

## International Honors Program (IHP)

IHP Health and Community:  
Globalization, Culture, and Care

### Health, Culture, and Community

(ANTH3050 / 4 credits / 60 class hours)

**Fall 2024**

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#### Course Description

This course introduces key theoretical and analytical tools of contemporary medical anthropology. It adopts the predominate perspective that the realities of human health, disease and (un)wellbeing are necessarily determined, influenced, and shaped by social structures: communities, landscapes, and local and global political-economic structures all play a role. Concepts such as *health*, *disease*, *illness*, *suffering*, *healing*, and *medicine* will be explored not as universal or natural categories but as cultural ones. Therefore, we will treat “health” as a theoretical concept and physical experience, both of which affect *individuals* but are shaped by *society*.

Therefore, in each country visited, course themes will engage with three interconnected spheres of medical anthropological interest: (1) health and power; (2) health and epistemology/ ontology (ways of knowing and ways of being), and (3) health and environment (both natural and social). This three-part lens will help students see how health systems, which are often undergoing transformation, reflect a community’s ever-changing history and present position in the world system.

Because this course surveys systems of medical knowledge and response as contextually embedded, it is necessarily a comparative course. Within each country cycle, therefore, it adopts a radical epistemological openness to different understandings of medical concepts, especially of illness, disease, and healing. For instance, biomedicine—perhaps more commonly, though largely inaccurately, referred to as “Western medicine”—is contextualized here as only one among numerous effective systems of healing. Although the course is designed to guide students through

a comparative array of theories and concepts, the learning we propose is practical: students can use their findings in order to better understand their own position in the world of health and identify concrete paths to engage themselves in view of more health justice.

## **Learning Outcomes**

The *Health, Culture, and Community* course comprises 60 class hours of instruction (4 credits). This course aims 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:

- Explain the role that medical anthropology plays in research and practice in global and public health.
- Articulate key concepts and theoretical issues in medical anthropology, and evaluate debated terminologies, describing 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 of the political and economic structures shaping 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.
- Use analytical skills that will help to critically 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.

## **Materials**

All course readings will be available electronically. You may opt-in to receive hardcopy printouts of materials prior to arrival in each country. Students are responsible for accessing all required materials; electronic materials may be printed at the discretion of the student.

## **Format**

This is a combination lecture-and-seminar class. We will tackle and compare themes by reflecting on their helpfulness in comparing: (1) local paradigms of health and body; (2) and our preconceived notions versus our first-hand, contextualized experiences. As such, students will

learn to interpret data and communicate ideas both individually through **Preliminary Site Reports** and within groups through **Seminar Discussions**.

### **Course Schedule**

This course comprises one introduction class and three subsequent country cycles. See the program calendar distributed at the start of each country program for corresponding dates of class sessions.

**NB: The instructors retain the right to change the syllabus as needed. Given the flexible field program, changes may occur that are beyond our control.**

## **USA**

### **Lectures and Readings**

<b>Session</b>	<b>Preparation</b>
<p><b>HCC 1</b></p> <p>Medical Anthropology &amp; Cultural Contexts</p> <p><i>medical paradigms</i></p> <p><i>emic/etic</i></p> <p><i>"Spectrum of Knowledge"</i></p>	<p><b>Required</b></p> <p>Hewlett, Barry and RP Amola. 2003. "Cultural Contexts of Ebola in Northern Uganda." <i>Emerging Infectious Diseases</i> 9(10): 1-8.</p> <p><b>Suggested</b></p> <p>Helman, Cecil G. (2007). Introduction: The Scope of Medical Anthropology. In <i>Culture, Health and Illness</i>. London: Hodder Arnold, pp. 1-18.</p> <p><b>Discussion: What is a medical knowledge system?</b></p>

## **India**

### **Lectures and Readings**

<b>Session</b>	<b>Preparation</b>
<p><b>HCC 2</b></p> <p>Medical Pluralism and Health Seeking Behaviours</p>	<p><b>Required</b></p> <p>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)</p>

