

The University of Western Ontario  
School of Health Studies

Health Sciences

HS4090A 002: Health Innovation and Leadership

Instructor: Anne Snowdon  
Email: [asnowdon@ivey.ca](mailto:asnowdon@ivey.ca)  
Office Hours: By appointment

Fall Term 2012

Teaching Assistant: TBA  
Email: To be announced in class and posted on OWL  
Office Hours: To be announced in class and posted on OWL

*Lectures:*      Tuesdays      6:00 – 9:00p.m.

---

### Course Objectives

This introductory course is designed to provide students with a broad understanding of leadership and innovation strategies in the health care system in Canada. The course will also provide students with “hands on” experience/exposure to health care system issues through guest speakers, debates, and in class assignments. Upon completion of the course, students will be able to:

- Describe health system structure and organization including governance, organization of health services, and strategic management
- Describe leadership concepts associated with the structure and function of the Canadian health care system
- Describe leadership skills, principles and leadership styles associated with health innovation.
- Identify quality of health care outcomes, and accountability structures for health care delivery from a global context.
- Understand innovation opportunities and challenges in health information systems, medical devices, and the pharmaceutical sector
- Develop and implement a project plan for an identified health system innovation

## Weekly course outline

### Week 1, September 11, 2012 – Introduction and Course Overview

No readings.

### Week 2, September 18, 2012 – Innovation Takes Leadership: Challenges and Opportunities in Canada's Health Systems

Snowdon, A., Shell, J., Leitch, KK. Innovation Takes Leadership: Opportunities & Challenges for Canada's Health Care System. White Paper, Sept. 2010. Available at:

<http://sites.ivey.ca/healthinnovation/files/2010/09/White-Paper.pdf?file=2010/09/White-Paper.pdf>

Time for Transformative Change: A Review of the 2004 Health Accord, March 2012. Standing Committee on Social Affairs, Science and Technology. Honourable Kelvin K. Ogilvie, Chair. Download at [www.senate-senat.ca/social.asp](http://www.senate-senat.ca/social.asp)

The Canadian Health Care Debate: A Survey and Assessment of Key Studies. The Conference Board of Canada, Report May 2012. Download at [www.conferenceboard.ca](http://www.conferenceboard.ca). Publication 12-305

### Week 3, September 25, 2012 – The Politics of Policy and Innovation

**Panel Discussion:** Harpreet Bassi (former Vice President, Health Quality of Ontario); Lori Turik (former Chief of Staff, Minister of Health of Ontario, Elizabeth Whitmer)

Mable AL, Marriott J. Canadian Primary Healthcare Policy: The Evolving Status of Reform. The Canadian Health Services Foundation, January 2012. (This document is available at [www.chsrf.ca](http://www.chsrf.ca)).

Marchildon GP. *Health Systems in Transition: Canada*. Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2005.

Public Health Agency of Canada. Crossing sectors – experiences in intersectorial action, public policy and health. 2007.

[Geisler BP](#), [Widerberg KF](#), [Berghöfer A](#), [Willich SN](#). Leadership in health care: developing a post-merger strategy for Europe's largest university hospital. [J Health Organ Manag](#). 2010;24(3):258-76.

*From Innovation to Action*. Health Care Innovation Working Group (HCIWG) of the Council of the Federation. 2012. Available at:

<http://www.councilofthefederation.ca/pdfs/Health%20Innovation%20Report-E-WEB.pdf>

#### **Week 4, October 2, 2012 – Leadership and Governance in Health Care**

[Macfarlane F](#), [Greenhalgh T](#), [Humphrey C](#), [Hughes J](#), [Butler C](#), [Pawson R](#). A new workforce in the making? A case study of strategic human resource management in a whole-system change effort in healthcare. [J Health Organ Manag](#). 2011;25(1):55-72.

VanVactor, JD. Collaborative leadership model in the management of health care. [Journal of Business Research](#), 2012, vol. 65, issue 4, pages 555-561.

