

POLITICAL SCIENCE 4260/5260:

THE POLITICS OF HEALTH CARE



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Winter 2018

Because of its nature both as a public institution and as a political icon, the Canadian health care system is an inherently political institution which cannot be understood without a clear comprehension of both its composition and its relationship to the broader political landscape in Canada. This class will provide a survey of the political and theoretical debates within the area of health care in Canada, including discussions of funding, federalism, and governance. The class will also include a comparative survey of health care systems in other countries.

By the end of this class, students should be able to understand how the Canadian health care system works and to identify the key policy debates and political issues surrounding the provision of health care. Students should be able to describe various policy options and to analyze the advantages and disadvantages of each. The final goal is to understand the political context underlying these policy alternatives, and to comprehend how political obstacles can undermine constructive policy objectives.



Texts

1. Primary text: K. Fierlbeck, *Health Care in Canada* (available at the University Bookstore).
2. Secondary readings are available online. If the url does not work, simply google the reference. Journal articles are accessible electronically via the Killam Library.



Assignments

Class presentation 1:	15% (use online sign-up sheet)
Class presentation 2:	15% (use online sign-up sheet)
Policy brief	20% (due Feb 17 th)
Research paper:	30% (due Mar 29 th)
Attendance and participation:	20%

Please see the “Assignments” tab on Brightspace for more detailed information regarding assignments. Graduate students should read “additional information for graduate students,” also on Brightspace.



ASSIGNMENTS

1. Class presentation (15% x 2)

For your in-class assignments, you are asked to present two book reviews to the class. You have approximately 15-20 minutes for each, and you may use electronic AV systems if you like, although you are not obliged to (but ensure that you give me at least 48 hrs notice if you need any equipment). Your presentations should include:

- a succinct account of what the book is about
- a clear account of the power relationships presented by the author
- an analysis of the author's solution to the problem s/he presents
- a critical evaluation of the book's strengths and weaknesses

The books you may choose from are:

- **Harvey Lazar et al**, *Paradigm Freeze: Why It Is So Hard to Reform Health-Care Policy in Canada*
- **Danielle Martin**, *Better Now*
- **A Scott Carson et al**, *Towards a Healthcare Strategy for Canadians*
- **Gerard Boychuk**, *National Health Insurance in the US and Canada: Race, Territory, and the Roots of Difference*
- **Mark Britnell**, *In Search of the Perfect Health Care System*
- **Eric Topol**, *The Creative Destruction of Medicine: How the Digital Revolution Will Create Better Health Care*
- **Elisabeth Rosenthal**, *An American Sickness*
- **Jerome Kassirer**, *Unanticipated Outcomes*
- **Steven Brill**, *America's Bitter Pill*
- **Shannon Brownlee**, *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer*
- **Jeanne Lenzer**, *The Danger within Us: America's Untested, Unregulated Medical Device Industry and One Man's Battle to Survive It*
- **Otis Webb Brawley**, *How We Do Harm: A Doctor Breaks Ranks about Being Sick in America*
- **David Wootton**, *Bad Medicine: Doctors Doing Harm Since Hippocrates*
- **Harriet Brown**, *Body of Truth: How Science, History, and Culture Drives Our Obsession with Weight*
- **Abigail Saguy**, *What's Wrong with Fat?*
- **Sander Gilman**, *Obesity: The Biography*
- **Nina Teicholz**, *The Big Fat Surprise: Why Butter, Meat, and Cheese Belong in a Healthy Diet*
- **Anthony Warner**, *The Bad Chef: Bad Science and the Truth about Health Eating*
- **Meredith Wadman**, *The Vaccine Race*
- **Vinay Prasad and Adam Cifu**, *Ending Medical Reversal*
- **Marc Lewis**, *The Biology of Desire: Why Addiction is Not a Disease*
- **Joel Lexchin**, *Private Profits vs Public Policy*
- **Joel Lexchin**, *Doctors in Denial*

