



## International Honors Program

IHP Health and Community

### Health, Culture, and Community

ANTH 3050 (4 credits / 60 class hours)

**PLEASE NOTE:** This syllabus is representative of a typical term. Because courses develop and change over time to take advantage of unique learning opportunities, actual course content varies from semester to semester. In addition, considerations of student safety may change some course content.

## Course Description

This course will offer an introduction to some of the key theoretical and analytical tools of contemporary medical anthropology. We will approach human health, disease and (un)wellbeing from the perspective that these realities are necessarily determined, influenced and shaped by the multifaceted and complex contexts in which we live our lives – including communities, landscapes, and local and global political-economic structures. Concepts such as “health,” “disease,” “illness,” “suffering,” “healing,” and “medicine” will be explored not as universally given biomedical categories but as similarly historically, culturally and environmentally embedded. In this way we will apply medical anthropological thinking to the study of pain, disease, illness, suffering, and healing, and explore the body as both biologically given, and culturally and historically situated – thus, we will even discuss “local biologies.” The course is underpinned by a premise of radical epistemological openness to many different understandings of illness, disease, and healing. As one instance of this, biomedicine—perhaps more commonly, though largely inaccurately, referred to as “Western medicine”—is treated here as one among a great many effective forms of healing knowledge.

In sum, we will treat “health,” as both a theoretical and physically understood concept, as historically and culturally situated, and we will investigate it as a *shared*, not simply an *individual*, production and experience. We will attempt to uncover the links which connect individual and community health to local and global politics, both past and present. The course is thus comparative, observing the expressions of illness and health in different places, but with a focus in IHP on our process of experiential learning in the United States, India, South Africa, and Brazil.

### Three key learning cycles

In each country visited, students will be exposed to, and be confronted by, many different complexities and difficulties in which human health, disease and (un)wellbeing are at stake. This means that the structure of the course will be a little different to those typically taught in a single country (perhaps in the same lecture hall). Rather than introducing key spheres of learning over the arc of the whole semester, lectures in each country will move through three interconnected spheres of medical anthropological interest: health and power, health and epistemology/ontology, and health and environment (with each of these terms being understood in the widest possible sense). The aim of this approach is to provide students with the theoretical and analytical tools with which to make sense of these realities in temporal and spatial proximity to their experiences of them. Nevertheless, as the semester progresses, we will together learn to understand and see these spheres in increasingly sophisticated and nuanced ways.

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## Learning Outcomes

The *Health, Culture, and Community* course comprises 60 class hours of instruction (4 credits). The aim of the course is to introduce students to the discipline of medical anthropology, and the contribution that it makes to research and practice in public health. At its conclusion, students will be able to:

- Articulate an understanding of key concepts and theoretical issues in medical anthropology, and evaluate debated terminologies and describe why and how such terms are contested.
- Compare and contrast definitions of health and ideas about how one achieves health in various societies and community settings, and better understand how diverse peoples define and deal with health and illness, suffering, health practices, and techniques of healing.
- Think critically and analytically about the nature of health, disease and healing in cross-cultural realities, through an ethnographic awareness into the variety of ways of understanding sickness and suffering.
- Apply anthropological theories to the analysis of their own observations and research data gathered in diverse settings, over the course of the semester.
- Utilize analytical skills that will help to think critically about how to interpret and represent complex socio-cultural and ecological interactions and processes related to issues of health, illness, and medicine as we encounter them in our lives and in the world.