Michaelis B, Ralf S, Karlheinz S. [Journal of Managerial Psychology](#). 25. 4 (2010): 408-429.

[Warrick, D D](#). The Urgent Need for Skilled Transformational Leaders: Integrating Transformational Leadership and Organization Development. [Journal of Leadership, Accountability and Ethics](#) 8. 5 (Dec 2011): 11-26.

Charbonnier-Voirin A, El Akremi A, Vandenberghe A. A Multilevel Model of Transformational Leadership and Adaptive Performance and the Moderating Role of Climate for Innovation. [Group & Organization Management](#) [1059-6011] 2010: 35(6). 699.

#### **Case Study: The Riverside Hospital Case (Ivey Publishing)**

#### **Week 5, October 9, 2012 – Leading Interprofessional Teams: Creating the conditions for Innovation to Thrive**

**Guest: Dr. Jim Weese, Dean, Health Sciences: Dr. Carol Orchard, Director, Interprofessional Education Institute, Western University**

G. Ross Baker & Jean-Louis Denis (2011): Medical leadership in health care systems: from professional authority to organizational leadership, [Public Money & Management](#), 31:5, 355-362

NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges. [Medical Leadership Competency Framework: Enhancing Engagement in Medical Leadership Third Edition](#), July 2010.

Frenk, J, Chen L, Bhuta ZA et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. [The Lancet](#), [Volume 376, Issue 9756](#), Pages 1923 - 1958, 4 December 2010.

Anonson JMS, Ferguson L, MacDonald MB et al. The anatomy of interprofessional leadership: An investigation of leadership behaviors in team-based health care. [Volume 3, Issue 3](#), pages 17–25, Autumn (Fall) 2009.

## **Week 6, October 16, 2012– Leading Quality in Health Systems**

**Guest Speaker: Phil Hassan, Past President, International Society for Quality in Health Care**

Schmit C, d'Hoore W, Lejeune C, Vas A. Predictors of successful organizational change: the alignment of goals, logics of action and leaders' roles to initiate clinical pathways. *Intl J Care Pathw* March 2011 vol. 15 no. 1 4-14.

[Veillard JH](#), [Brown AD](#), [Baris E](#), [Permanand G](#), [Klazinga NS](#). Health system stewardship of National Health Ministries in the WHO European region: concepts, functions and assessment framework. [Health Policy](#). 2011 Dec;103(2-3):191-9. Epub 2011 Sep 29.

Booske BC, Athens JK, Kindig DA, Park H, Remington PL. Different Perspectives for Assigning Weights to Determinants of Health 6 (Univ. of Wisc. Population Health Inst., County Health Rankings Working Paper, 2010). Available at: <http://uwphi.pophealth.wisc.edu/publications/other/different-perspectives-for-assigning-weights-to-determinants-of-health.pdf>

## **Week 7, October 23, 2012 – Consumer Engagement: An Opportunity to Lead Innovation?**

Innovation Analysis Assignment Due: October 23, 2012, by 4pm.

**Transforming Canadian Health Care through Consumer Engagement: The Key to Quality and System Innovation – February 2011.** Available at <http://sites.ivey.ca/healthinnovation/thought-leadership/white-papers/transforming-canadian-health-care-through-consumer-engagement-the-key-to-quality-and-system-innovation-%e2%80%93-february-2011/>

**In Class Discussion: Interview a Baby Boomer on Health Care and Role of Consumers**

## **Week 8, October 30, 2012 – Health IT: Leading the Digital Health System**

**Dr. Ruben Devlin, CEO Humber River Regional Hospital (TBC)**

Blumenthal D. Stimulating the Adoption of Health Information Technology. *N Engl J Med* 2009; 360:1477-1479.

Miller FA, Sanders CB, Lehoux P. Imagining value, imagining users: Academic technology transfer for health innovation. *Social Science & Medicine*. [Volume 68, Issue 8](#), April 2009, Pages 1481-1488.

