

The University of Western Ontario  
School of Health Studies  
Health Sciences HS4740A-001  
**Chronic Disease Prevention and Management (CDMP)**

Instructor: Dr. Savundranayagam

Fall 2013

Email: msavund@uwo.ca

Office Room Number: HSB219

Office Hours: Tuesday, 2:30-4:30 pm

Course Meeting Times: Monday (11:30 a.m.-12:30 a.m.), Wednesday (10:30a.m.-12:30p.m.)

Location: UCC-67

**Prerequisite Checking**

Unless you have either the requisites for this course or written special permission from your Dean to enrol in it, you may be removed from this course and it will be deleted from your record. This decision may not be appealed. You will receive no adjustment to your fees in the event that you are dropped from a course for failing to have the necessary prerequisites. Please refer to the Western's current Academic Calendar at [www.westerncalendar.uwo.ca](http://www.westerncalendar.uwo.ca).

**Prerequisite(s):** [Health Sciences 3701A/B](#) or [3704A/B](#).

Additional recommended course: Health Sciences 4702 (Aging Mind)

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**Course Information**

Chronic disease is a tremendous burden for our health care system and an economic burden for Canada. Using a health system perspective, this course will examine the prevalence of chronic disease, key factors associated with the significant increase in chronic diseases, and strategies for primary prevention such as an active lifestyle, good nutrition, healthy weight, as well as secondary prevention of complications. This course provides an overview of initiatives that aim at preventing and managing chronic illnesses. These initiatives will be discussed using local, national, and international case studies.

**Learning Outcomes:** Participation in this course will enable students to:

1. Assess the impact of chronic diseases within the Canadian health care system from the viewpoint of key stakeholders.
2. Describe models, such as the Chronic Care Model, that guide national and provincial approaches to chronic disease prevention and management.
3. Assess the impact of current strategies and approaches to prevent and manage chronic diseases.
4. Apply theoretical models to recommend evidence-informed strategies prevent and manage chronic diseases.

Required Readings (on OWL/Sakai) are listed within the table of readings and assignments. Please note the **learner outcomes (LO)** that correspond to each session.

Session: Date	Readings/Assignments
1. Sept. 9 <b>Learner outcome (LO) 1</b>	<p><b>Course Overview</b></p> <p><b>Burden of Chronic Disease in Canada</b></p> <ul style="list-style-type: none"> <li>Haydon, E., Roerecke, M., Giesbrecht, N., Rehm, J. &amp; Kobus-Matthews, M. (2006). <i>Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities – Summary Report</i>. <b>Read pages 5-10 only.</b></li> </ul>
2. Sept. 11 <b>LO 1, 2</b>	<p><b>Burden of Chronic Disease in Canada (con't)</b></p> <ul style="list-style-type: none"> <li>Ministry of Health and Long-Term Care (2007, May). <i>Preventing and managing chronic disease: Ontario's framework</i>. <b>Read pages 3-7 only.</b></li> <li><b>Supplemental:</b> Suhrcke, M., Fahey, D. F., &amp; McKee, M. (2008). Economic aspects of chronic disease and chronic disease management. In E. Nolte &amp; M. McKee (Eds.), <i>Caring for people with chronic conditions: A health system perspective</i> (pp. 43-63). Maidenhead, England: Open University Press.</li> </ul>
3. Sept. 16 <b>LO 2</b>	<p><b>Chronic Care Model</b></p> <ul style="list-style-type: none"> <li>Bodenheimer T, Wagner E, Grumbach K. (2002). Improving primary care for patients with chronic illness: the chronic care model. <i>JAMA</i>, 288, 1775-1779.</li> <li><b>Supplemental:</b> Wagner E.H. (1998). Chronic Disease Management: What Will It Take to Improve Care for Chronic Illness? <i>Effective Clinical Practice</i>, 1, 2-4.</li> </ul>
4. Sept. 18 <b>LO 2, 3</b>	<p><b>Systematic reviews and empirical articles (Library Instruction)</b></p> <ol style="list-style-type: none"> <li>Cochrane Collection</li> <li>Campbell Collaborative</li> <li>Others: DARE, health-evidence.ca</li> </ol> <p><b>Ontario's Framework for Chronic Disease Prevention and Management</b></p> <ul style="list-style-type: none"> <li>Ministry of Health and Long-Term Care (2007, May). <i>Preventing and managing chronic disease: Ontario's framework</i>. <b>Read pages 8-39 only.</b></li> </ul>
5. Sept. 23 <b>LO 1, 2,</b>	<p><b>Prevention &amp; Modifiable Risk Factors of Chronic Disease</b></p> <ul style="list-style-type: none"> <li>Novotny, T. E. (2008). Preventing chronic disease: everybody's business. In E. Nolte &amp; M. McKee (Eds.), <i>Caring for people with chronic conditions: A health system perspective</i> (pp. 92-115). Maidenhead, England: Open University Press.</li> <li>Haydon, E., Roerecke, M., Giesbrecht, N., Rehm, J. &amp; Kobus-Matthews, M. (2006). <i>Chronic Disease in Ontario</i></li> </ul>

