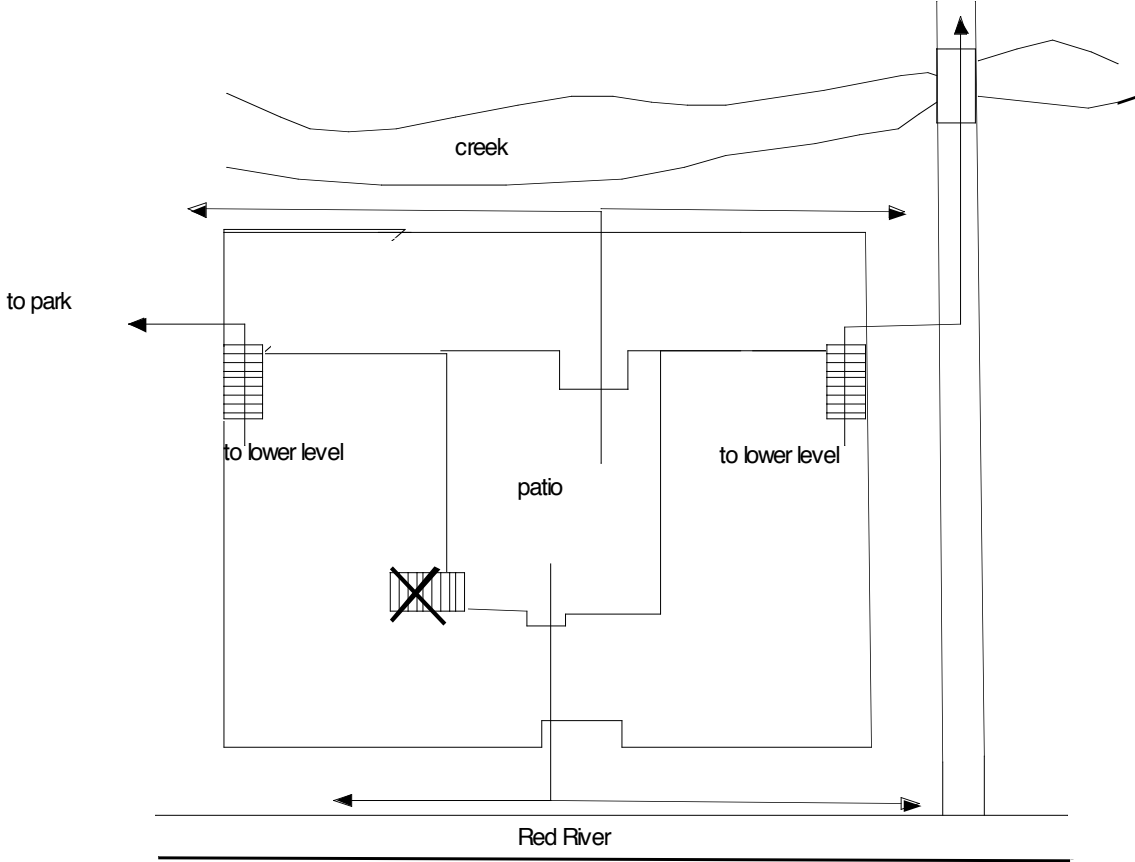
Emergency Procedures: School of Nursing

Evacuation

Evacuate when prompted by continually sounding fire alarms or by an official announcement.

Evacuate the building using the nearest exit (or alternate if nearest exit is blocked). *Do Not use the elevator!*

Leave the building in an orderly manner without rushing or crowding. Take personal belongings (keys, purses, wallets, jackets, etc.) only if time and safety permit without delay.

Secure any hazardous materials or equipment before leaving. Close classroom or office doors as you leave.

Follow directions given by evacuation personnel.

Go to Evacuation Assembly Point indicated on building emergency evacuation signs.

Primary site:

southwest-footbridge near Centennial Park
northwest-footbridge leading to tennis courts

Alternate site:

Trinity Parking Garage (TRG)

Assist persons with disabilities or special needs.