Buntin MB, Burke MF, Hoaglin MC, Blumenthal D. The Benefits Of Health Information Technology: A Review Of The Recent Literature Shows Predominantly Positive Results. Health Aff March 2011 30:3464-471.

Karsh B-T, Weinger MB, Abbott PA, Wears RL. Health information technology: fallacies and sober realities. J Am Med Inform Assoc 2010;17:617e623.

### **Week 10, November 6, 2012 – Medical Devices: Leveraging Technology to Transform the Health Sector**

Guest: Mr. Gary Hodgins: Medical Device Innovation in Canada

Ackerly DC, Valverde AM, Diener LW, Dossary KL, Schulman KA. Fueling Innovation In Medical Devices (And Beyond): Venture Capital In Health Care. Health Affairs, suppl 28( 1-2) (2009): W68-W75.

**Comment [DB1]:** You may want to speak with Debbie Fitzsimmons – she teaches a course, Emerging Trends in Health Care where medical devices is a substantial component. Not that this needs to change at all but that the two of you are aware of each others emphasis – best to be complementary rather than contradictory?!

### **Week 11, November 13, 2012 – Strengthening Health Systems Through Innovation: Lessons Learned**

Snowdon A. Cohen J. Strengthening Health Systems Through Innovation: Lessons Learned. Ivey Publishing 2011. (insert website)

John Øvretveit, Magna Andreen-Sachs, Jan Carlsson, Helena Gustafsson, Johan Hansson, Christina Keller, Susana Lofgren, Pamela Mazzocato, Sara Tolf, Mats Brommels, (2012) "Implementing organisation and management innovations in Swedish healthcare: Lessons from a comparison of 12 cases", Journal of Health Organization and Management, Vol. 26 Iss: 2, pp.237 – 257.

[Smith PC](#), [Anell A](#), [Busse R](#), [Crivelli L](#), [Healy J](#), [Lindahl AK](#), [Westert G](#), [Kene T](#). Leadership and governance in seven developed health systems. [Health Policy](#). 2012 Jun;106(1):37-49. Epub 2012 Jan 21.

**Healthy Debate Blog due November, 13 2012, 4pm**

### **Week 12, November 20, 2012 – The Future of Health Care**

**Book:** Richard Barker (2011). 2030 The Future of Medicine: Avoiding a Medical Meltdown, Oxford University Press (UK). ISBN 978-0-19-960066-3

Frenk J, Murray CJL. Health metrics and evaluation: strengthening the science. The Lancet, [Volume 371](#), [Issue 9619](#), Pages 1191 - 1199, 5 April 2008

Romanow R. Building on Values: The Future of Healthcare in Canada. Commission on the Future of Health Care in Canada. 2002. Available here: [http://www.cbc.ca/healthcare/final\\_report.pdf](http://www.cbc.ca/healthcare/final_report.pdf) .

**Comment [DB2]:** Again, we have a course on the future of health care (Sherril Prezcatore) if you wish to touch base with the instructor.

**Comment [DB3]:** Are students expected to read the entire book? Same with the Romanow report?

Drummond D. Commission on the Reform of Ontario's Public Services. [Public Services for Ontarians: A Path to Sustainability and Excellence](#). Queen's Printer for Ontario. 2012.

**Week 12, November 27, 2011 – Global Health Conference: Toronto**

**Measuring What Matters: The Cost vs. Value of Health Care**

**Guest Speaker: Charles Alessi (Toronto Conference)**

Porter ME. What Is Value in Health Care? *New England Journal of Medicine* 363;26. 2010.

Weinstein MC, Skinner JA. Comparative Effectiveness and Health Care Spending — Implications for Reform. *N Engl J Med* 362;5 2010.

Kaplan R, Porter M (2011) The Big Idea: How to Solve the Cost Crisis in Health Care. *Harvard Business Review* 1-18.