	<i>and Canada: Determinants, Risk Factors and Prevention Priorities – Summary Report. Read pages 10-23 only.</i>
6. Sept. 25 LO 1,2,3	<p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>Dubois, C.-A., Singh, D., &amp; Jiwani, I. (2008). The human resource challenge in chronic care. In E. Nolte &amp; M. McKee (Eds.), <i>Caring for people with chronic conditions: A health system perspective</i> (pp. 143-171). Maidenhead, England: Open University Press.</li> </ul> <p><b>Decision Support and e-Health</b></p> <ul style="list-style-type: none"> <li>Glasgow, N. Durand-Zaleski, I., Chan, E., &amp; Rubiano, D. (2008). Decision support. In E. Nolte &amp; M. McKee (Eds.), <i>Caring for people with chronic conditions: A health system perspective</i> (pp. 172-194). Maidenhead, England: Open University Press.</li> <li>Thompson, L. J., Healey, L., &amp; Falk, W. (2007). Harnessing collaborative technology to accelerate achievement of chronic disease management objectives for Canada. <i>Healthcare Papers</i>, 7(4), 48-53.</li> </ul>
7. Sept. 30 LO 1,2,3,4	<p><b>Topics due &amp; Group Project: Approval of Topics and Group Work</b></p> <p>We will meet in class; Groups will meet with the instructor and present their topics orally. When not meeting with the instructor, groups are to develop a draft timeline of tasks and assign individuals to specific tasks.</p>
8. Oct. 2 LO 2, 3, 4	<p><b>Group Project: Approval of Topics and Group Work</b></p> <p>We will meet in class; Groups will meet with the instructor and present their topics orally. When not meeting with the instructor, groups are to develop a draft timeline of tasks and assign individuals to specific tasks.</p>
9. Oct. 7 LO 2, 3, 4	<p><b>Self-Management: Stanford Model</b></p> <ul style="list-style-type: none"> <li>Lorig KR, Sobel DS, Stewart AL, Brown Jr BW, Ritter PL, González VM, Laurent DD, Holman HR. (1999). Evidence suggesting that a chronic disease self-management program can improve health status while reducing utilization and costs: A randomized trial. <i>Medical Care</i>, 37(1):5-14.</li> <li>Lorig KR, Ritter P, Stewart AL, Sobel DS, Brown BW, Bandura A, González VM, Laurent DD, Holman HR. (2001). Chronic Disease Self-Management Program: 2-Year Health Status and Health Care Utilization Outcomes. <i>Medical Care</i>, 39(11), 1217-1223.</li> <li>Savundranayagam, M. Y., Brintnall-Peterson, M. (2010). Testing self-efficacy as a pathway that supports self care among dementia family caregivers in a psychoeducational intervention <i>Journal of Family Social Work</i>, 13(2): 149–162.</li> </ul>
10. Oct. 9 LO 2, 3, 4	<p><b>Self-Management: The Expert Patient Programme</b></p> <ul style="list-style-type: none"> <li>Griffiths, C., Foster, G., Ramsay, J., Eldridge, S., &amp; Taylor, S. (2007). How effective are expert patient (lay led) education programmes for chronic disease? <i>British Medical Journal</i>, 334(7606), 1254-1256.</li> </ul> <p><b>Self-Management: Flinders Model</b></p> <ul style="list-style-type: none"> <li>Regan-Smith, M., K. Hirschmann, W. Iobst, and M.W. Battersby. 2006. Teaching Residents Chronic Disease</li> </ul>