- **Sharon Batt**, *Health Advocacy, Inc.: How Pharmaceutical Funding Changed the Breast Cancer Movement*
- **Ruth Whipman**, *America the Anxious*
- **Edward Shorter**, *How Everyone Became Depressed*
- **Courtney Davis and John Abraham**, *Unhealthy Pharmaceutical Regulation: Innovation, Politics, and Promissory Science.*
- **Joanna Moncrieff**, *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment*
- **Allen Frances**, *Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life*
- **Peter Gøtzsche**, *Deadly Medicines and Organized Crime: How Big Pharma Has Corrupted Health Care*
- **Arthus A. Daemrich**, *Pharmacopolitics: Drug Regulation in the US and Germany*
- **David Healy**, *Pharmageddon*
- **Robert Whittaker**, *Anatomy of an Epidemic*
- **Robert Whittaker and Lisa Cosgrove**, *Psychiatry Under the Influence*
- **Ben Goldacre**, *Bad Pharma*
- **Light and Matura**, *Good Pharma*

Please use the sign-up sheet on your Brightspace website. There is a limit of one person per book (first come, first serve).

2. Policy Brief (20% - due February 17th)

Topics:

1. The Minister of Health in [select province] wants to know whether the province should promote private health insurance for publicly insurable services. What, legally, would be required to enable this option? What would be the advantages and disadvantages of such a strategy? What kinds of obstacles would the province face in attempting to facilitate private health insurance?
2. The provincial Minister of Health wants to know whether the province should ignore the Canada Health Act and follow its own health care priorities. What do you advise?
3. The federal Minister of Health wants to know whether the government should overhaul the Canada Health Act. What is your recommendation?
4. What kinds of mechanisms could facilitate greater intergovernmental cooperation?
5. In 2009 a writ was filed with the British Columbia Supreme Court by a number of private clinics (most of whom had already been given intervenor status in the 2005 Chaoulli case). Their position is that the 2005 judgment should be applicable in British

Columbia, and that the province's Medicare Protection Act violates the Section 7 rights of those who wish to purchase private health insurance where health care is not provided in a timely manner. You represent the plaintiffs. Present a brief outlining your case to the BC Supreme Court.

6. How serious is the "tsunami" of aging adults for [select province]? What are the consequences of the aging of the population for the health care system, and what kinds of policies should address it?

7. The Minister of Health for [select jurisdiction] wants to know what the best way to address the physician shortage would be, both in the short term (<1 year) and in the longer term (>10 years).

8. The province wants to tackle the problem of diabetes. You have been asked to address this issue using non-medical determinants of health. Explain how you would design this project. Include obstacles (social, political, economic, technological, etc) that you would encounter, and strategies for dealing with these obstacles.

9. The opioid epidemic is rising in your province. At the same time, a sizable number of those suffering from chronic pain are worried that their condition may not be adequately addressed if opioids are restricted too severely. What is the best way to find a balance?

10. Is there a model of continuing care in other provinces, or internationally, that would be a good template for Nova Scotia?

11. The Canadian Mental Health Association (CMHA) has asked you to advise them on the best way to address mental health care in rural areas. What are the particular problems facing these regions, and what is the best strategy to address it?

12. The federal Minister of Health is interested in reforming pharmaceutical regulation in Canada, and moving to a system of adaptive licensing. What does she need to know?

13. The federal Minister of Health is interested in the idea of a national pharmacare system, but is worried that it may be too expensive. Is she right?

14. Design an information session for medical students explaining what they should know about pharmaceutical companies.

15. The provincial health minister wants to know if there is a "high performing health care system" that the province would do well to emulate. What would you suggest, and what caveats would you offer?

16. The First Ministers' Conference will be discussing whether Canada should introduce a system of health insurance based upon the concept of "social insurance." Prepare a briefing document, based on the experiences of France and Germany.

For more information on format, deadlines, and how to write a policy brief, see your "Policy Brief" folder on Brightspace.