**Final paper due at the beginning of class and through turnitin.com**

**Week 13, December 4, 2012 – Poster Presentation of Final Project**

---

EVALUATION

(1) In-class participation (10%).

Students will be expected to prepare for class by doing the readings in advance and then participate constructively to classroom discussion. Interview of someone from the Baby Boomer generation on the strengths and opportunities for innovation in health care is part of this grade.

**Assignment #1: Global Innovation Analysis (due October 23, 2012, 4pm)**

In order to drive innovation in health systems in Canada and globally, we need to start by learning about the types of innovations in other countries, how these innovations have achieved impact and success, and how leadership plays an important role in innovation outcomes. See white paper on the Global comparative analysis.

Identify a health system issue or challenge and then identify three innovate solutions being adopted from around the world, excluding North America, to address the issue or challenge. Consider the health

system problem, the type of innovation (product, process, system redesign or policy), what areas across the continuum of care the innovation has impact (prevention and wellness, primary care, community care, long-term care, mental health, public health, palliative or chronic, palliative), and how the innovation impact is evaluated (system level, patient level, organizational level, regional level, population level). Be sure to identify the organizations involved and it is strongly recommended that you reach out to individuals from the organization to learn about the innovation. Write a comparative analysis on how the different countries have addressed similar issues and identify what Canada could learn from their experience. Identify the leadership role in the innovation and to the degree you are able, consider the leadership strategies which have achieved success.

The Innovation analysis will be profiled during class to examine the trends in innovation, the role of leadership in supporting and achieving innovation success, and the impact innovations have achieved that Canada could learn from.

To complete this assignment, students will complete the following:

1. Select a general area of health innovation of interest to you (ex. Community based care, children's health, emergency department wait times).
2. Conduct a global search for innovative approaches to achieving health system innovation within the selected area of interest (reference all websites identifying the innovation selected). Select the three most impressive innovations you can find, preferably from different countries globally. Identify the organizations leading the innovation, and how the innovation impact was measured or evaluated. Profile each of the three selected innovations (what is the innovation, what was it designed to achieve, what impact did it have and how was impact measured). (5 marks)(3 pages in length, one page for each selected innovation). (5 marks)
3. Analyze the three innovations selected and identify the following: (10 marks)(maxi length, two pages)
  - a. What innovation achieved and how these achievements could inform Canadian health systems.
  - b. What leadership strategies or approaches were associated with the innovation outcomes.
  - c. What are the lessons Canada can learn from these innovations and how could they be applied to Canadian health systems.
5. Recommendations for how Canadian health systems can learn from these innovations, and strengthen the Canadian health system. (5 marks) (one page)

Submit the assignment in hard copy and electronically to [asnowdon@ivey.ca](mailto:asnowdon@ivey.ca), Due Date: October 23, 2012, 4pm.

Total length: maximum of 6 pages, double spaced, 12 font.

**Assignment #2: Healthy Debate Blog: (20%) (Due November 13, 2012, 4pm)**

Social media is increasingly playing a role in informing consumers and patients about health systems and innovations for healthcare. Social media can also play an important role for creating dialogue and awareness about health care solutions. According to a report posted by Statistics Canada ("Individual Internet use and E-Commerce, 2010"), 64% of Canadian internet users search for medical or health-related information. Social media is also an important tool for engaging a wide audience in dialogue on health innovation, to share ideas, explore solutions, and debate issues to strengthen health systems. See HealthyDebate.ca for examples.

The objective of this assignment is to engage students in creating the dialogue for health innovation and leading the debate on specific solutions or ideas for health system innovation. Students will complete the following:

1. Identify a specific health system challenge or issue that is important in leading the dialogue on health system innovation. When choosing an issue to write about, try to find a subject that has not been written about or try to provide a new perspective on an old theme.
2. Research the issue to understand the current state of the science or thinking related to the selected health issue. Examine the evidence describing the magnitude, prevalence or impact of the health system issue.
3. In 800 words, write a blog on the topic. Take a position on the issue, use evidence to justify your position, and then offer recommendations for solutions to address the selected health system challenge. Be clear in identifying the link to recent research or media coverage of the topic, maintain a conversational style and use specific examples. Consider counter arguments.