## Course Schedule

All course readings will be available in electronic format, in Dropbox, at the beginning of the semester; required readings will also be available as a hard copy at the beginning of each respective country stay. Topics and readings are subject to change, if warranted by local circumstances.

| Class topic   | Country    |
|---|------------|
| <b>HCC-I</b><br><b>What is (medical) anthropology?</b><br><br><u>Required Reading</u> <ul style="list-style-type: none"><li>• Baer, Hans A., Singer, Merrill, and Ida Susser. (2003). Medical Anthropology: Central Concepts and Development. In <i>Medical Anthropology and the World System</i>. Westport, Connecticut: Paeger, pp. 3-29.</li><li>• Nguyen, Vinh-Kim, and Karine Peschard (2003). Anthropology, inequality, and disease: a review. <i>Annual Review of Anthropology</i> 32:447-474.</li></ul> | <b>USA</b> |

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# Course Syllabus

## SIT Study Abroad

School for International Training



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|---|---------------------|
| <p><u>Suggested reading</u></p> <ul style="list-style-type: none"><li>• Helman, Cecil G. (2007). Introduction: The Scope of Medical Anthropology. In <i>Culture, Health and Illness</i>. London: Hodder Arnold, pp. 1-18.</li><li>• Good, J. Byron. 1994. "Illness Representations in medical anthropology: a reading of the field" in <i>Medicine, Rationality, and Experience: An Anthropological Perspective</i>. Cambridge University Press</li></ul>   |                     |
| <p><b><u>HCC-2</u></b><br/><b>Unpacking Biomedicine</b></p> <p><u>Required reading</u></p> <ul style="list-style-type: none"><li>• Arnold, D., 1993. "Introduction", <i>Colonizing the body: State medicine and epidemic disease in nineteenth-century India</i>. Univ of California Press.</li><li>• Redfield, P., 2013. "Introduction", <i>Life in crisis: the ethical journey of doctors without borders</i>. Univ of California Press.</li></ul> <p><u>Suggested reading</u></p> <ul style="list-style-type: none"><li>• Good, Byron (1994). How medicine constructs its objects. In <i>Medicine, Rationality, and Experience: An Anthropological Perspective</i>. Cambridge and New York: Cambridge University Press, pp. 65-87.</li></ul> | <p><b>India</b></p> |

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| <p><b>HCC-3</b><br/> <b>Medical Pluralism and Health Seeking Behaviours</b></p> <p><u>Required Reading</u></p> <ul style="list-style-type: none"> <li>• Khan, S. 2006. “Systems of medicine and nationalist discourse in India: towards new horizons in medical anthropology and history”. <i>Social Science &amp; Medicine</i>. 62-11, pp.2786-2797 (1)</li> <li>• MacDonald, H. 2015 - Believing sceptically: rethinking health-seeking behaviours in central India in <i>Medicine and The Politics Of Knowledge</i>. Levine, S (ed). HSRC Press</li> </ul> <p><u>Suggested Reading</u></p> <ul style="list-style-type: none"> <li>• Good, J. Byron. 1994. “Medical Anthropology and the problem of belief” in <i>Medicine, Rationality, and Experience: An Anthropological Perspective</i>. Cambridge University Press</li> <li>• Helman, C.G, 2007. CHPT 9 - Ritual and the management of misfortune. <i>Culture, health and illness</i>. CRC Press</li> <li>• Helman, C.G., 2007. CHPT 2 - Caring and Curing. <i>Culture, health and illness</i>. CRC Press</li> <li>• Lambert, H. 2012. Medical pluralism and medical marginality - Bone doctors and the selective legitimization of therapeutic expertise in India. <i>Social Science &amp; Medicine</i>, 74.7, pp.1029-1036</li> </ul> | <p><b>India</b></p> |
| <p><b>HCC-4</b><br/> <b>Personhood: Worldly Bodies and Bodily Worlds</b></p> <p><u>Required reading</u></p> <ul style="list-style-type: none"> <li>• Lock, Margaret M. and Nancy Scheper-Hughes (1987) The mindful body: a prolegomenon to future work in medical anthropology. <i>Medical Anthropology Quarterly</i>, New Series 1(1): 6-41.</li> <li>• Jill Bolte Taylor: My stroke of insight   TED Talk</li> </ul> <p><u>Suggested Reading</u></p> <ul style="list-style-type: none"> <li>• Charon, R, 2008. “Chapter 5 The Patient, the Body, the Self”. <i>Narrative Medicine: Honoring the Stories of Illness</i>. Oxford University Press</li> </ul>   | <p><b>India</b></p> |