3. Research Paper (30% - due March 29th)

Topics:

1. Ought there to be more private funding of health care in Canada? If so, what form should it take?
2. Should the provinces be responsible for raising all of their own health care funding?
3. If constitutional responsibility over health care rests legally with the provinces, what responsibility (if any) should Ottawa have regarding health care in Canada?
4. Is there a public health crisis in Canada?
5. Can traditional approaches to aboriginal health care be reconciled with evidence-based medicine?
6. Why don't provinces cooperate more on health care policy?

7. Do a critical analysis of primary health care in a province of your choice. Explain what the problems are, why these problems (structural and political) exist, what can be done about them, and what the cost (financial or otherwise) of such solutions would be.
8. What kinds of mechanisms could facilitate greater intergovernmental cooperation?
9. Is one amalgamated health board at the provincial level better than several discrete health districts?
10. Are the implications of the Chaoulli decision generally positive or generally negative?
11. Ought health care to be governed by Charter rights?
12. If the social determinants of health are so important, why is there so little policy progress in this area?
13. Are doctors in Canada more or less politically powerful than they were 20 years ago?
14. What are the obstacles to collaborative health care?
15. Evaluate the role that health care played in the 2017 provincial election in Nova Scotia.
16. How do the politics of mental health care reform differ from the politics of general health care reform?
17. Which regulatory agency is doing the best job: the FDA, the EMA, or Health Canada?

18. Evaluate the attempts over the past decade to increase transparency and accountability in the pharmaceutical industry.
19. Why is Canada one of the few countries without a national pharmacare system? How likely is it that we will ever have one?
20. Why do drugs cost so much in Canada? What can be done to address this?
21. To what extent can we depend on technological advances to improve health care *systems*?
22. Evaluate federal health policy in the US under the Trump administration.
23. What are the lessons that Canada can learn from the health care system of another country [choose one]?
24. Evaluate the UK's experiment with health care federalism.

For more information on format, requirements, and deadlines, please see the "Specifications" document in the "Research Paper" folder on Brightspace.

4. Attendance and Participation (20%)

Students are expected to attend seminars and to arrive in class having read each week's readings. Those who do not come to class, or who come to class unprepared, will lose grades.

CLASS OUTLINE

WEEK ONE (11 January): Introduction; brief overview of Canadian health care system; conceptual and methodological discussions

Readings:

1. *Text, chapter 12*
2. *Additional readings:*
 - a. David Hunter, "The role of politics in understanding complex, messy health systems," in *BMJ* 9 March 2015
 - b. N. Gregory Mankiw, "Why health care policy is so hard," *NYT* 28 July 2017. <https://www.nytimes.com/2017/07/28/upshot/why-health-care-policy-is-so-hard.html>
 - c. Paul Cairney, "Comparing theories of the policy process," 29 January 2014 at <https://paulcairney.wordpress.com/2014/01/29/comparing-theories-of-the-policy-process-a-brief-guide-for-postgraduates/>
 - d. Sara Allin and David Rudoler, *The Canadian Health Care System* <http://international.commonwealthfund.org/countries/canada/>

Questions for discussion:

What are various ways of analyzing health policy?

What ideas have influenced the development of health policy?

Where does power lie in health care systems? How it is manifested?

What do we want from a health care system?

WEEK TWO (18 January): The debate over funding

Readings:

1. *Text, chapter 1*
2. *Additional readings:*
 - a. King's Fund, "How health care is funded," 23 March 2017 at <https://www.kingsfund.org.uk/publications/how-health-care-is-funded>
 - b. CIHI, National Health Expenditure Trends, 1975 to 2017 <https://www.cihi.ca/sites/default/files/document/nhex2017-trends-report-en.pdf>
 - c. Seth Klein and Andrew Leyland, "5 reasons why private surgeries won't shorten waits in the public system." *Policynote*, 7 Sept 2016 <http://www.policynote.ca/5-reasons-why-private-surgeries-wont-shorten-waits-in-the-public-system/>

Questions for discussion:

What is meant by "private" and "public"?