<p><i>Biomedicine and pluralism</i> <i>“modernity”</i> <i>biomedical hegemony</i></p>	<p><b><u>Suggested</u></b> 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.  <b>Discussion: Is biomedicine a tradition?</b></p>
<p><b>HCC 3</b>  The Problem with the Solution  <i>biomedical hegemony</i> <i>medicalization</i> <i>medical violence</i></p>	<p><b><u>Required</u></b> Invisibilia. The Problem with the Solution. (<a href="#">Electronic Document</a>). May, Tim. 2010. Official Statistics: Topic and Resources. In Social Research. Berkshire: McGraw-Hill Education. Pp. 77-84.  <b><u>Suggested</u></b> Good, Byron (1994). How medicine constructs its objects. Cambridge and New York: Cambridge University Press, pp. 65-87.  <b>Discussion: What’s the problem with the “solution”?</b></p>
<p><b>HCC 4</b>  The “Healing Effect”  <i>cultural basis of health</i> <i>ethnomedicogenesis</i> <i>neurology &amp; sociology of patient-healer relationship</i></p>	<p><b><u>Required</u></b> Lakoff, Andrew. 2002. “The mousetrap: managing the placebo effect in antidepressant trials,” <i>Molecular Interventions</i> 2: 72-76.  <i>and</i> Hahn, R. and A. Kleinman. 1983. Belief as Pathogen, Belief as Medicine: ‘Voodoo Death’ and the ‘Placebo Phenomenon’ in Anthropological Perspective, <i>Medical Anthropology Quarterly</i> 14(4): 3, 16-19.  <i>or</i> Benedetti, Fabrizio. (2013). What is the Doctor-Patient Relationship? <i>In Placebo and the new physiology of the doctor-patient relationship</i>. <i>Physiol Review</i>, 93,  <ul style="list-style-type: none"> <li>○ Abstract, Intro. Pp. 1207.</li> <li>○ What is the Doctor-Patient Relationship, Pp. 1211-1213.</li> <li>○ Neurophysiological Mechanisms, Pp. 1214-1219.</li> </ul>  <b><u>Suggested</u></b> Wellman, R. and D. Kavadias. 2021. “A Theory of Relational Affliction and Healing: Evil Eye in Iran and Greece.” <a href="#">Jugaad</a>.  <b>Discussion: Why is healing as cultural as it is natural?</b></p>

Session	Preparation
<p><b>HCC 5</b></p> <p>Violence: Structural and Intimate</p> <p><i>suffering &amp; vulnerability</i></p> <p><i>positional &amp; intersectional health</i></p>	<p><b>Required</b></p> <p>Farmer, Paul. 2005. "On Suffering and Structural Violence" in <i>Pathologies of Power: Health, Human Rights and the New War on the Poor</i>. Berkeley: University of California Press. (pp. 328-349).</p> <p><b>Suggested</b></p> <p>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.</p> <p><b>Discussion: Is suffering inevitable?</b></p>
<p><b>HCC 6</b></p> <p>Workshop: Capitals of the World</p> <p><i>forms of capital</i></p>	<p><b>Required</b></p> <p>Prepare your Case Study notes for in-class analysis/workshopping</p> <p><b>Suggested</b></p> <p>Bourdieu, Pierre. 1986. "The Forms of Capital." Pp. 241-258 in <i>Handbook of Theory and Research for the Sociology of Education</i>, edited by J. G. Richardson. New York: Greenwood Press.</p> <p><b>Discussion: What forms of capital are you observing?</b></p>
<p><b>HCC 7</b></p> <p>The Anthropology of Food and Eating</p> <p><i>food as cultural lens</i></p> <p><i>food security &amp; food sovereignty</i></p>	<p><b>Required</b></p> <p>Lupton, D., 1996. Ch. 3, "Food, Health, and Nature" in <i>Food, the Body and the Self</i>. Sage.</p> <p><b>Suggested</b></p> <p>Gastropod. First Foods: Learning to Eat. (<a href="#">Electronic Document</a>).</p> <p>Fox R. 2003. <i>Food and eating: An anthropological perspective</i>, Social Issues Research Center. Oxford.</p> <p><b>Discussion: Are we what we eat, or do we eat what we are?</b></p>

