

PAPM 4099
Capstone Seminar – Policy Seminar

Selected Topic:
Fixing Canadian Medicare: Building a Better Canadian Health Care System

Arthur Kroeger College of Public Affairs
Faculty of Public Affairs
Carleton University

Winter 2023
Thursday 11:35 am to 2:25 pm
Mackenzie 3269

Instructors: Lisa Halpern (lisahalpern@cmail.carleton.ca) and Professor Hugh Shewell (hughshewell@cunet.carleton.ca). Please include PAPM 4099 on the subject line.

Office Hours:

Lisa: Tuesday 1-3 pm; Loeb D-199-P.
Hugh: Thursday 9:30-11:30 am; Loeb D-199-P.

Course Calendar Description

In this course students address a specific policy problem or problems, in interaction with local, national or international policy experts or practitioners. An emphasis is placed on policy analysis, research, and communication skills.

Expanded Course Description

What has happened to Canada's much revered health care system? Recently, the CBC reported on "Shortage of family doctors pushing more patients to overburdened ERs, physicians say" (Wong, J. 10 Nov. 2022). The *Globe and Mail* newspaper reported, "Canada's hospital capacity crisis will remain long after the pandemic is over: To solve the country's capacity problem, experts say, leaders need to finally confront the deeper flaws in how Canadian health care is structured" (Doolittle, R. and T. Cardoso. 2 April 2022). However, even before the onset of the COVID-19 pandemic there were already several warnings that the system was in trouble.

This course focuses on how political ideologies and economic circumstances impact public policy in the context of the Canadian health care system. Beginning with an overview of the system itself, the course will explore different sub-topics within and peripheral to the system. The course challenges students to develop imaginative solutions to one of the country's most

pressing problems, the sustainability and quality of its publicly funded health care system. To maximize learning students will be expected to take an active role in presenting on assigned readings and in class discussion.

Learning Outcomes

By the end of this course, students will be able to:

- Identify and analyze policy issues in the context of the Canadian health care system using methodological, analytical and practical frameworks, and knowledge of policy making, implementation, and evaluation.
- Develop a presentation in which you discuss conceptions of the public sphere and civic institutions, their processes and practices, and the interactions of government bodies, private organizations and nongovernmental groups for the Canadian health system.
- Research and assess public policies about Canadian Medicare to develop general problem-solving strategies for their system improvement.
- Identify gaps in scholarship, underdeveloped areas of research, and/or what is economically unfeasible or philosophically undesirable regarding public policy for Canadian health care.

Course Structure and Evaluation

There will be weekly readings beginning in Week 2. Each class will follow a similar format: an instructor will lecture for the first hour, followed by six student presentations the second and third hours. Thus, the three-hour class will be structured as follows: a lecture for the first hour followed by 6 presentations of approximately 10-12 minutes each, 3 in the second hour and 3 in the third hour. Each set of presentations will be followed by discussion and student evaluations.

Students will evaluate their fellow students' presentations using the form included in the course outline. Presentations are to be on the topic of the week using the required readings as a springboard. Alternative readings are encouraged for the student presentations, which students can select according to their interests.

There will be four types of class assignments for evaluation (percentage of total course grade): weekly one-page reflections on the articles assigned for the week (50%) – select and submit 7 weekly reflections out of 10; oral presentation in place of a final exam with accompanying written notes for the presentation (30%); student evaluations of their colleagues who present their oral presentations in place of a final exam (10%); course attendance and active participation (10%).

Assignment	Weight
Weekly Reflections (complete 7 out of 10)	50%

Oral presentation in place of final exam	30%
Student evaluations of their colleagues' presentations	10%
Participation in discussion	10%

Weekly Reflections

The prompt for the weekly reflections is to point out connections or contradictions between the assigned readings; or explain the authors' theoretical approach or conceptual framework in the assigned readings.

Reflections Requirements: Each reflection must be presented in 12 point font, 1" (inch) margin all round and 1.5 spacing. The reflection must not exceed one page in length.