What are some examples of privately-funded and publicly-funded health care in Canada?

What are the advantages and disadvantages of public and private funding models?

Is the source of funding the only way in which health care can be shaped?

Explain the relationship between funding models and political interests (who benefits from what kind of system? why?)

WEEK THREE (25 January): Health Care Federalism

Readings:

1. *Text, chapter 2*

2. **Additional readings:**

- a. Fierlbeck and Lahey, eds. *Health Care Federalism in Canada* (MQUP 2013), Chapter 3 (Fierlbeck), 8 (Boessenkoel), and 9 (Marchildon)
- b. Cristina A. Mattison, Kody Doxtater and John N. Lavis, "Care for indigenous peoples," in *Ontario's Health System: Key Insights for Engaged Citizens, Professionals and Policymakers* (online, 2016)

https://www.mcmasterforum.org/docs/default-source/ohs-book/one-page-per-sheet/ch9_care-for-indigenous-peoples-ohs.pdf?sfvrsn=2

Questions for discussion:

To what extent does federalism impact health care?

Should provinces be more responsible for health care funding, or should the federal government play a larger role?

How does federalism affect the delivery of health care to indigenous peoples?

WEEK FOUR (1 February): Health Administration and Governance

Readings:

1. *Text, chapter 3*

2. **Additional readings:**

- a. Gregory Marchildon, "Regionalization: what have we learned?" and "Where are we going from here?"; Fierlbeck, "The politics of regionalization," all in *HealthcarePapers* [note: no space!] 16/1, 2016.

- b. K. Chessie, "Health care regionalization in Canada's provincial and territorial health systems: do citizen governance boards represent, engage, and empower?" *International Journal of Health Services* 39/4, 705-724.

Questions for discussion:

Why did all provinces move to a system of regionalized governance? Why are so many now moving to a single provincial health board?

What are the advantages and disadvantages of a regionalized or amalgamated system of governance?

WEEK FIVE (8 February): Health Care and the Courts

Readings:

1. *Text, chapter 4*

2. **Additional readings:**

- a. Martha Jackman, "The Last Line of Defence for [Which] Citizens: Accountability, Equality, and the Right to Health in *Chaoulli*." 44 *Osgoode Hall L.J.* 349 (2006)
- b. Karen S. Palmer, "Backgrounder: a primer on the legal challenge between Cambie Surgeries Corp. BC – and how it may affect our health care system." EvidenceNetwork 8 August 2017 at <http://evidencenetwork.ca/archives/25738>

Questions for discussion

To what extent are "human rights" a useful framework within which to discuss health care?

WEEK SIX (15 February): Public Health and Health Promotion

Readings:

1. *Text, chapter 5*

2. **Additional readings:**

- a. Ak'ingabe Guyan et al. "The weakening of public health: a threat to population health and health care system sustainability." *Canadian Journal of Public Health* 108/1, e1-e5.
- b. Thomas R. Oliver, "The politics of public health policy." *Annual Review of Public Health* 27 (2006), 195-233.
- c. France Gagnon et al. "Why and how political science can contribute to public health. *International Journal of Health Policy Management* 6/9 (2017), 495-499.

Questions for discussion:

What are some examples of potential health promotion strategies that are underutilized by governments? What are examples of successful health promotion strategies from other provinces/countries?

What are the political dynamics that make health promotion so difficult to operationalize?

Discuss the relationship between the agri-food industry and provincial/federal governments in Canada (or other countries). How do the interests of this industry undermine health promotion goals?

To what extent does the wider political environment (eg, economic polarization) affect a nation's health?