Session	Preparation
<p><b>HCC 8</b></p> <p>Reality in Metaphor</p> <p><i>linguistic violence</i> <i>rites of healing</i></p>	<p><b>Required</b></p> <p>Sontag, Susan. 1978. "Illness as Metaphor," in <i>Susan Sontag: Essays of the 1960s &amp; 70s</i>. Edited by David Rieff. New York: Library of America.</p> <p><b>Suggested</b></p> <p>Martin, Emily. 1991. "'The Egg and the Sperm' How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles," <i>Signs</i> 16(3): 485-501.</p> <p><b>Discussion: is [disease : body] as [patient : community]?</b></p>
<p><b>HCC 9</b></p> <p>The Culture of Happiness &amp; Mental Wellness</p> <p><i>cultural relativism</i> <i>global sustainability</i></p>	<p><b>Required</b></p> <p>Walker, H. &amp; Kavedžija, I. (2015). Values of happiness. <i>Hau: Journal of Ethnographic Theory</i>, 5(3), 1–18.</p> <p>Machado, Leonardo et al. (2015). Happiness and Health in Psychiatry: What Are Their Implications? <i>Archives of Clinical Psychiatry</i>, 42(4), 100-110.</p> <p><b>Discussion: If you're happy, how do you know it?</b></p>
<p><b>HCC 10</b></p> <p>Feeling Radical, Feeling Radically</p> <p><i>institutional empathy</i> <i>embodied empathy</i></p>	<p><b>Required</b></p> <p>Invisibilia. Entanglement. (<a href="#">Podcast Link</a>).</p> <ul style="list-style-type: none"> <li>○ Required: 00:00-34:00</li> <li>○ Optional: 34:00-59:07</li> </ul> <p>The Power of Outrospection. RSA and Krznaric (<a href="#">YouTube Link</a>)</p> <p><b>Suggested</b></p> <p>Turner, E, 2012. "Introduction". <i>Communitas: The anthropology of Collective Joy</i>. Springer.</p> <p>How to start an empathy revolution: Roman Krznaric at TEDxAthens 2013. (<a href="#">YouTube Link</a>).</p> <p><b>Discussion: How can we be radical empathists?</b></p>

## Grading Scale

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

**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.

## Evaluation

Assignments			
<b>Collegiality</b>			<b>10 pts</b>
<b>Seminar Discussion Leadership</b>			<b>20 pts</b>
1 session	1-2 days prior to session	Preparatory planning with faculty	5
		Discussion leadership	15
<b>Country Assignments</b>			<b>60 pts</b>
India	End of country cycle	Draft 1: U.S.A., India	20
S. Africa		Draft 2: India, U.S.A., S. Africa	20
Argentina		Research Proposal	20
<b>Interdisciplinary Synthesis (3pts per country, 1pt WDC)</b>			<b>10 pts</b>
<b>Total</b>			<b>100</b>

## Assignments

### 1) Collegiality (10%)

Peer reviewed (by Country Team members). While traveling and engaged in coursework, everyone is expected to develop and practice skills of professional collegiality. Do not confuse this with participation/attendance, which, according to IHP Expectations and Policies (see below), “participation is a minimum expectation not to be rewarded with class credit.” Professional collegiality, on the other hand, requires the development of workplace skills and fulfilling your own professional goals while engaged with others who are trying to do the same. It involves being positive energy when working in a team, and utilizing support to assist you with difficulties arising. In our classroom, collegiality entails:

1. **Intellectual / experiential presence:** engaging with cultural experiences beyond the classroom, either intended for course assignments or for personal enrichment; listening to the comments of others and helping in the production of a collective dialogue.
2. **Critical reflection:** thinking about what you have been experiencing and how it upturns prior expectations/beliefs; self-critiquing of assumptions and positions that would otherwise thoughtlessly dismiss alternatives as lesser-than; checking ethnocentric evaluations as they (inevitably) present themselves to you.
3. **Respect / reciprocity:** practicing an ethos/ethics of exchange rather than extraction; and recognizing where expertise exists in marginalized forms; when absent, communicating beforehand to peers/faculty; visible engagement; guarding against obstructive or disrespectful behavior and interactions that negatively affect your collaborators.
4. **Positivity:** Public and Community Health workers work in teams. Problem solvers lift teams while those who see only problems drag teams down. Other team members will be supportive on a bad day, but this cannot be sustained week after week.