The reflection is due in hard copy at 11:35 of the class date on which the reflection is based. For example, if you choose to do a reflection on the readings for 26 January, then the reflection is due at 11:35 on 26 January.

An overdue reflection will be deducted one grade point for up to the first 24 hours it is late; 2 grade points for over 24 hours and up to 72 hours late; and 3 grade points in excess of 72 hours late. Note that you may choose not to hand in an overdue reflection provided that you still hand in 7 separate reflections on the due dates for other classes.

If your reflection is overdue you must email both instructors informing them that this is the case. To submit an overdue reflection, you must email both instructors and attach the one-page document/weekly reflection to the email.

Student Evaluations

The student evaluations of other students' presentations would be to fill a form that we will give you. A copy of it is provided on the course outline. We would ask students to remark on an instance of a creative outlook, a strength of the presentation, an area for suggested improvement, and something learned that affects how the student will look at an issue differently.

Rubric for Assessing Weekly Reflections

	Exemplary (9-10)	Proficient (8-9)	Developing (7-8)	Poor (<7)
Thesis/focus: originality	Develops fresh insight that challenges the reader's thinking.	Thesis/focus is somewhat original.	Thesis/focus may be obvious or unimaginative.	Thesis/focus is missing.
Thesis/focus: clarity	Thesis and purpose are clear, closely matches the writing task	Thesis and purpose are mostly clear and match the writing task.	Thesis and purpose are somewhat vague OR loosely related	Reader cannot determine thesis and purpose OR thesis is

			to the writing task.	unrelated to the writing task.
Organization	Fully and imaginatively supports thesis and purpose. Sequence of ideas is effective. Transitions are effective.	Organization supports thesis and purpose. Transitions are mostly appropriate. Sequence of ideas could be improved.	Some signs of logical organization. May have abrupt or illogical shifts and ineffective flow of ideas.	Unclear organization OR organization plan is inappropriate to thesis. No transitions.
Support/reasoning a) Ideas b) detail	Substantial, logical and concrete development of ideas. Assumptions are made explicit.	Offers solid but less original reasoning. Assumptions are not always recognized or made explicit. Contains some appropriate details or examples.	Offers somewhat obvious support that may be too broad. Details are too general, not interpreted, irrelevant to thesis, or inappropriately repetitive.	Offers simplistic, undeveloped, or cryptic support for the ideas. Inappropriate or off-topic generalizations, faulty assumptions, errors of fact.
Use of sources/documentation	Uses sources to support, extend, and inform, but not substitute writer's own development of idea. Combines material from a variety of sources. Doesn't overuse quotes.	Uses sources to support, extend, and inform but not substitute writer's own development of idea. Doesn't overuse quotes.	Uses relevant sources but lacks in variety of sources and/or the skillful combination of sources. Quotation and paraphrases may be too long or inconsistent.	Neglects important sources. Overuse of quotations or paraphrase to substitute writer's own ideas. Possibly uses some sources without proper acknowledgment.

Adapted from: Barbara Walvoord, Winthrop Univ., Virginia Community College System, Univ. of Washington.

Rubric for Assessing Student Presentations Scoring Rubric for Oral Presentations (Adapted from Illinois State University)

Category	Scoring Criteria	Total Points	Score
Organization (15 points)	The type of presentation is appropriate for the topic and audience.	5	
	Information is presented in a logical sequence.	5	
	Presentation appropriately cites requisite number of references.	5	
Content (45 points)	Introduction is attention-getting, lays out the problem well, and establishes a framework for the rest of the presentation.	5	
	Technical terms are well-defined in language appropriate for the target audience.	5	
	Presentation contains accurate information.	10	
	Material included is relevant to the overall message/purpose.	10	
	Appropriate amount of material is prepared, and points made reflect well their relative importance.	10	
	There is an obvious conclusion summarizing the presentation.	5	
Presentation (40 points)	Speaker maintains good eye contact with the audience and is appropriately animated (e.g., gestures, moving around, etc.).	5	
	Speaker uses a clear, audible voice.	5	
	Delivery is poised, controlled, and smooth.	5	

	comments that build on others' remarks, i.e., student hears what others say and contributes to the dialogue.	comments that reflect & build on others' remarks. Occasionally needs encouragement or reminder to focus the comment.	disruptive comments while others are speaking.	attention while others speak; distracts from discussion, sleeps, etc.
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Adapted from Carnegie Mellon Institute: www.cmu.edu/teaching/assessment

Texts

There is no textbook for this course. Readings will be available on Brightspace or accessible online.