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| <p><b>HCC- 5</b><br/> <b>Illness Metaphors and Stigma</b></p> <p><u>Required Reading</u></p> <ul style="list-style-type: none"> <li>• Sontag, S.1978. “Preface and Introduction”. <i>Illness as Metaphor</i> p. 343. Farrar, Straus and Giroux.</li> <li>• Robins, S., 2010. “Rights passages from" near death" to" new life": AIDS activism and treatment testimonies in South Africa” in <i>From revolution to rights in South Africa: Social movements, NGOs &amp; popular politics after apartheid</i>. Boydell &amp; Brewer.</li> </ul> <p><u>Suggested Reading</u></p> <ul style="list-style-type: none"> <li>• Blake, R. 2015. PhD Dissertation. Chapter 6: <i>Death by Defaulting</i></li> <li>• Colvin &amp; Swartz. 2010 (ASnA Conference Paper) ““A House in Virginia”: Diagnosis and Interpretation in the Age of the “Chronic” HIV Epidemic”</li> <li>• Helman, C.G., 2007. CHPT 16 The AIDS Epidemic in <i>Culture, health and illness</i>. CRC Press</li> </ul> | <p><b>South Africa</b></p> |
| <p><b>HCC-6</b><br/> <b>Violence: Structural and Intimate</b></p> <p><u>Required Reading</u></p> <ul style="list-style-type: none"> <li>• Kleinman, Arthur, Veena Das, and Margaret Lock (1997). Introduction. In Kleinman, Das, and Lock (eds.) <i>Social Suffering</i>. Berkeley and Los Angeles: University of California Press, pp. ix-xxv.</li> </ul> <p style="text-align: center;"><b>and/or</b></p> <ul style="list-style-type: none"> <li>• Moffett, H., 2006. “These women, they force us to rape them”: Rape as Narrative of Social Control in Post-Apartheid South Africa.” <i>Journal of Southern African Studies</i>, 32.1, pp.129-144</li> <li>• Dworkin, S.L. et al 2013. Impact of a gender-transformative HIV and antiviolence program on gender ideologies and masculinities in two rural, South African communities. <i>Men and masculinities</i>, 16.2, pp.181-202</li> </ul>   | <p><b>South Africa</b></p> |

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| <p><b>HCC 7</b><br/> <b>Resistance: Structure vs. Agency</b></p> <p><u>Required reading</u></p> <ul style="list-style-type: none"> <li>• Seymour, S. 2006. "Resistance". <i>Anthropological Theory</i>, 6.3, pp.303-321</li> <li>• Goodwin, J et al 2000. "The return of the repressed: The fall and rise of emotions in social movement theory". <i>Mobilization. An International Quarterly</i>, 51, pp.65-83</li> <li>• Mbembe, A. 2015. <i>The State of South African Political Life</i></li> <li>• Van der Westhuizen, C. 2016. "Anti-democratic Element in Student Movements holds Warnings for South Africa" <i>The Conversation</i>.</li> <li>• Albert, W. 2016 "Oh God, not more white women tears: A response to Christi van der Westhuizen" <i>Pebbles from Azania</i>.</li> </ul> <p><u>Suggested reading</u></p> <ul style="list-style-type: none"> <li>• Goodwin, J. et al 2009. <i>Passionate politics - Emotions and social movements</i>. University of Chicago Press</li> <li>• Scheper-Hughes, Nancy (2008). <i>A talent for life: reflections on human vulnerability and resilience</i>. <i>Ethnos</i> 73(1): 25-56.</li> </ul> | <p><b>South Africa</b></p> |
| <p><b>HCC-8</b><br/> <b>Man, 'Nature' and Thinking about <i>El Buen Vivir</i> (The Good Life).</b></p> <p><u>Required Reading</u></p> <ul style="list-style-type: none"> <li>• Villalba, Unai. (2013). <i>Buen Vivir vs development: a paradigm shift in the Andes?</i> <i>Third World Quarterly</i>, 34:8, 1427-1442.</li> </ul> <p><u>Suggested Reading</u></p> <ul style="list-style-type: none"> <li>• Barnes et al, 2013. "Contribution of anthropology to the study of climate change". <i>Nature Climate Change</i>, 3.6, pp.541-544</li> <li>• de Castro, E.V, 2013. "Economic development and cosmopolitical re-involvement: From necessity to sufficiency". <i>Contested Ecologies</i>. Green, L (ed) HSRC Press.</li> <li>• Green, L. 2013. "Introduction. Contested ecologies: Nature and knowledge." <i>Contested Ecologies</i> Green, L (ed) HSRC Press.</li> </ul>   | <p><b>Brazil</b></p>       |