### 2) Seminar Discussion Leadership (20%)

The Seminar Discussion Leadership exercise challenges students to explain abstract ideas in their own voice, facilitating peer learning and communication formats that comprise increasingly important skills in professional settings, such as:

- Comprehension and evaluation: Learn how to pick out key *theoretical* ideas but also apply those ideas to broader, meaningful, *practical* questions.

**Communication:** Practice communicating, in a safe and brave space, complicated ideas or questions to a group of peers, both verbally and visually. These are skills that are increasingly important to employers and to each other in an era of misinformation and misaligned media standards.

**Professionalization:** Practice working in a team, including the Instructor, toward covering material and exercising the **social and disciplinary skills** needed to refute, question, encourage, and support peers in a productive, competent way.

#### **Format:**

1. **Preparation (5pts):** It is the responsibility of Seminar Discussion leaders to:



- a. plan the discussion content, coordinate individual efforts, assign duties/roles, etc.
- b. schedule a meeting with the Instructor 1-2 days prior to class and to come prepared with a proposed discussion outline to develop together.

## 2. Leading Class Discussion (15pts):

- a. **Briefing:** Present a **short** overview of the key takeaway points of the assigned readings, checking in to ensure that all colleagues agree with your synthesis or have further contributions. Discussion Leaders **must**:
  - i. identify specific passages or pages worth noting, paraphrasing their meaning
  - ii. illustrate key points using visual representations of any kind. (Creativity will be rewarded. Ex., diagrams, graphs, etc.).  
**Visualizations are required.**
- b. **Prompting:** Initiate a wider discussion among the class, taking the necessary steps toward addressing the discussion prompt in the Schedule. Options include the following, but you can develop further strategies too:
  - i. Elaboration: elicit examples from specific country experiences that illustrate key arguments
  - ii. Imagination/Application: Offer hypothetical scenarios for peers to think about using key arguments, or how these arguments apply to experiences in home countries
  - iii. Devil's advocacy: offer ideas from counter-arguments, or push colleagues to backup their claims

## 3) In-Class Country Synthesis

(10% = 1pt Washington DC, 3pts x 3 countries)

The faculty, along with the Country Coordinator, will facilitate an in-class synthesizing activity at the end of each country program in which students must meaningfully reflect and organize the main learning points in that country. Reflections should include the significance of themes and lessons from the point of view of a global, comparative perspective. Students will be organized in small reflection groups, for the sake of grading. Country Synthesis sessions will vary in structure and facilitation by country but will always be scheduled as a program session during class hours.

## 4) Country Synthesis Paper (20% India, 20% South Africa = 40%)

Synthesis of experiential learning helps us to think about the relationship(s) at play between **health, culture, and community** in a given place. As such, this assignment brings together the two things driving this class: **theory** and **local reality**. Where the former provides a model for understanding and describing abstract relationships in the observed world, the latter grants a working knowledge of how these manifest in real situations. Your goals are to:

- Synthesize and demonstrate understanding of 1-2 key **theories** explaining the relationship between **health, culture, and communities**.
- Through comparison, analyze some aspect of health, culture, and community from the **local realities** encountered in the current and the previous country, as witnessed in site visits, lectures, homestays, etc.