Outline of Weekly Sessions and Readings

Week Date

Topic

1 12 January

Course Introduction

Lead: Halpern & Shewell

Week Date

Topic

2 19 January

Overview of Canadian Medicare and Health Care

History of Medicare and health care reform, laws germane to health care provision, provincial/federal responsibilities for health services; resource allocation decisions, jurisdiction, administration & management of health.

Lead: Halpern

Readings

Commission on the Future of Health Care in Canada. 2002. Building on Values: The Future of Health Care in Canada. National Library of Canada cataloguing in publication data. "A Message to Canadians" and "Executive Summary": ix-xxxiv.

Martin, D., A.P. Miller, A. Quesnel-Vallee, N.R. Caron, B. Vissandjee, G. P. Marchildon. 2018. Canada's Global Leadership on Health: Canada's Universal Health Care System: Achieving Its Potential. *Lancet* 391: 1718-35.

Simpson, J. 2013. *Chronic Condition: Why Canada's Health-Care System Needs to be Dragged Into the 21st Century*. Penguin. 57-95.

3 26 January

Mental Health

Lead: Shewell with Guest Speaker, Gareth Park

Readings and Videos

The following three (3) readings are required:

Canadian Mental Health Association. (2022). Federal Plan for Universal Mental Health & Substance Use Health. <https://cmha.ca/wp-content/uploads/2022/11/AfMH-White-Paper-EN-FINAL.pdf>

Bartram, M. (2020). Government Structure, Service System Design, and Equity in Access to Psychotherapy in Australia, the United Kingdom, and Canada. *Canadian Journal of Community Mental Health*, 39(2), 11–23. <https://doi.org/10.7870/cjcmh-2020-010>.

Selvarajah, S., Corona Maioli, S., Deivanayagam, T. A., de Morais Sato, P., Devakumar, D., Kim, S.-S., Wells, J. C., Yoseph, M., Abubakar, I., & Paradies, Y. (2022). Racism, xenophobia, and discrimination: Mapping Pathways to Health Outcomes. *The Lancet*, 400(10368), 2109–2124. [https://doi.org/10.1016/s0140-6736\(22\)02484-9](https://doi.org/10.1016/s0140-6736(22)02484-9)

Supplementary Readings and Videos

Mental Health Commission of Canada. 2012. "Mental Health Strategy for Canada." <https://mentalhealthcommission.ca/what-we-do/mental-health-strategy-for-canada/>

Reville, David. 2011. Toronto Metropolitan University (formerly Ryerson University). "Presenting the Consumer/Survivor/Ex-Patient Movement." <https://www.youtube.com/watch?v=9uTbEBPkAAk>

Mental Patients' Association. Vancouver (2013). "The Inmates Are Running the Asylum."

[The Inmates are Running the Asylum](#)

Beckman, Lanny and Davies, Megan J. (2013). "Democracy is a Very Radical Idea," in Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, eds., *Mad Matters: A Critical Reader in Canadian Mad Studies*, pp. 49-63. Canadian Scholars' Press, Inc.
Available as an E book in the Carleton Library.

Beresford, Peter and Russo, Jasna. Eds. (2021). *The Routledge International Book of Mad Studies*. Routledge (Taylor & Francis).
Available as an Ebook through the Carleton Library.
<https://doi-org.proxy.library.carleton.ca/10.4324/9780429465444>

See especially three Canadian chapters; 12, 19 and 26. Beresford's "Introduction" is highly recommended.