[no class February 22]

WEEK SEVEN (1 March): Health Human Resources and Primary Health Care

Readings:

1. *Text, chapter 6*

2. *Additional readings:*

- a. Evans & McGrail, "Richard III, Barer-Stoddart, and the daughter of time," in *Healthcare Policy* 3(3) 2008.
- b. Grant and Hurley, "Unhealthy pressure: how physician pay demands put the squeeze on provincial health-care budgets." University of Calgary School of Public Policy Research Papers. Available at <http://policyschool.ucalgary.ca/?q=content/unhealthy-pressure-how-physician-pay-demands-put-squeeze-provincial-health-care-budgets>
- c. CIHI, Primary health care in Canada: a chartbook of selected indicator results (2016) at https://secure.cihi.ca/free_products/Primary%20Health%20Care%20in%20Canada%20-%20Selected%20Pan-Canadian%20Indicators_2016_EN.pdf

Questions for discussion:

Evaluate the political power of Canadian physicians.

Should some of the traditional duties of doctors be transferred to other health care professions (nurse practitioners, pharmacists, midwives, paramedics, etc)?

What determines whether "collaborative care" works or not?

Is our current model of primary care obsolete? What should replace it? What are the political barriers to change?

WEEK EIGHT (8 March): Mental Health Care

Readings:

1. ***Text, chapter 8***
2. ***Additional readings:***
 - a. Marcia Angell, "The epidemic of mental health: why?" and "The illusions of psychiatry", *The New York Review of Books*, 23 June and 14 July 2011
 - b. Allan Horwitz, "How an age of anxiety became an age of depression," *The Milbank Quarterly* 88/1 (2010)
 - c. Francesa Grace et al. "An analysis of policy success and failure in formal evaluations of Australia's national mental health strategy (1992-2012). *BMC Health Services Research* 17/374 (2017).

Questions for discussion:

Why is mental health sometimes called the "orphan cousin" of health policy?

What are some examples of mental health strategies that seem to work well (especially at a local or provincial level)? What are the barriers to expanding these programs more widely?

What are the power dynamics underlying the diagnosis and treatment of mental illness?

To what extent does the diagnosis of mental illness depend on a highly subjective framework? Are there relations of power inherent in the process of determining what constitutes a mental illness?

What are some reasons that mental health services seem to be consistently underfunded in most jurisdictions?

WEEK NINE (15 March): Drug Policy and the Politics of the Pharmaceutical Industry

Readings:

1. ***Text, chapter 7***
2. ***Additional readings:***
 - a. Joel Lexchin, "The pharmaceutical industry and the Canadian government: folie à deux." *Healthcare Policy* 13/1 (2017), 10-16.
 - b. Light, Lexchin, and Darrow, "Institutional corruption of pharmaceuticals and the myth of safe and effective drugs." *Journal of Law, Medicine, and Ethics* (Fall 2013), 590-600.
 - c. Marc-Andre Gagnon and Joel Lexchin, "The cost of pushing pills: a new estimate of pharmaceutical promotion expenditures in the United States," *PloS Medicine* (3 January 2008)

- d. Adriana Fugh-Berman and Shahram Ahari, "Following the script: how drug reps make friends and influence doctors." *PLOS Medicine* 4/4 (April 2007), 621-625.
- e. P. Doshi, "No correction, no retraction, no apology, no comment: paroxetine trial reanalysis raises questions about institutional responsibility." *BMJ* 16 Sept 2015
- f. Joanna Moncrief and Irving Kirsch, "Empirically-derived criteria cast doubt on the clinical significance of antidepressant-placebo differences." *Contemporary Clinical Trials* 43 (2015), 60-62.

Questions for discussion:

Can we afford to have a National Pharmacare Program? Can we afford not to? Why does Health Canada permit unsafe drugs to be sold? What are the ways in which pharmaceutical industries get approval for, and continue to market, drugs that are either ineffective, or cause serious adverse events? Is there a better way to regulate drugs?