	<p>Management Using the Flinders Model. <i>Journal of Cancer Education</i>, 21(2):60–62.</p> <p><b>Interventions</b></p> <ul style="list-style-type: none"> <li>• Weingarten SR, Henning JM, Badamgarav E, Knight K, Hasselblad V, Gano A, Jr, et al. (2002). Interventions used in disease management programmes for patients with chronic illness - which ones work? Meta-analysis of published reports. <i>British Medical Journal</i>, 325(7370):925-932.</li> <li>• Zwar, N., Harris, M., Griffiths, R. et al. (2006) <i>A Systematic Review of Chronic Disease Management</i>. Sydney: Australian Primary Health Care Institute. <b>*Read page 8-11, 15 (focus on Canada) and pages 41-60.</b></li> <li>• <b>Group Discussion: Be prepared to meet with your project group to discuss the findings.</b></li> </ul>
11. Oct. 14	<ul style="list-style-type: none"> <li>• <b>***Thanksgiving***</b></li> </ul>
12. Oct. 16	<ul style="list-style-type: none"> <li>• <b>***Midterm***</b></li> </ul>
13. Oct. 21 <b>LO 1, 3</b>	<p><b>Focus on Canada</b></p> <ul style="list-style-type: none"> <li>• Morgan, M. W., Zamora, N. E., &amp; Hindmarsh, M. F. (2007). An inconvenient truth: A sustainable healthcare system requires chronic disease prevention and management transformation. <i>Healthcare Papers</i>, 7(4), 6-23.</li> <li>• Jiwani, I., &amp; Dubois, C.-A. (2008). Canada. In E. Nolte, C. Knai &amp; M. McKee (Eds.), <i>Managing chronic conditions: Experience in eight countries (pp. 161-181)</i>. Maidenhead, England: Open University Press.</li> </ul>
14. Oct. 23 <b>LO 1, 3</b>	<p><b>Ontario's Comprehensive Diabetes Strategy</b></p> <ul style="list-style-type: none"> <li>• Ministry of Health and Long-term Care &amp; Ministry of Health Promotion (2008). <i>Ontario's Diabetes Strategy - Background</i>.</li> </ul> <p><b>London Primary Care Diabetes Support Program</b>  <a href="http://www.health.gov.on.ca/english/providers/program/cdpm/pdf/london.pdf">http://www.health.gov.on.ca/english/providers/program/cdpm/pdf/london.pdf</a></p> <p><b>Class Activity: Students MUST complete the activity BEFORE class in order to DISCUSS findings DURING class.</b></p> <p>Go to the following site: <a href="http://health.gov.on.ca/en/public/programs/diabetes/">http://health.gov.on.ca/en/public/programs/diabetes/</a></p> <p>Each student will be assigned to one of 3 groups. For each group/scenario, you will answer the following: How helpful is the diabetes website to you? In class, you will discuss your journey through the site (be very specific). You will also submit (via Sakai) a short summary (2 paragraphs) appraising the usefulness of the website. Consider issues such as the changes you might implement in your life (if any) as a result of the website.</p> <ol style="list-style-type: none"> <li>a) You are a 66 year old woman with no previous family history of diabetes. Your doctor has told you that you are pre-diabetic.</li> <li>b) You are a 78 year old man living with type 2 diabetes for 20 years.</li> <li>c) You are 58 year old man. You just found out you have diabetes.</li> </ol> <p><b>During class</b>, students are encouraged to use the podium and computer to explain their findings. This activity is</p>