Walker, Jennifer. (2008). "The Legacy of a Story: Commemoration and the Double-Narrative of Jeffrey Arenburg and Brian Smith." *Disability Studies Quarterly*. Vol. 28, No. 1.
<https://dsq-sds.org/article/view/69/69>

Ontario. Legislative Assembly. (2000). "Brian's Law, Bill 68 (Mental Health Legislative Reform). <https://www.ola.org/en/legislative-business/bills/parliament-37/session-1/bill-68>

Warne, Gordon. (2013). "Removing Civil Rights: How Dare We?" in Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, eds., *Mad Matters: A Critical Reader in Canadian Mad Studies*, pp. 210-20. Canadian Scholars' Press, Inc.
Available as an E book in the Carleton Library.

Berlyne, Naomi and Likely, Sibyl. (2013). Back Wards Productions. Toronto. "If These Walls Could Talk." [If These Walls Could Talk](#)

LeFrançois, Brenda A., Menzies, Robert, Reaume, Geoffrey. (2013). *Mad Matters: A Critical Reader in Canadian Mad Studies*. Canadian Scholars' Press, Inc.
Available as an E book in the Carleton Library.

2 February

Hospital Capacity/ER Overcrowding and Systemwide Issues.

Lead: Halpern

Readings

CBC News. 7 October 2022. "Average western Quebec ER wait time grows to 21 hours."

<https://www.cbc.ca/news/canada/ottawa/outaouais-gatineau-hospital-emergency-wait-times-1.6609704>

Doolittle, R. and T. Cardoso. 2022. "Canada's hospital capacity crisis will remain long after the pandemic is over." *The Globe and Mail* (2 April 2022).

Howlett, K. 2022. "Canada has more family doctors than ever. Why is it so hard to see them." *The Globe and Mail*. 26 November 2022.

<https://www.theglobeandmail.com/canada/article-family-doctors-canada-shortages/>

Silver-Greenberg, J., and K. Thomas. 2022. Profits Over Patients: They Were Entitled to Free Care: Hospitals Hounded Them to Pay. *New York Times*. 24 September 2022.

<https://www.nytimes.com/2022/09/24/business/nonprofit-hospitals-poor-patients.html>

Krugman, P., and R. Wells. 2006. "The Health Care Crisis and What to Do About It." *New York Times Book Review*. 23 March 2006:

<https://www.nybooks.com/articles/2006/03/23/the-health-care-crisis-and-what-to-do-about-it/>

2022 BCCA 245 Cambie Surgeries Corporation v. British Columbia (Attorney General). 1-43. Available at

<https://www.bccourts.ca/jdb-txt/ca/22/02/2022BCCA0245.htm>

Community-Based Health Care

Lead: Shewell

Readings

Heath, S. (2020). "The Difference Between Community Health, Community-Based Health." Patient Access News. *Patient EngagementHit*. June 16.

<https://patientengagementhit.com/news/the-difference-between-community-health-community-based-health>

Tenbenschel, T., Miller, F., Breton, M., Couturier, Y., Morton-Chang, F., Ashton, T., Sheridan, M., Peckham, A., Williams, A., Kenealy, T., Wodchis, W. (2017). "How do Policy and Institutional Settings Shape Opportunities for Community-Based Primary Health Care? A Comparison of Ontario, Québec and New Zealand," *International Journal of Integrated Care*, 17 (2).

<https://www.ijic.org/articles/10.5334/ijic.2514/>

World Health Organization. (2016). "Community-based Health Services: a vital part of Universal Health Coverage." United Nations.

<file:///Users/hughshewell/Downloads/UHC-discussion-paper-2016.pdf>

Supplementary Resources:

Canadian Association of Community Health Centres.

<https://www.cachc.ca/>

FYI: Ottawa has an excellent network of Community Health Centres. This central website is well worth exploring to get an idea of the various activities of Community Health Centres.