WEEK TEN (22 March): European Healthcare: Beveridge systems

Readings:

- 1. *Text, chapter 9*
- 2. **Additional readings:**
 - a. The King's Fund, 2017. "How does the NHS in England work?" (video) at <https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work> and "How is the NHS structured?" at <https://www.kingsfund.org.uk/audio-video/how-new-nhs-structured>
 - b. Scott Greer, "Devolution and health in the UK: policy and its lessons since 1998." *British Medical Bulletin* 118/1, 16-24.
 - c. Anders Anell, "The public-private pendulum: patient choice and equity in Sweden," *New England Journal of Medicine* 372/1 (1 January 2015)
 - d. Richard Saltman, "Structural patterns in Swedish health policy." *Journal of Health Policy, Politics, and Law* (April 2015).

Questions for discussion:

What are the most pressing issues facing health care in the UK? To what extent are these issues specific to the UK, and to what extent are all countries grappling with them? What can be learned from the UK's experiment with health care federalism? Is the "internal market" something that Canada should consider?

*What lessons can be learned from Sweden's health care system?
To what extent is Swedish health care a consequence of (and dependent upon)
Swedish political culture?*

WEEK ELEVEN (29 March): European Healthcare Models II: Bismarck systems

Readings:

1. *Text, chapter 10*
2. *Additional readings:*
 - a. Or et al, "Are health problems systemic? Politics of access and choice under Beveridge and Bismarck systems." *Journal of Health Economics, Policy, and Law*. July 2010 5(Special Issue 3). See also comment by Weale.
 - b. R. Busse, "Statutory health insurance in Germany: a health system shaped by 135 years of solidarity, self-government, and competition." *The Lancet* 390/10097 (2017), 882-897
 - c. M. Steffen, "The French Health Care System: Liberal Universalism," *Journal of Health Politics, Policy, and Law* 35/3, 2010

Questions for discussion:

*What are the advantages and disadvantages of a social insurance system?
France and Germany both have a social insurance system, which places them in a similar category. What are the key differences between France and Germany?
How important is the funding system of a state when attempting to address other structural problems in health care?*

WEEK TWELVE (5 April 11): American health care: the journey continues

Readings:

1. *Text, chapter 11*
2. *Additional readings:*
 - a. Sarah Kliff, "8 facts that explain what's wrong with American health care." *Vox* 20 January 2015 at <https://www.vox.com/2014/9/2/6089693/health-care-facts-whats-wrong-american-insurance>
 - b. Uwe Reinhardt. "Republicans can repeal Obamacare. They can't repeal the logic of health insurance." *Vox* 20 November 2017 at <https://www.vox.com/the-big-idea/2016/11/23/13719388/obamacare-health-insurance-repeal-trump>
 - c. Vann R. Newkirk, "The fight for health care has always been about civil rights." *The Atlantic* 27 June 2017 at

<https://www.theatlantic.com/politics/archive/2017/06/the-fight-for-health-care-is-really-all-about-civil-rights/531855/>

- d. Nicholas Bagley, "Federalism and the end of Obamacare." *Yale Law Journal Forum*, 14 Feb 2017 at <https://www.yalelawjournal.org/forum/federalism-and-the-end-of-obamacare>

Questions for discussion:

What has the ACA accomplished, and what has it not accomplished?

Map out the power interests in US health care.

Why is the US so different from all the other OECD countries on health care?

WTF is happening now?

RESCUE FOR WEAK MEN

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POLICY ON ACCOMMODATION

Students may request accommodation as a result of barriers related to disability, religious obligation, or any characteristic under the Nova Scotia Human Rights Act. Students who require academic accommodation for either classroom participation or the writing of tests, quizzes and exams should make their request to the Office of Student Accessibility & Accommodation (OSAA) prior to or at the outset of each academic term (with the exception of X/Y courses). Please see www.studentaccessibility.dal.ca for more information and to obtain Form A: Request for Accommodation.

A note taker may be required to assist a classmate. There is an honorarium of \$75/course/term. If you are interested, please contact OSAA at 494-2836 for more information.