	critical to your participation grades.
15. Oct. 28 LO 1,2,3,4	<b>Group Work and instructor-group consultations</b>
16. Oct. 30 LO 3,4	<b>Group Work and instructor-group consultations</b>
17. Nov. 4 LO 1,2,3,4	<b>Guest Lecture:</b> Rose Peacock System Design Integration Lead South West Local Health Integration Network
18. Nov. 6 LO 1, 3	<p><b>Canadian Diabetes Strategy</b></p> <ul style="list-style-type: none"> <li>Public Health Agency of Canada (2011). <i>Reducing health disparities related to diabetes: Lessons learned through the Canadian diabetes community-based program.</i></li> </ul> <p><b>Class Discussion: <i>This session will be led entirely by students.</i></b> Read all 7 case studies. Students will be divided into 7 groups, reflecting each case. Each group will orally describe the innovation from a given city and discuss how the Chronic Care model and other frameworks relate to each innovation. We will end with a discussion of what's common among the cases and unique within each case.</p> <p><b>Success Stories of CDPM in Ontario</b>  <a href="http://www.health.gov.on.ca/english/providers/program/cdpm/success.html">http://www.health.gov.on.ca/english/providers/program/cdpm/success.html</a></p> <p><b>Class Discussion: <i>This session will be led entirely by students.</i></b> Read all success stories, except for London (which was discussed on Oct. 23). Students will be divided into 6 groups, reflecting each city. Each group will orally describe the innovation from a given city and explain how Ontario's framework for CDPM was applied. We will end with a discussion of what's common among the success stories and what's unique within each city.</p>
19. Nov. 11 LO 1, 2, 3	<b>Mental health prevention and management</b> Canadian Mental Health Association - Ontario. (2008, December). <i>The relationship between mental health, mental illness and chronic physical conditions.</i> (Backgrounder).
20. Nov. 13 LO 1,2, 3	<b>Mental health prevention and management (con't)</b> <ul style="list-style-type: none"> <li>Canadian Mental Health Association – Ontario (2008, August). <i>What is the fit between mental health, mental illness and Ontario's approach to chronic disease prevention and management?</i></li> <li>Canadian Mental Health Association - Ontario. (2008, August). <i>Recommendations for Preventing and Managing Co-Existing Chronic Physical Conditions and Mental Illnesses.</i></li> </ul>
21. Nov. 18 LO 1, 2,3, 4	<b>**Proposals are due**</b> Presentation (2)

22. Nov. 20 LO 1,2, 3, 4	Gerontological Society of America: no class (Work on Presentation)
23. Nov. 25 LO 1,2, 3, 4	GSA: no class (Work on Presentation)
24. Nov. 27 LO 1,2, 3, 4	Presentation (4)
25. Dec. 2 LO 1,2, 3, 4	Presentation (2)
26. Dec. 4 LO 1,2, 3, 4	Presentation (4)

### **Evaluation**

Class attendance is mandatory. There will be one midterm and a group project. The exam will include multiple choice, true/false, and/or short answer questions. The content of examinations will be facilitated through lecture material and assigned readings. Participation during class, especially regarding readings and presentations, will be worth 10% of your final grade. In addition to group presentations, your participation grade will be assessed by your performance during class activities and discussions.

Midterm examination = 35% (Oct. 16, 2013)

Group Project (Total = 55%)

- Proposal 30% (November 18, 2013)
- Peer evaluation of individual contributions 5%
- Presentation = 20% (between November 18 to December 4, 2013)

Participation = 10%

**Late Submissions:** Late assignments and/or exams will be “down graded” by 10% per 24 hours past due date/time.

Assignments more than one week late will not be accepted without prior approval for emergency situations. Missing exams without prior approval or notification of emergency situations will result in an automatic zero.

### **Important regarding plagiarism**

You must submit electronic copies of your paper to Turnitin.com through the course's OWL/Sakai links. Here's the statement on use of Turnitin from Western:

"All required papers may be subject to submission for textual similarity review to the commercial plagiarism detection software under licence 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 licencing agreement currently between the University and Turnitin.com

(<http://www.turnitin.com>)".

(<http://www.uwo.ca/univsec/handbook/exam/courseoutlines.pdf>)

**Student Inquiries:** Students may contact the instructor after class or via email at [msavund@uwo.ca](mailto:msavund@uwo.ca). Please include "HS 4740A" in the email subject line. It is expected that email communication will be used respectfully and judiciously.