Students who achieve a grade of A or higher will have the opportunity to have their blog published on Healthy Debate as a co-author with Dr. Snowdon.

Grading Scheme:

- a. Health system issue selected is relevant to Canadian health system context and is clearly described, position taken by the author is stated clearly and effectively. (5marks)
- b. Health system issue selected is well referenced or supported by empirical evidence, and linked to current evidence and/or media coverage of the selected topic. (5 marks)
- c. Focus of recommendations or solution is creative, innovative and clearly stated (5 marks).

- d. Writing style clear, conversational, inspires thinking, creativity and encourages dialogue (5 marks)

**Final Innovation Project (Grading: 45% of final grade – 10% for poster presentation and 35% for paper submission).**

All papers are due at the beginning of class, Nov 27<sup>th</sup>, by which time the paper should have been submitted to turnitin.com. Poster presentation of final project (10%). Poster presentations will be presented in class, December 4<sup>th</sup> 2012. Students have the choice of two options for the final innovation project. Option One is to work with LHSC (maximum of 3 groups) on a “live” innovation project called the WayFinding Project. Groups will work with Ilya Bogorad, MBA, PMP, Senior Consultant, Strategy and Project Leadership, London Health Sciences Centre who will oversee the work at the hospital. The project assignment is described below as Option One. Option Two is to create an innovation project or initiative based on what you have learned in the class. It positions the student in the role of health system innovator. Students will have the opportunity to discuss their ideas and project plans with Health Innovators in Residence at the Ivey International Centre for Health Innovation and Leadership.

**Final Health Innovation Project (Option One):**

This is a group project that will partner with a local health care agency and will work on a project specifically designed by the agency for the student team. Each group will be expected to work closely with the health agency, and may be required to spend time onsite at the agency to interact with staff, assess and evaluate the structure of the agency, examine the mission and vision of the agency relative to the health services they deliver. The project guidelines and criteria for evaluation for the project are as follows:

- a. Project objectives are clearly described. Scope of the project is defined, what will be achieved, what deliverables will arise as outcomes and what timelines each objective and deliverable will be achieved. (15 marks)
- c. Success of the project is defined in terms of the indicators used to measure quality of the project. The measures of success include operational outcomes that are measurable and link directly to the project objectives.(15 marks)
- d. Implementation of the project is described, what worked well, what strategies didn't work well, how did group leadership determine new strategies to address challenges as they arose. (15 marks)
- e. Communication with the agency staff and lead facilitator is described (schedule of visits, interactions, outcomes are clearly described. Project leadership is described and role of each group member is described including the deliverables for each student on the team. Communication of project processes, outcomes, and deliverables to agency staff is clearly stated. (15 marks)

f. Project outcomes and deliverables are clearly described as well as strategies for evaluating the project outcomes and deliverables. Recommendations for implementation of the project outcomes for the agency are clearly communicated, including leadership strategies and communication plan (15 marks)

g. Project Presentation is clear, involves all students on the project team, presentation uses visual aids, student presenters engage the audience in the presentation and the discussion to generate interest and appeal to the audience. Teams will present their projects in class on December 4, 2012. Agency representatives will attend the presentations and will participate in this portion of the grading of the presentations and project submissions. (10 marks)

h. Project Innovation and Creativity. Health care system projects will be awarded 15 marks for creativity and innovation by the agency representative. These marks will be awarded for enthusiasm, the uniqueness of what the student team brings to the project and the agency, the novel ideas and innovation evident in the project outcomes. (15 marks).