Canadian Centre for Policy Alternatives. (2022). "Alternative Federal Budget 2023." See especially Food Security and Health and Health Equity under individual chapters.

<https://policyalternatives.ca/publications/reports/alternative-federal-budget-2023>

6 16 February

Staff Burnout and Proposed Solutions

Lead: Halpern

Readings

Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce. 2022. Pp. 7-15; 31-38; 45-51.

Dixon, E, M. Murphy, R. Wynne. 2021. "A Multidisciplinary, Cross-sectional Survey of Burnout and Wellbeing in Emergency Department Staff During COVID-19." *Australasian Emergency Care* 25 (2022): 247-252.

Government of Canada. Mental Health and COVID-19 For Public Servants: Preventing Burnout.

<https://www.canada.ca/en/government/publicservice/covid-19/preventing-burnout.html>

Moukarzel, A. et al. 2019. "Burnout Syndrome among Emergency Department Staff: Prevalence and Associated Factors." *BioMed Research International*.

Volume 2019. <https://doi.org/10.1155/2019/6462472>

23 February

NO CLASS – Reading Week

7 2 March

Patient Rights/Patient Advocacy

Lead: Shewell

Readings

The first three (3) readings are required.

Arnstein, Sherry. (1969) "A Ladder of Citizen Participation." *Journal of the American Institute of Planners*. Volume 35, Issue 4. pp. 216-224. Available online at:

https://www.miguelangelmartinez.net/IMG/pdf/1969_Arnstein_participation_ladder_AJP.pdf Don't be fooled – this article is as

relevant today as the date it was published and certainly has

relevance to health care policy, planning, implementation and accountability.

Pivik, J. R. (2002). "Practical Strategies for Facilitating Meaningful Citizen Involvement in Health Planning," Commission on the Future of Health Care in Canada, Discussion Paper No. 23. Ottawa, CIHR.

Poulton, Alexander & Rose, Heather. (2015). "The Importance of health advocacy in Canadian postgraduate medical education: current attitudes and issues," *Canadian Medical Education Journal*, 6 (2), pp. e54-e60.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4795083/pdf/cm_ej0654.pdf

Supplementary Readings

Beresford, Peter. (Various Years). *The Guardian*. Visit this website for an excellent collection of opinion essays by Beresford.

Professor Beresford is one of the foremost advocates of citizen and service user involvement in the UK, but his arguments and case explorations have clear resonance for Canada.

<https://www.theguardian.com/profile/peterberesford>

Fleet, R., Plant, J., Ness, R., & Moola, S. (2013). "Patient advocacy by rural emergency physicians after major service cuts: the Case of Nelson, BC," *Canadian Journal of Rural Medicine*, 18 (2), pp. 56-61.

<https://srpc.ca/resources/Documents/CJRM/vol18n2/pg56.pdf>

Lexchin, J., Batt, S., Goldberg, D. & Shnier, A. (2022). "National patient groups in Canada and their disclosure of relationships with pharmaceutical companies: a cross-sectional study," *BMJ Open*, 9 March, pp. 1-10.

<https://bmjopen.bmj.com/content/bmjopen/12/3/e055287.full.pdf>

8 9 March

International Models of Health Care Delivery: Sweden, Denmark, Australia and New Zealand

Lead: Halpern

Readings

Christiansen, T., and K. Vrangbaek. 2018. Hospital Centralization and Performance in Denmark – Ten Years On. *Health Policy* 122: 321-328.

The Commonwealth Fund. 2020. International Health Care System Profiles: Australia. Available at: <https://www.commonwealthfund.org/international-health-policy-center/countries/australia>

Marchildon, G. P. 2021. Social Democratic Solidarity and the Welfare State: Health Care and Single-Tier Universality in Sweden and Canada. *Methods and Issues* 38 (1): 177-196. <https://doi.org/10.3138/cbmh.443-052020>

9 16 March

Indigenous Health Care: jurisdiction, access to health care services and geographic disparities

Lead: Shewell

Readings:

Barbo, G., Alam, S., Kiafar, A. (2021). "Experiences of Indigenous peoples in Canada with primary health care services: a qualitative systematic review protocol," *JBI Evidence Synthesis*, 19 (9): pp. 2398-2405.