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|---|----------------------|
| <p><b><u>HCC-9</u></b><br/> <b>The Anthropology of Food and Eating.</b></p> <p><u>Required Reading</u></p> <ul style="list-style-type: none"> <li>Lupton, D, 1996. "Introduction" in <i>Food, the Body and the Self</i>. Sage</li> </ul> <p><u>Suggested Reading</u></p> <ul style="list-style-type: none"> <li>Caplan, P, 1997. "Approaches to the study of food, health and identity." <i>Food, health and identity</i>, pp.1-31</li> <li>Lupton, D., 1996. CHPT 3, "Food, the Family and Childhood" in <i>Food, the Body and the Self</i>. Sage</li> </ul>   | <p><b>Brazil</b></p> |
| <p><b><u>HCC-10</u></b><br/> <b>Anthropology against Ignorance</b></p> <p><u>Required Reading</u></p> <ul style="list-style-type: none"> <li>May, V. 2015. "Epistemologies of Ignorance and Intersectionality". <i>Pursuing intersectionality, unsettling dominant imaginaries</i>. Routledge</li> <li>Turner, E, 2012. "Communitas of Disaster". <i>Communitas: The anthropology of Collective Joy</i>. Springer</li> </ul> <p><u>Suggested Reading</u></p> <ul style="list-style-type: none"> <li>Turner, E, 2012. "Introduction". <i>Communitas: The anthropology of Collective Joy</i>. Springer</li> </ul> | <p><b>Brazil</b></p> |

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## Assignments

The following is an overview of assignment responsibilities. Further details will be discussed and given as we move through the semester. I will also be as available as I can be to discuss these projects when and if you have questions about them. Assignments should be typed in electronic format, in Gill Sans MT size eleven font, 1.5 spaced lines, and with 'normal' sized margins. The **American Psychological Association (APA)** referencing style is preferred.

Unless otherwise indicated, please hand in all assignments on **USB thumb drive, not via email**. Please include your name on **every page of the assignment itself**, as well as in the **file name while making sure your name is written on the thumb drive itself**. It should also be noted that due to occasional in-country logistics and circumstances beyond our control, faculty reserve the right to adapt the syllabus details and organization, if necessary.

### **Point breakdown and submission date schedule**

This table is to give you an overall sense of what you are expected to hand in during the course of the semester.

|  |   |                                       |            |
|--|---|---------------------------------------|------------|
| <b>Country Comparative Readings Synthesis Papers</b> |   |                                       | <b>55</b>  |
| <b>USA</b>   | Paper 1   | 600-700 words                         | 10         |
| <b>India</b>   | Paper 2   | 1000 – 1100 words                     | 20         |
| <b>S.A</b>   | Paper 3   | 1000 – 1100 words                     | 20         |
| <b>Brazil</b>  | Paper 4   | Final poster first draft/ ideas sheet | 5          |
| <b>Readings Question Worksheet</b>                   |   |                                       | <b>14</b>  |
|  | one per HCC class (excluding USA) with 2 free passes, = 7 x 2 points each   |                                       |            |
| <b>Lunch/Tea and Cake Discussion</b>                 |   |                                       | <b>6</b>   |
|  | one per semester  |                                       | 6          |
| <b>Final Poster Assignment</b>                       |   |                                       | <b>25</b>  |
| <b>Brazil</b>  | Rough A4 draft due midway through Brazil<br>Final poster completed during a 2 hour, in-class session,<br>final week of program. |                                       |            |
|  |   |                                       | <b>100</b> |