**Note:** Examinations must be taken on the day and time they are scheduled unless other arrangements are made due to health reasons that can be fully documented according to the requirement of the School of Health Sciences program and Western University. If an examination is missed without appropriate documentation as required, no make-up examination will be offered and the student will forfeit that portion of the exam weighting. All approvals for make-up exams must be processed through the School of Health Studies; once approved, they will notify the instructor as to whether a make-up exam is to be scheduled.

### Statement on Use of Electronic Devices

Electronic devices will not be allowed during tests and examinations, with the exception of a computer for online tests/exams. For final exams, use of communication equipment (e.g., cell phones) is prohibited.

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### **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)

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: [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 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/>

## Appendix I

### Group Project: Chronic Disease Prevention and Management Community-Based Project Proposal

#### Due Dates:

**Sept. 30, 2013:** Topic (150 words) + list 3 peer-reviewed articles in APA format

**November 18, 2013:** Final Proposal is due

**Where:** All portions of this assignment are due on Owl/Sakai at **11:30 a.m.**

**Length:** 2500 words (excluding references); include word count in your submission

The group project includes 3 forms of evaluation:

1. Peer evaluation of individual contributions to group: 5%
2. Written report: 30%
3. Presentation: 20%

#### Group Project and Presentation Guidelines

The goal of this project is to propose a community-based project/program designed to prevent and/or manage a chronic illness. In groups of 3-4 students (depending on class size), begin with a chronic disease that your group deems is a significant problem in either the London community or another city in Ontario. Your proposal should include the following (70 points):

- Be organized around and related directly to a chronic illness of importance in a specific city: **10 points**
  - o Explain the scope of the chronic illness you are discussing (be specific). Do not choose diabetes or cancer because Ontario has strategies for those conditions (e.g., Ontario's Comprehensive Diabetes Strategy)
  - o Optional: Interview a person with a chronic illness and report on how his/her illness has been managed and further problems prevented
- Assess the existing literature on interventions or program strategies that help to prevent and/or manage the specific chronic illness. Incorporate evidence-informed strategies into your proposed project/program. This requires the group to synthesize research results into what strategies work (and/or do not work) for a specific chronic illness and, if applicable, target population. **20 points**
  - o Convey what knowledge has been established on interventions that address prevention and/or management of your selected chronic illness.
  - o Discuss strengths and weaknesses of the established body of knowledge.
  - o Be sure to include peer-reviewed systematic review articles and empirical articles.
- The final proposed project/program should have the following: **20 points**
  - o A set of objectives that describe what the program plans to achieve.
  - o The objectives should be measurable and include outcome measures such as quality, patient satisfaction, and efficiency.
  - o Clearly explain how specific components of Ontario's Chronic Disease Prevention and Management framework are applied to your intervention: **15 points**

- Students must explain why the community-based project/program is expected to work (provide evidence from previous studies). For example, students can address why the program/project might appeal to a certain target group. What are barriers to uptake of the intervention? How will the project address such barriers? These are examples of the types of issues that should be included in this section.
- Explain how data will be collected to assess the impact of the proposed project/program (e.g., focus groups, quantitative data collection over multiple time points, etc.) **How would you evaluate it?**
- APA format, 15-20 appropriate references (empirical studies, peer-reviewed) **5 points**
  - Inappropriate references include textbooks, non-empirical articles (e.g., commentary or opinion articles), online non-peer reviewed publications, self-published sources, and popular books/articles (such as TIME magazine). Peer-reviewed research articles must make up at least 80% of the total references in your paper. All sources must be cited using American Psychological Association (APA) format. Please access the following link for more information on properly citing sources:  
[http://www.wisc.edu/writing/Handbook/American Psychological Association \(APA\) Documentation M.pdf](http://www.wisc.edu/writing/Handbook/American Psychological Association (APA) Documentation M.pdf)