When an alarm sounds, evacuate. Never second-guess or assume the alarm is false.

Medical Emergencies

Look for a Medic Alert bracelet or necklace. Have someone call 9-1-1. If you are alone, yell for help. If you are unable to summon help, call 9-1-1, then return and assist the person.

Give the 9-1-1 operator as much information as possible: type of emergency, what help is needed, exact address, building name, room number, telephone number, information from Medic Alert bracelet or necklace, and victim information.

Don't hang up until you are told to by the 9-1-1 operator. Don't move the victim. Give first aid until emergency personnel arrive.

Suspicious Objects

Do not touch or disturb object. Call 9-1-1. Notify your supervisor and

Building Manager : (512) 471-9906

Be prepared to evacuate.

Severe Weather

Tornado

If a tornado is sighted near the university: Dial 9-1-1 from a campus phone or 471-4441 to report tornado sighting to the UTPD dispatcher. Seek shelter immediately.

If a tornado is imminent near you:

If you're inside a building…

- Go to the lowest level of the building, if possible.
- Avoid all windows and other glassed areas.
- Close all doors to rooms with exterior windows.
- Go to an interior hallway.
- Avoid the most dangerous locations of a building, usually along south and west sides and at corners.
- Protect yourself by going into a "drop and tuck" position.

If there is no time to get inside…

- Lie in a ditch or low-lying area or crouch near a strong building.
- Be aware of potential flooding in a ditch.
- Use jacket, cap, backpack, or any similar items to protect face and eyes.
- Protect yourself by going into a "drop and tuck" position.

Shelter In Place

Sheltering-in-place is the use of any classroom, office, or building for the purpose of providing temporary shelter.

Shelter-in-place procedures may be in effect for any of the reasons: a chemical truck overturning, tornado, chemical train derailment, chemical facility accident, pipeline rupture, terrorist attack, release of biological agents, release of chemical agents, drilling accident, hazardous material release, or radiological release.

Suspicious Person

Ask if you can help with directions.

Do not confront the person.

Do not let anyone into a locked building/office.

Do not block the person's access to an exit.

Call 9-1-1. Provide as much information as possible about the person and their direction of travel.

Notify

Building Manager : (512) 471-9906

Fire

Activate the nearest fire alarm pull station *immediately* if you see fire or smoke. When a fire alarm is activated, the Fire Department is automatically notified. Building personnel will respond to assist as needed.

Evacuate the building immediately, following the guidelines for the Emergency Evacuation Plan.

Call 9-1-1 from a safe location.

Do not enter building until the "All Clear" announced by emergency personnel.

Notify

Building Manager : (512) 471-9906

Hazardous Materials

Do Not attempt to clean up spills. Cleanup procedures will be determined by emergency personnel.

If anyone is injured, call 9-1-1 immediately!

Move away from the site of the hazard to a safe location. Follow the instructions of emergency personnel.

Alert others to stay clear of the area.

Notify emergency personnel if you have been exposed or have information about the release.

Notify

Building Manager : (512) 471-9906

Important Numbers

University Police: 9-1-1 or 471-4441 (from any campus phone)

Austin Police: 9-1-1 (from a cell phone)

Environmental Emergency 24-Hour Hotline: 471-3511

Fire Emergency: 9-1-1

Emergency Information: 232-9999

UHS 24-Hour Nurse Advice Line: 475-6877

Facilities Services Emergency: 471-2020

Building Manager : (512) 471-9906

In the event of a fire, serious injury, or other life-threatening situation, call City of Austin Emergency Services first, then call UT Police to escort and assist City services.

Remember to have your name, number, location, and any other pertinent information available when calling.

THE UNIVERSITY OF **TEXAS** AT AUSTIN

Physical Address: 1710 Red River St.

EMT: (9) 9-1-1 (from campus phone) or 9-1-1 (from cell phone)   **UT Police:** (512) 471-4441 or 9-1-1 (from campus phone)