[file:///Users/hughshewell/Downloads/Experiences_of_Indigenous_peoples_in_Canada_with.14%20\(2\).pdf](file:///Users/hughshewell/Downloads/Experiences_of_Indigenous_peoples_in_Canada_with.14%20(2).pdf)

Greenwood, M., de Leeuw, S., Lindsay, N. (2018). "Challenges in Health Equity for Indigenous Peoples in Canada," *The Lancet.com*. Vol. 391, April 28. pp. 1645-1648.

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2930177-6>

Note: You will be prompted to register free of charge to read the Lancet article.

Canada. Health Canada. (2022). "Indigenous health care in Canada"

<https://www.sac-isc.gc.ca/eng/1626810177053/1626810219482>

Canada. Health Canada. (2022). "Health care services for First Nations and Inuit."

<https://www.sac-isc.gc.ca/eng/1581895601263/1581895825373>

Oosterveer, T., Young, T. (2015). "Primary health care accessibility challenges in remote indigenous communities in Canada's North," *International Journal of Circumpolar Health*, 26 October.

<https://www.tandfonline.com/doi/epdf/10.3402/ijch.v74.29576?needAccess=true&role=button>

Sinha, V., Sheppard, C., Chadwick, K., Gunnarsson, M., Jamieson, G. (2021). "Substantive Equality and Jordan's Principle: Challenges and Complexities," *Journal of Law and Social Policy*, 35: pp. 21-43.

<https://digitalcommons.osgoode.yorku.ca/cgi/viewcontent.cgi?article=1422&context=jlsp>

Supplementary Reading:

Blackstock, C. (2012). "Jordan's Principle: Canada's broken promise to First Nations children?" *Paediatrics Child Health*, Vol. 17, No.7: pp. 368-370.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3448536/pdf/pc h17368.pdf>

Blackstock, C. (2016). "Toward the full and proper implementation of Jordan's Principle: An elusive goal to date," ?" *Paediatrics Child Health*, Vol. 21, No.5: pp. 245-246.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933052/pdf/pc h-21-5-245.pdf>

The Jordan's Principle Working Group. (2015). *Without denial, delay, or disruption: ensuring First Nations children's access to equitable services through Jordan's Principle*, Assembly of First Nations.

https://www.afn.ca/uploads/files/jordans_principle-report.pdf

Long-Term Care and its Future Development

Lead: Halpern and Shewell

Readings

Armstrong, Pat. (2022). "Re-imagining Long-Term Residential Care: an International Study of Promising Practices." This is an on-going research project which, besides its own articles and publications produced so far, provides an excellent source of key material in the on-going debate about the best way to provide long-term care. Several Carleton and former Carleton faculty members are involved in the project.

<https://reltc.apps01.yorku.ca/>

****The 6 students responsible for presentations in this week are free to choose from the readings (Books/Articles) that can be sourced on the research project's website. Please ensure you don't choose the same reading!****

Beresford, Peter. (2021). "What are we clapping for? Sending people to die in social care: why the NHS did this and what needs to happen next." In Peter Beresford, ed., *COVID-19 and Co-production in Health and Social Care Vol 1 Volume 1: The Challenges and Necessity of Co-production / Volume 1, The challenges and necessity of co-production / The challenges and necessity of co-production / Volume 1*, pp. 89-98. Bristol University Press, Policy Press.

This chapter should be read with Long Term Care issues in Ontario and Canada in mind. In particular, should for-profit care be permitted?

Halpern, L., S.D. Phillips, and N.J. Grasse. 2022. "Non-Profit Long-Term Care in Ontario: How Financially Robust Is the System?" *Canadian Public Policy/Analyse de politiques* 48(S2):64–80. <https://doi.org/10.3138/cpp.2022-032>

Roblin, B., R. Deber, and A. Baumann. 2022. "Addressing the Capital Requirement: Perspectives on the Need for More Long-Term-Care Beds in Ontario." *Canadian Public Policy/Analyse de politiques* 48(S2):51–63.