Your synthesis must integrate the following:

1. **Theoretical Framework:** Summarizes clearly and accurately 1 or 2 closely related theoretical dimensions explored in the readings and Seminar Discussions. (E.g., medical pluralism or structural violence). **Hint:** refer to the syllabus concepts and headings of class sessions.
2. **HCC Relationships:** States explicitly what relationship this dimension draws between **health** and/or **culture** and/or **community**. How well does it explain these connections? What are the limitations of this theory toward linking these dimensions?
3. **Ethnographic observations:** Draws from your ethnographic research and presents **clearly** and **vividly** a real-world reality between the present country and the previous one. This real-life situation can be as specific as you like (e.g., Ayurvedic healing in India and Sangoma healing in S. Africa); OR as general as you like (e.g., pluralism in Indian and S. African healthcare models).
4. **Evaluation:** Evaluates how these local realities can reveal or suggest new ideas about your chosen theoretical framework or about health and healing broadly. Can the issue from one country be helpful (or misleading) when thinking about reality in another? How so?

**Draft #1** No more than 2.5 pages (approx. 650-700 words). This draft should incorporate and reflect on comparative content from the US and India. Summarize / discuss the HCC Dimension in ~50% of your paper; explain and evaluate insights learned from Local Realities in ~50% of your paper.

**Draft #2** No more than 4.5 pages (approx. 1,200-1300 words). This draft should add comparative content from S. Africa to Draft 1. You may add or substitute theories not previously explored. Summarize / discuss the HCC Dimension in ~33% of your paper; explain and evaluate insights learned from Local Realities in ~66% of your paper.

**Hint:** Your Synthesis does not have to compare the same issue across countries, so long as they are comparable through theory. 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 implicated in structural vulnerability and poverty. You have freedom to pick the theories and country examples you like. The idea is that the theoretical perspective you elaborate in one part of your paper, “HCC Dimension,” will underpin the comparative analysis that you attempt in the other part, “Local Realities.”



## Country Assignments Rubric

Points	Poor	Not Good	Below Average	Good	Excellent
<b>Theoretical Framework(s)</b>	Discussion of theoretical framework is wholly inaccurate and/or unclear	Discussion of theoretical framework is mostly inaccurate and/or unclear	Discussion of theoretical framework is mostly accurate and clear, more elaboration required	Discussion of theoretical framework is mostly accurate and clear	Discussion of theoretical framework is accurate and clear
	0 – 2.5	2.5	2.75 - 3	3.25-3.5	3.5-4
<b>Reflection on H-C-C relationship(s)</b>	Reflection on how the theory relates health, and/or culture, and/or community is wholly undeveloped and/or unclear	Reflection on how the theory relates health and/or culture, and/or community is mostly undeveloped and/or unclear	Reflection on how the theory relates health and/or culture, and/or community is broadly developed and clear	Reflection on how the theory relates health and/or culture, and/or community is well-developed and clear	Reflection on how the theoretical framework articulates health and/or culture, and/or community is compelling and clear
	0 – 2.5	2.5	2.75 - 3	3.25-3.5	3.5-4
<b>Ethnographic observation(s)</b>	Description of local observation(s) is not defined and/or lacks cultural context	Description of local observation(s) lacks vividness and/or cultural context	Description of local observation(s) is somewhat vivid and culturally contextualized	Description of local observation(s) is generally vivid and culturally nuanced	Description of local observation(s) is engagingly vivid and culturally nuanced
	0 – 2.5	2.5	2.75 - 3	3.25-3.5	3.5-4
<b>Evaluation of insights</b>	Evaluation of how findings may impact knowledge is completely absent and/or unclear	Evaluation of how findings may impact knowledge is undeveloped and/or unclear	Evaluation of how findings may impact knowledge is partially developed and clear	Evaluation of how findings may impact knowledge is developed and clear	Evaluation of how findings may impact knowledge is developed, clear, and near-expert level
	0 – 2.5	2.5	2.75 - 3	3.25-3.5	3.5-4
<b>Writing Style</b>	Writing style is incoherent. Several spelling and grammar mistakes are present	Writing style is confusing and mistakes are present	Writing style is straightforward and not compelling. Some mistakes may be present	Writing style is fluid, language is somewhat compelling. No mistakes are present	Writing style includes compelling language, no spelling/ grammar errors
	0 – 2.5	2.5	2.75 - 3	3.25-3.5	3.5-4

## 5) Research Proposal (20%)

*\*This assignment is shared between the Research Methods and Ethics course and the Health, Culture, and Community course (the assignment outline here is replicated on that syllabus too).*