Students bring a unique perspective to health care systems, and this project is an opportunity to bring innovative ideas and creativity to the challenges of health care delivery. Marks will be allocated for innovation and creativity for the project overall conducted in the health agency.

### **Final Project: Design Your Own Health Service or Program (Option Two)**

You were the successful candidate for a leadership role that is mandated to achieve innovation in the health care system governed by the Southwest LHIN. Your objective is to design and develop an innovative new health program/service that will strengthen and improve the health care system in the Southwest region of the province. Your position description is as follows:

#### **Position Description:**

A hard-working, intelligent manager/leader who has current knowledge of the principles of leadership and management. The incumbent has the opportunity to create a new health care unit or service within the agency serving the Southwest region of Ontario. This new unit or organization can be a new patient care unit in a large urban hospital, a community health facility, a remote rural health clinic, or any other type of health care organization where innovative patient care services are provided. The board of directors for the LHIN (Local Health Integration Network) expects a written submission of approximately 10 typed double-spaced pages at the completion of this project. The final submission should include references to current literature on innovation, health system leadership. References must be in APA format.

#### **Sections to Include in Your Project**

- Determine the type of innovation program, unit or organization you are developing and provide background evidence for the relevance of the program. Give your program/ or health service a name. Identify the population it serves and the relevance of the program or service to this population.

- Describe the objectives of the program/service, include a mission and vision statement for the new organization.
- Describe program outcomes and strategy for measuring outcomes, describe what success looks like and how it will be measured to determine success.
- Describe the leadership strategy to implement this innovative program or service, include a description of the leadership roles and structure, and the workforce which will be required to implement the program or service.
- Describe the program, its objectives, how the population will be served, what is unique and innovative about the program, how the program addresses a health system innovation challenge or opportunity.
- Describe an implementation plan for the program or service including phases, timelines and deliverables for each implementation phase.
- Describe policy implications of the program or service, what health system leader or key decision maker will need to support the program and how you will engage decision makers to support the project implementation.

**Marking Scheme:** (35% of course grade)

Health care service/program is clearly stated and well developed based on the needs of the population it serves (10 marks)

Structure of the organization, mission, values, leadership structure is clearly identified and demonstrates a strong fit with the program/service. (10 marks)

The rationale is provided for the type of organization or unit you have chosen to develop, including the health system innovation needs or opportunities the program addresses, appropriate references are cited (15 marks)

Leadership strategies (empowerment of staff, team development) are well developed and appropriate to the proposed program or health service.(25 marks)

Implementation of the new program/service is clearly described along with outcomes, deliverables and how they will be measured. (20 marks)

Key health system decision makers or policy makers are identified and strategies for engaging their support in the program design and launch is discussed. (10 marks).

The paper has a scholarly presentation and adheres to APA format. Maximum 10 pages including all references and tables or illustrations (10 marks).

**Final Project Presentation:** (10% of course grade)

The grading criteria for the presentation is as follows:

**Presentation of Project: (5 marks)**

Presentation is clear, presentation uses a poster format to describe the project. Student presenter engages the audience in the presentation and the discussion to generate interest and appeal to the audience.

**Project Innovation and Creativity (5 marks)**

These marks will be awarded for enthusiasm, the uniqueness of what the student team brings to the agency, the novel ideas and innovation evident in the project outcomes.

Students bring a unique perspective to health care systems, and this project is an opportunity to bring innovative ideas and creativity to the challenges of health care delivery.

---

#### CLASS MATERIALS

Unless otherwise indicated on the course outline, all readings are available through the UWO library system.

---

#### Plagiarism<sup>1</sup>

“Students must write their essays and assignments in their own words. Whenever students take an idea, or a passage from another author, they must acknowledge their debt both by using quotation marks where appropriate and by proper referencing such as footnotes or citations. Plagiarism is a major academic offense (see Scholastic Offence Policy in the Western Academic Calendar).