### Proposal – Scoring Rubric

<b>Category</b>	<b>A: Exemplary</b>	<b>B: Solid</b>	<b>C: Competent</b>	<b>F: Insufficient</b>
<b>Objective</b>	Objective is clearly stated and appropriately focused, prompting a “So what?” exploration.	Objective is clearly stated, but focus could have been sharper or more compelling.	Objective does not lend itself to readily available answers.	No statement of objective for research.
<b>Analysis</b>	Student carefully analyzes the information collected and draws appropriate and inventive conclusions supported by evidence.	Student shows good effort in analyzing the evidence collected.	Conclusions could be supported by stronger evidence. Level of analysis is superficial.	Conclusions are little more than restatements of information or not adequately supported by evidence.
<b>Content Integration</b>	The paper smoothly integrates the writer’s ideas, “quotable” quotations, and paraphrasing.	The paper relies more on the ideas from the research than on the writer’s response even though quotes are “quotable” and paraphrasing is solid.	The paper demonstrates little of the writer’s own ideas in response to the research, relying on quotes poorly connected.	The paper leans heavily toward stringing together quoted material without thoughtfully responding to it.
<b>Organization</b>	The introduction, body, and conclusion are organized and presented in such a clear and creative way that the reader moves easily through the text.	Organizational structure is strong enough to move the reader through the text without undue confusion.	Organizational structure is predictable without flair in either the introduction or conclusion.	The information appears to be disorganized.
<b>Mechanics</b>	No grammatical, spelling or punctuation errors.	Almost no grammatical, spelling or punctuation errors.	A few grammatical, spelling or punctuation errors.	Many grammatical, spelling or punctuation errors.
<b>Sources/APA</b>	Information comes from empirical studies and critical readings related to the problem. APA format is error free.	Some sources are of questionable value (e.g., website info). Almost no errors with APA format.	Student displays minimal effort in selecting quality sources. A few errors with APA format.	Sources are not compelling in quality. Many errors with APA format.

## Appendix II:

### Grading Scheme & Criteria: Presentation

Total Points: 20; Due on Owl/Sakai 24 hours prior to presentation time.

Each group will prepare a **20 minute** presentation that outlines the proposed project or program. The goals of presentations are to show that you can integrate key course concepts, assess key findings and share them in a concise and creative manner. Options include video clips, case scenarios, handouts, etc. If you require audiovisual equipment, please let me know **one week in advance** so that I can make the necessary arrangements. **Powerpoint slides of the presentation must be submitted on Owl/Sakai 24 hours prior to presenting.**

The grading scheme for the presentation includes the process (preparation) and actual presentation delivery.

1. Organization (0-5)	<ul style="list-style-type: none"><li>• Presented information in logical, interesting sequence which audience could follow.</li><li>• Notified instructor about special arrangements.</li></ul>
2. Subject Knowledge (0-5)	<ul style="list-style-type: none"><li>• Answered class questions with explanations and elaboration.</li><li>• Integrated presentation content and additional readings into course concepts.</li></ul>
3. Creativity (0-5)	<ul style="list-style-type: none"><li>• <u>Appropriately</u> used creative formats to engage the class and encourage discussion.</li></ul> <p>* Note: the use of formats such as video clips just for the sake of creativity will not necessarily earn you points. Each component of the presentation must serve a purpose.</p>
4. Delivery (0-5)	<ul style="list-style-type: none"><li>• Maintained eye contact with audience</li><li>• Used clear voice</li><li>• Did not rely heavily on notes</li><li>• Stuck to the time limit</li></ul>

## Appendix III

### Grading for Class Participation

	<b>A (8-10 points)</b>	<b>B (7-7.9 points)</b>	<b>C (6-6.9 points)</b>	<b>D (5.0-5.9)</b>	<b>F (below 5)</b>
<b>Frequency</b>  <b>and</b>  <b>Quality</b>	Attends class regularly and <i>always contributes</i> to the discussion by raising thoughtful questions, analyzing relevant issues, building on others' ideas, synthesizing across readings and discussions, expanding the class' perspective, and appropriately challenging assumptions and perspectives.	Attends class regularly and <i>sometimes contributes</i> to the discussion in the aforementioned ways.	Attends class regularly but <i>rarely contributes</i> to the discussion in the aforementioned ways.	Attends class regularly but <i>never contributes</i> to the discussion in the aforementioned ways.	Does not attend class regularly.

Source: Eberly Center for Teaching Excellence, Carnegie Mellon University