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## Country Comparative Readings Synthesis Papers

### Paper 1

During the last week in Washington DC, each student will turn a country/theoretical readings synthesis paper of approximately 600-700 words. This paper will relate the class' readings and topics directly to the local reality, as perceived and understood through country field program visits, lectures, field research, and projects. Students may wish to compare the knowledge they had at the beginning of the program with the knowledge they've gained.

### Papers 2 & 3

With the exception of DC, students will submit a paper half way through each country which critically relates:

- theoretical perspectives discussed in class
- theoretical perspectives from at least one reading
- 1-2 on-the-ground (scheduled or unscheduled) health/culture/ community-related issues encountered in local realities in the current **and** the previous country – **note: these do not have to be the same issue but that should be comparable.** For example you can compare TB in India to TB in South Africa or you could compare TB in India with HIV in South Africa, identifying them as both being infectious diseases with complicated treatment regimes.

| Comparative Critical Analysis Paper | Countries of Comparison | Possible class/country themes to be used as lens for paper  |
|-------------------------------------|-------------------------|---|
| #2                                  | U.S. and India          | <ul style="list-style-type: none"><li>• Medical Pluralism: options and 'beliefs'</li><li>• Biomedicine as savior or oppressor</li></ul>   |
| #3                                  | India and South Africa  | <ul style="list-style-type: none"><li>• Race/Caste, Class, and the Political Economy of Health</li><li>• Infectious and Chronic Conditions: illness experiences and representations</li></ul> |

### Paper 4

This paper will be a rough draft showing your ideas for the HCC Countries Comparison Final Poster. It should detail the topic you are planning to focus on, some ideas about connections you want to make and ideas about how you want to use the poster space (see the assignment details below).

The paper will be graded: Pass= completed (5 points), Fail = not submitted (0 points).

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## Countries Comparison Final Poster Assignment

In our final week in Brazil you will be given a 2 hour in-class session to produce a poster as your final HCC assignment. The poster will be based on a comparable theme, topic, or issue that you have observed in at least 3 of the countries visited and will:

- Outline similarities and differences in how the theme/topic/issue occurs across the different countries.
- Incorporate at least 3 different readings, explaining how these readings have helped you to think about our issue/topic/theme.
- Outline your learning journey, detailing how your perspectives regarding the issue/topic/theme have changed over the course of the semester and giving the insights that have evolved.

You are allowed (but are not required) to utilise visual representations on your poster (drawings, photographs, mapping etc.) however, these must be accompanied by sufficient text-based explanations for me to interpret their meaning/arguments. You are also welcome to employ a mind-map structure, or use bullet points, or 'clusters' or 'lists' of related ideas. Materials for the poster will be provided for you in class and **you are allowed to bring in your Readings Question Worksheets** to reference. Topics should not be exactly the same as issues previously discussed in country comparative readings synthesis papers, though there can be cross-over. Topics might include rural-urban health care access disparities, "traditional" medicine and health care systems, or social-economic disparities and health.

## Reading Question Worksheet

The goals of the assignment are simple: to encourage reading accountability, to help you prepare for class discussion and to provide you with easy participation points. After completing the assigned readings for a class you will be expected to fill out a worksheet (example shown below) and submit to me (hand-written, hard copy) at the beginning of the relevant class. With the exception of HCC1 you are expected to submit a form for every class, however you are given 2 free passes meaning that you will submit 7 worksheets in total.

The worksheets will be graded: Pass= completed (2 points), Fail = not submitted (0 points).