All required papers may be subject to submission for textual similarity review to the commercial plagiarism detection software under license to the University for the detection of plagiarism. All papers submitted will be included as source documents in the reference database for the purpose of detecting plagiarism of papers subsequently submitted to the system. Use of the service is subject to the licensing agreement, currently between The University of Western Ontario and Turnitin.com

(<http://www.turnitin.com>).”

---

#### **ADDITIONAL STATEMENTS**

##### **Student Code of Conduct**

The purpose of the Code of Student Conduct is to define the general standard of conduct expected of students registered at The University of Western Ontario, provide examples of behaviour that constitutes a breach of this standard of conduct, provide examples of sanctions that may be imposed, and set out the disciplinary procedures that the University will follow. For more information, visit <http://www.uwo.ca/univsec/board/code.pdf>.

##### **English Proficiency for the Assignment of Grades**

Visit the website <http://www.uwo.ca/univsec/handbook/exam/english.pdf>.

##### **Accommodation for Medical Illness or Non-Medical Absences**

[http://www.uwo.ca/univsec/handbook/appeals/accommodation\\_medical.pdf](http://www.uwo.ca/univsec/handbook/appeals/accommodation_medical.pdf)

---

<sup>1</sup> This section is a direct quote from UWO required statement on Plagiarism.

The University recognizes that a student's ability to meet his/her academic responsibilities may, on occasion, be impaired by medical illness. Illness may be acute (short term), or it may be chronic (long term), or chronic with acute episodes. The University further recognizes that medical situations are deeply personal and respects the need for privacy and confidentiality in these matters. However, in order to ensure fairness and consistency for all students, academic accommodation for work representing 10% or more of the student's overall grade in the course shall be granted only in those cases where there is documentation indicating that the student was seriously affected by illness and could not reasonably be expected to meet his/her academic responsibilities.

A UWO Student Medical Certificate (SMC) is required where a student is seeking academic accommodation. This documentation should be obtained at the time of the initial consultation with the physician or walk-in clinic. An SMC can be downloaded under the Medical Documentation heading of the following website: <https://studentservices.uwo.ca/secure/index.cfm>.

Documentation is required for non-medical absences where the course work missed is more than 10% of the overall grade. Students may contact their Faculty Academic Counselling Office for what documentation is needed.

Whenever possible, students who require academic accommodation should provide notification and documentation in advance of due dates, examinations, etc. Students must follow up with their professors and their Academic Counselling office in a timely manner. Documentation for any request for accommodation shall be submitted, as soon as possible, to the appropriate Academic Counselling Office of the student's Faculty of registration. For BHSc students, you may go to the School of Health Studies Office in HSB room 222.

#### **Scholastic Offences**

Scholastic offences are taken seriously and students are directed to read the appropriate policy, specifically, the definition of what constitutes a Scholastic Offence, at the following website: [http://www.uwo.ca/univsec/handbook/appeals/scholastic\\_discipline\\_undergrad.pdf](http://www.uwo.ca/univsec/handbook/appeals/scholastic_discipline_undergrad.pdf).

Additionally,

1. All required papers may be subject to submission for textual similarity review to the commercial plagiarism detection software under license to the University for the detection of plagiarism. All papers submitted for such checking will be included as source documents in the reference database for the purpose of detecting plagiarism of papers subsequently submitted to the system. Use of the service is subject to the licensing agreement, currently between The University of Western Ontario and Turnitin.com (<http://www.turnitin.com>).
2. Computer-marked multiple-choice tests and/or exams may be subject to submission for similarity review by software that will check for unusual coincidences in answer patterns that may indicate cheating.

#### **Support Services**

There are various support services around campus and these include, but are not limited to:

1. Student Development Centre -- <http://www.sdc.uwo.ca/ssd/>
2. Student Health -- <http://www.shs.uwo.ca/student/studenthealthservices.html>
3. Registrar's Office -- <http://www.registrar.uwo.ca/>
4. Ombuds Office -- <http://www.uwo.ca/ombuds/>