Identify a health and/or public health-related issue that you feel warrants further research, drawing on what you now learned about that issue and what you understand to be the current state of knowledge about the issue. You are not expected to be a world-leading expert overnight. Rather, you are expected to work intelligently with what you have had access to over the course of your country stays. **In short, ask an interesting Research Question given your exploratory research training this semester.**

You may rely on any and as many of the **theoretical dimensions** and **research methods** explored in class. Your proposal should:

Includes the following components (with proportions):

- a. Ethnographic description (10%): Description of local observation(s) that is engagingly vivid and culturally nuanced
- b. Theoretical framework (20%): Discusses theoretical framework(s) with accuracy and clarity
- c. Research Methodology (50%): Specifies
  - i. the research question;
  - ii. the techniques proposed for collecting data;
  - iii. your justification for these techniques;
  - iv. and disclosure of their strengths / weaknesses
- d. Ethical considerations (10%): outlines the kinds of ethical issues the proposed research presents and offers ways of addressing them.
- e. Comparative Method (10%): Suggests/evaluates how potential research findings may impact knowledge in other fields of study and/or apply to other geographical contexts.

**Proposal** No more than 4.5 pages (approx. 1000-1200 words). Because this assignment synthesizes core objectives from two different courses, RME and HCC, it will count in both.

## Research Proposal Rubric

Points	Poor	Not Good	Below Average	Good	Excellent
<b>Ethnography</b> 4	Description of local observation(s) / issue(s) is not defined and/or lacks cultural context	Description of local observation(s) / issue(s) lacks vividness and/or cultural context	Description of local observation(s) / issue(s) is somewhat vivid and culturally contextualized	Description of local observation(s) / issue(s) is generally vivid and culturally nuanced	Description of local observation(s) / issue(s) is engagingly vivid and culturally nuanced
	0 – 2.5	2.5	2.75 - 3	3.25-3.5	3.5-4
<b>Theoretical Framework</b> 4	Discussion of theoretical framework is wholly inaccurate and/or unclear	Discussion of theoretical framework is mostly inaccurate and/or unclear	Discussion of theoretical framework is mostly accurate and clear, more elaboration required	Discussion of theoretical framework is mostly accurate and clear	Discussion of theoretical framework is accurate and clear
	0 – 2.5	2.5	2.75 - 3	3.25-3.5	3.5-4
<b>Research Methods</b> 4	1) Research question, 2) proposed techniques for data collection, 3) justification for these techniques, and 4) disclosure of strengths/weaknesses is absent and/or unclear	1) Research question, 2) proposed techniques for data collection, 3) justification for these techniques, and 4) disclosure of strengths/weaknesses is absent and/or unclear is mostly undeveloped and/or unclear	1) Research question, 2) proposed techniques for data collection, 3) justification for these techniques, and 4) disclosure of strengths/weaknesses is absent and/or unclear is broadly developed and clear	1) Research question, 2) proposed techniques for data collection, 3) justification for these techniques, and 4) disclosure of strengths/weaknesses is absent and/or unclear is well-developed and clear	1) Research question, 2) proposed techniques for data collection, 3) justification for these techniques, and 4) disclosure of strengths/weaknesses is absent and/or unclear is compelling and clear
	0 – 2.5	2.5	2.75 - 3	3.25-3.5	3.5-4
<b>Ethics</b> 2	Discussion identifying and resolving ethical issues raised by proposed research is absent and/or unclear	Discussion identifying and resolving ethical issues raised by proposed research is mostly undeveloped and/or unclear	Discussion identifying and resolving ethical issues raised by proposed research is partially developed and clear	Discussion identifying and resolving ethical issues raised by proposed research is mostly developed and convincing	Discussion identifying and resolving ethical issues raised by proposed research is complete and persuasive
	0 – 0.75	1	1.25	1.5	1.75-2
<b>Evaluation of insights</b> 4	Evaluation of how findings may impact knowledge completely	Evaluation of how findings may impact knowledge is undeveloped and/or unclear	Evaluation of how findings may impact knowledge is partially	Evaluation of how findings may impact knowledge is developed and clear	Evaluation of how findings may impact knowledge is developed, clear,