### Reading Question Worksheet

Name: HCC Session #: \_\_\_\_\_

Please provide 3-5 discussion questions or prompts based on the assigned readings. These can be clarification questions, critiques of the readings, or question or discussion prompts linking together key ideas from the readings with other experiences/topics covered throughout the weeks' activities (i.e. material from other courses, guest lectures, personal experiences, etc.)

1.

2.

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3.

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## **Lunch/Tea and Cake Discussion**

During the semester you will be participate in a discussion with the professor and 2-3 other students over lunch or tea and cake after class. These discussions will take place 1-3 days (depending on the schedule) prior to an HCC class and in order to participate you will need to have done the readings for the upcoming class. The purpose of these discussions is to provide you with the opportunity to have a more one-on-one conversation with your professor and a few of your classmates. The discussion will centre on the readings but will also be about drawing connections to the country programs and the course more generally. These discussions will be enjoyable, engaging and lively – a free space to share thoughts and ponder the bigger questions.

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## Grading Rubrics

### IHP - Health and Community: Globalization, Culture, and Care Health, Culture, and Community Country Comparative Readings Synthesis Papers and Poster

| Criterion   | Standards   |
|---|---|
| <b>Critical thinking</b>  | <p>A – Analyzes the subject from different perspectives, identifies what’s at stake in each, and connects conclusions to the central themes.</p> <p>B – Provides some analysis from different perspectives, but does not identify what’s at stake in each, or does not connect conclusions to the central themes.</p> <p>C – Analysis of perspectives provided is weak or unclear, and either does not identify what’s at stake in each, or does not connect conclusions to the central themes.</p> <p>D – Only one perspective is given, and is weak or unclear.</p> |
| <b>Elaboration and narrative detail</b>                                   | <p>A – Ideas are well developed, and the narrative provides adequate supporting detail or evidence (examples, allusions, quotations, paraphrases, summaries, etc.).</p> <p>B – Ideas are somewhat developed, and with some supporting detail or evidence.</p> <p>C – Ideas are present, but elaboration is weak or missing; supporting details or evidence could be stronger.</p> <p>D – Ideas are difficult to discern, and there are no supporting details or evidence.</p>   |
| <b>Organization and clarity of expression</b>                             | <p>A – Writing/ Presentation is clear, focused and interesting; it holds the reader’s attention.</p> <p>B – Writing/ Presentation is clear and focused; the reader can easily understand the main ideas and arguments.</p> <p>C – Main ideas are understandable, although they may be overly broad or simplistic; the results may not be effective.</p> <p>D – Main ideas and purpose are somewhat unclear, or development is attempted but minimal.</p>  |
| <b>Control of mechanics (sentence structure, grammar, spelling, etc.)</b> | <p>A – Overall, completely or reasonably free from errors in mechanics, usage, and sentence structure.</p> <p>B – May have occasional errors in mechanics, usage, and sentence structure.</p> <p>C – May have recurring errors, but generally demonstrates control of mechanics, usage, and sentence structure.</p> <p>D – Often marred by an accumulation of errors in mechanics, usage, and sentence structure.</p> <p>F – Serious and persistent errors in word choice, mechanics, usage, and sentence structure.</p>  |

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|                   |  |
|-------------------|--|
| <b>Word count</b> | +5% – Word count minimum/maximum range reasonably met.<br>0 – Word count minimum/maximum range not reasonably met. |
|-------------------|--|

## Evaluation and Grading Criteria

### Grading Scale

|          |    |               |
|----------|----|---------------|
| 94-100%  | A  | Excellent     |
| 90-93%   | A- |               |
| 87-89%   | B+ |               |
| 84-86%   | B  | Above Average |
| 80-83%   | B- |               |
| 77-79%   | C+ |               |
| 74-76%   | C  | Average       |
| 70-73%   | C- |               |
| 67-69%   | D+ |               |
| 64-66%   | D  | Below Average |
| below 64 | F  | Fail          |

**Note:** Where decimal points are used in grading, below 0.5 will be rounded down, while 0.5 and above will be rounded up. For example, 93.4 will be an A-, while 93.5 will be an A.