11 30 March Health Care System Funding/Privatization of Health Care

Lead: Shewell

Readings

Arrow, K. J. 1963. Uncertainty and the Welfare Economics of Medical Care. *The American Economic Review*, 53(5): 941-973.

Marchildon, G. P. 2020. Private Finance and Canadian Medicare: Learning from History. In *Is Two-Tier Health Care the Future?* Flood, C. M., and Thomas, B, eds. University of Ottawa Press. 2020.

Miller, A., and Shingler, B. 2022. Would more privatization in Canadian health care solve the current crisis. *CBC News*. 20 August 2022. <https://www.cbc.ca/news/health/canada-healthcare-privatization-debate-second-opinion-1.6554073>

Tuohy, C. H., Flood, C.M. Stabile, M. 2004. How does private finance affect public health systems? Marshalling the evidence from OECD nations. *Journal of Health Politics, Policy, and Law*, 29(3): 359-396.

12 6 April Retrospective Reflection on Course – Pot Luck?

PLAGIARISM

The University Academic Integrity Policy defines plagiarism as “*presenting, whether intentionally or not, the ideas, expression of ideas or work of others as one’s own.*” This includes reproducing or paraphrasing portions of someone else’s published or unpublished material, regardless of the source, and presenting these as one’s own without proper citation or reference to the original source. Examples of sources from which the ideas, expressions of ideas or works of others may be drawn from include but are not limited to: books, articles, papers, literary compositions and phrases, performance compositions, chemical compounds, artworks, laboratory reports, research results, calculations and the results of calculations, diagrams, constructions, computer reports, computer code/software, material on the internet and/or conversations.

Examples of plagiarism include, but are not limited to:

- any submission prepared in whole or in part, by someone else;

- using ideas or direct, verbatim quotations, paraphrased material, algorithms, formulae, scientific or mathematical concepts, or ideas without appropriate acknowledgment in any academic assignment;
- using another's data or research findings without appropriate acknowledgement;
- submitting a computer program developed in whole or in part by someone else, with or without modifications, as one's own; and
- failing to acknowledge sources through the use of proper citations when using another's work and/or failing to use quotations marks.

Plagiarism is a serious offence that cannot be resolved directly by the course's instructor. The Associate Dean of the Faculty conducts a rigorous investigation, including an interview with the student, when an instructor suspects a piece of work has been plagiarized. Penalties are not trivial. They can include a final grade of "F" for the course.

Statement on Student Mental Health

As a University student you may experience a range of mental health challenges that significantly impact your academic success and overall well-being. If you need help, please speak to someone. There are numerous resources available both on- and off-campus to support you. Here is a list that may be helpful:

Emergency Resources (on and off campus): <https://carleton.ca/health/emergencies-and-crisis/emergency-numbers/>

Carleton Resources:

- Mental Health and Wellbeing: <https://carleton.ca/wellness/>
- Health & Counselling Services: <https://carleton.ca/health/>
- Paul Menton Centre: <https://carleton.ca/pmc/>
- Academic Advising Centre (AAC): <https://carleton.ca/academicadvising/>
- Centre for Student Academic Support (CSAS): <https://carleton.ca/csas/>
- Equity & Inclusivity Communities: <https://carleton.ca/equity/>

Off Campus Resources:

- Distress Centre of Ottawa and Region: (613) 238-3311 or TEXT: 343-306-5550, <https://www.dcottawa.on.ca/>
- Mental Health Crisis Service: (613) 722-6914, 1-866-996-0991, <http://www.crisisline.ca/>
- Empower Me: 1-844-741-6389, <https://students.carleton.ca/services/empower-me-counselling-services/>
- Good2Talk: 1-866-925-5454, <https://good2talk.ca/>
- The Walk-In Counselling Clinic: <https://walkincounselling.com>

Statement on Pandemic Measures

It is important to remember that COVID is still present in Ottawa. The situation can change at any time and the risks of new variants and outbreaks are very real. There are [a number of actions you can take](#) to lower your risk and the risk you pose to those around you including

being vaccinated, wearing a mask, staying home when you're sick, washing your hands and maintaining proper respiratory and cough etiquette.