	absent and/or unclear		developed and clear		and near-expert level
	0 – 2.5	2.5	2.75 - 3	3.25-3.5	3.5-4
<b>Writing Style</b> 2	Writing style is incoherent. Several spelling and grammar mistakes are present	Writing style is confusing and mistakes are present	Writing style is straightforward and not compelling. Some mistakes may be present	Writing style is fluid, language is somewhat compelling. No mistakes are present	Writing style includes compelling language, no spelling/ grammar errors
	0 – 0.75	1	1.25	1.5	1.75-2

## Submitting Assignments

- Except for hardcopy assignments, all work for this course will be handed in electronically via Canvas. Assignment grades and feedback will also be distributed through Canvas. Assignments are due on the day/time indicated by your professor.
- Students may never use email to submit assignments, per SIT IT Policy.
- PLEASE UPLOAD ALL ASSIGNMENTS AS A MICROSOFT WORD FILE to allow for in-document comments.
- **All assignments are to be double spaced with one-inch margins in 12-point Arial or Times New Roman font** (these are most legible for reading).
- The American Psychological Association (APA) referencing and citation style is preferred. When using APA format, follow the author-date method of in-text citation. This means that the author's last name and the year of publication for the source should appear in the text, for example, (Jones, 1998), and a complete reference should appear in the reference list at the end of the paper. If you are referring to an idea from another work but not directly quoting the material, or making reference to an entire book, article or other work, you only have to make reference to the author and year of publication and not the page number in your in-text reference. All sources that are cited in the text must appear in the reference list at the end of the paper.
- For hard copy assignments, you may be asked to submit the original. KEEP A DIGITAL COPY OF ALL WORK YOU TURN IN ON YOUR COMPUTER, so as to avoid unexpected disaster and significant inconvenience for all parties involved; this may mean photographing or scanning any hard copy assignments (and keeping a copy in .jpg or .pdf).
- **Assignments that are not easily legible will be returned ungraded.**

## **Expectations & Policies**

### **Participation**

IHP is an experiential learning program. You have to show up to have the experience. As such, participation is a minimum expectation not to be rewarded with class credit. Students are expected to attend all classes, guest lectures, and field activities unless they have a medical excuse that has been communicated and approved by IHP staff **and** faculty. Missing one class, excused or unexcused, 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 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.

### **Late Work**

Exact deadlines for assignments will be confirmed in class. Work is to be submitted via Canvas on the day on which it is due. Assignments submitted past the deadline without prior notification/justification to the instructor may be penalized one full grade step (for example, from a B to a B-) per day, as per SIT's policy. Due to the nature of the Country Module structure, late work will be difficult to manage—so work hard to be on time.

### **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 are expected to keep cell phones, laptop computers, and other devices out of sight, sound, and mind during class sessions—except where otherwise indicated and under extenuating circumstances that have been discussed in advance with the faculty member. As is always the case, students with accommodations through SIT are welcome to use technology as is appropriate.

### **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.

### **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; 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 cited, quoted, paraphrased, or summarized, and research or critical papers should acknowledge these sources in footnotes or by use of footnotes.

**Violations of SIT Study Abroad academic integrity policy are handled as violations of the student code of conduct and will result in disciplinary action. Please discuss this with your traveling faculty if you have questions.**

### **SIT Policies and Resources**

Please refer to the [SIT Study Abroad Handbook](#) and the [Policies](#) section of the SIT website for all academic and student affairs policies. Students are accountable for complying with all published policies. Of particular relevance to this course are the policies regarding: academic integrity, Family Educational Rights and Privacy Act (FERPA), research and ethics in field study and internships, late assignments, academic status, academic appeals, diversity and disability, sexual harassment and misconduct, and the student code of conduct.

Please refer to the SIT Study Abroad Handbook and SIT website for information on important resources and services provided through our central administration in Vermont, such as [Library resources and research support](#), [Disability Services](#), [Counseling Services](#), [Title IX information](#), and [Equity, Diversity, and Inclusion](#) resources.