## Expectations and Policies

### Class preparation

This program is built upon the strong belief that your experiences result in deep insights and powerful learning. Course assignments are created to facilitate learning opportunities and experiences. Dialogue in class about these insights and participation in these activities is critical. For this reason, your participation is very important. As a learning community, each one of us will influence the learning environment. Please take responsibility for your role in this environment and come to class prepared and ready to engage with others in a positive and thought-provoking manner.

### Participation

IHP is an experiential learning program. You have to show up to have the experience. As such, participation is a minimum expectation, not generally to be rewarded with class credit. Students are expected to attend all classes, guest

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lectures, and field activities unless they have a medical excuse that has been communicated and approved of by IHP staff, faculty, or Fellow. The Fellow will act as a TA for the class and will keep attendance. *Missing one class means a small makeup assignment (as determined by the faculty); missing two classes means a sizable makeup assignment; missing three classes means a grade reduction of 2% of the total course grade.* Keep in mind that IHP is an experiential program, and has academic requirements to attend class meetings and field activities. Failure to attend classes or field activities means that a student may not be eligible for credit from their universities, or could result in program dismissal.

## Policy on deadlines

Coursework assignments are due on the deadlines indicated in the assignment handouts. Work is due at the start of the day on which it is due, either during the Person of the Day (POD) announcements, or at the beginning of class. Unexcused late work will result in the lowering of the student's grade one full step per day (for example, a B will drop to a B-). No exceptions will be permitted; extensions are not given unless there are *exceptional* circumstances. Exact deadlines for assignments will be confirmed in class.

*Keep an additional copy of all work you turn in, so as to avoid unexpected disaster and significant inconvenience for all parties involved; this may mean photocopying or scanning any handwritten assignments. Assignments that are not easily legible will be returned ungraded.*

## Technology in the classroom

Electronic devices are critical tools for learning and communication, but our IHP courses prioritize engaged conversations unhindered by personal electronic devices. *Students, faculty, and visitors are expected to keep cell phones, laptop computers, and other devices out of sight, sound, and mind during class sessions—except under extenuating circumstances that have been discussed in advance with the faculty member.*

## Academic integrity

Academic dishonesty is the failure to maintain academic integrity. It includes, but is not limited to, obtaining or giving unauthorized aid on an examination, having unauthorized prior knowledge of the content of an examination, doing work for another student, having work done by another person for the student, and plagiarism. Academic dishonesty can result in severe academic penalty, including failure of the course and/or dismissal from the institution/program.

Plagiarism is the presentation of another person's ideas or product as one's own. Examples of plagiarism are: copying verbatim and without attribution all or parts of another's written work; using phrases, charts, figures, illustrations, computer programs, websites without citing the source; paraphrasing ideas, conclusions or research without citing the source; and using all or part of a literary plot, poem, film, musical score, computer program, websites or other artistic product without attributing the work to its creator.

Students can avoid unintentional plagiarism by carefully following accepted scholarly practices. Notes taken for papers and research projects should accurately record sources of material to be cited, quoted, paraphrased or summarized, and research or critical papers should acknowledge these sources in references or by use of footnotes.

\* This syllabus is representative of a typical term. Because courses develop and change over time to take advantage of unique learning opportunities, actual course content varies from semester to semester. In addition, considerations of student safety may change some course content.

# Course Syllabus

SIT Study Abroad

School for International Training



Toll-free 888 272-7881 | Fax 802 258-3296  
studyabroad@sit.edu | studyabroad.sit.edu

Violations of IHP/SIT Study Abroad's academic integrity policy are handled as violations of the student code of conduct, and will result in disciplinary action. Please discuss this with me if you have any questions.

**Please refer to the SIT Study Abroad Student Handbook** for policies on academic integrity, ethics, warning and probation, diversity and disability, sexual harassment, and the academic appeals process.

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