Feeling sick? Remaining vigilant and not attending work or school when sick or with symptoms is critically important. If you feel ill or exhibit COVID-19 symptoms do not come to class or campus. If you feel ill or exhibit symptoms while on campus or in class, please leave campus immediately. In all situations, you should follow Carleton's [symptom reporting protocols](#).

Masks: Masks are no longer mandatory in university buildings and facilities. However, we continue to recommend masking when indoors, particularly if physical distancing cannot be maintained. We are aware that personal preferences regarding optional mask use will vary greatly, and we ask that we all show consideration and care for each other during this transition.

Vaccines: While proof of vaccination is no longer required to access campus or participate in in-person Carleton activities, it may become necessary for the University to bring back proof of vaccination requirements on short notice if the situation and public health advice changes. Students are strongly encouraged to get a full course of vaccination, including booster doses as soon as they are eligible and submit their booster dose information in [cuScreen](#) as soon as possible. Please note that Carleton cannot guarantee that it will be able to offer virtual or hybrid learning options for those who are unable to attend the campus.

All members of the Carleton community are required to follow requirements and guidelines regarding health and safety which may change from time to time. For the most recent information about Carleton's COVID-19 response and health and safety requirements please see the [University's COVID-19 website](#) and review the [Frequently Asked Questions \(FAQs\)](#). Should you have additional questions after reviewing, please contact covidinfo@carleton.ca.

Requests for Academic Accommodations

ACADEMIC ACCOMMODATION

You may need special arrangements to meet your academic obligations during the term. For an accommodation request the processes are as follows:

Pregnancy obligation: write to me with any requests for academic accommodation during the first two weeks of class, or as soon as possible after the need for accommodation is known to exist. For accommodation regarding a formally-scheduled final exam, you must complete the Pregnancy Accommodation Form ([click here](#)).

Religious obligation: write to me with any requests for academic accommodation during the first two weeks of class, or as soon as possible after the need for accommodation is known to exist. For more details [click here](#).

Academic Accommodations for Students with Disabilities: The Paul Menton Centre for Students with Disabilities (PMC) provides services to students with Learning Disabilities (LD), psychiatric/mental health disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders (ASD), chronic medical conditions, and impairments in mobility, hearing, and vision. If you have a disability requiring academic accommodations in this course, please contact PMC at 613-520-6608 or pmc@carleton.ca for a formal evaluation. If you are already registered with the PMC, contact your PMC coordinator to send me your Letter of Accommodation at the beginning of the term, and no later than two weeks before the first in-

class scheduled test or exam requiring accommodation (if applicable). After requesting accommodation from PMC, meet with me to ensure accommodation arrangements are made. Please consult the PMC website for the deadline to request accommodations for the formally-scheduled exam (if applicable).

Survivors of Sexual Violence

As a community, Carleton University is committed to maintaining a positive learning, working and living environment where sexual violence will not be tolerated, and where survivors are supported through academic accommodations as per Carleton's Sexual Violence Policy. For more information about the services available at the university and to obtain information about sexual violence and/or support, visit: <https://carleton.ca/equity/sexual-assault-support-services>

Accommodation for Student Activities

Carleton University recognizes the substantial benefits, both to the individual student and for the university, that result from a student participating in activities beyond the classroom experience. Reasonable accommodation will be provided to students who compete or perform at the national or international level. Write to me with any requests for academic accommodation during the first two weeks of class, or as soon as possible after the need for accommodation is known to exist. <https://carleton.ca/senate/wp-content/uploads/Accommodation-for-Student-Activities-1.pdf>