Please note that your classroom may contain specialized accessible furniture and equipment. It is important that these items remain in the classroom so that students who require their usage will be able to participate in the class.



STATEMENT ON ACADEMIC INTEGRITY

“At Dalhousie University, we are guided in all of our work by the values of academic integrity: honesty, trust, fairness, responsibility and respect (The Center for Academic Integrity, Duke University, 1999). As a student, you are required to demonstrate these values in all of the work you do. The University provides policies and procedures that every member of the university community is required to follow to ensure academic integrity.”

What does academic integrity mean?

At university we advance knowledge by building on the work of other people. Academic integrity means that we are honest and accurate in creating and communicating all academic products. Acknowledgement of other people's work must be done in a way that does not leave the reader in any doubt as to whose work it is. Academic integrity means trustworthy conduct such as not cheating on examinations and not misrepresenting information. It is the student's responsibility to seek assistance to ensure that these standards are met.

How can you achieve academic integrity?

We must all work together to prevent academic dishonesty because it is unfair to honest students. The following are some ways that you can achieve academic integrity; some may not be applicable in all circumstances.

- make sure you understand Dalhousie's policies on academic integrity (see <http://academicintegrity.dal.ca/Policies/>)
- do not cheat in examinations or write an exam or test for someone else
- do not falsify data or lab results

Be sure not to plagiarize, intentionally or unintentionally, for example...

- clearly indicate the sources used in your written or oral work. This includes computer codes/ programs, artistic or architectural works, scientific projects, performances, web page designs, graphical representations, diagrams, videos, and images
- do not use the work of another from the Internet or any other source and submit it as your own
- when you use the ideas of other people (paraphrasing), make sure to acknowledge the source
- do not submit work that has been completed through collaboration or previously submitted for another assignment without permission from your instructor (These examples should be considered only as a guide and not an exhaustive list.)

Where can you turn for help?

If you are ever unsure about any aspect of your academic work, contact me (or the TA):

- Academic Integrity website (see <http://academicintegrity.dal.ca/>) - Links to policies, definitions, online tutorials, tips on citing and paraphrasing
- Writing Centre (see <http://writingcentre.dal.ca/>) - Assistance with learning to write academic documents, reviewing papers for discipline-specific writing standards, organization, argument, transitions, writing styles and citations
- Dalhousie Libraries (see <http://www.library.dal.ca/>) - Workshops, online tutorials, citation guides, Assignment Calculator, RefWorks
- Dalhousie Student Advocacy Service (see <http://www.dsu.ca/services/advocacy>)
Assists students with academic appeals and student discipline procedures.
- Senate Office (www.senate.dal.ca)
List of Academic Integrity Officers, discipline flowchart, Senate Discipline Committee

What will happen if an allegation of an academic offence is made against you?

As your instructor, I am required to report every suspected offence. The full process is outlined in the Faculty Discipline Flow Chart (see http://senate.dal.ca/Files/AIO_/AcademicDisciplineProcess_Flowchart_updated_July_2011.pdf) and includes the following:

- Each Faculty has an Academic Integrity Officer (AIO) who receives allegations from instructors
- Based on the evidence provided, the AIO decides if there is evidence to proceed with the allegation and you will be notified of the process
- If the case proceeds, you will receive a PENDING grade until the matter is resolved
- If you are found guilty of an offence, a penalty will be assigned ranging from a warning, to failure of the assignment or failure of the class, to expulsion from the University. Penalties may also include a notation on your transcript that indicates that you have committed an academic offence."

Grade Scale and Definitions (Undergraduate)

Letter grades have a grade point assigned that is used to calculate your [GPA \(Grade Point Average\)](#). The following table explains and defines Dalhousie's grading system and shows the GPA value that corresponds with each letter grade.

Grade	Grade Point Value		Definition	
A+	4.30	90-100	Excellent	Considerable evidence of original thinking; demonstrated outstanding capacity to analyze and synthesize; outstanding grasp of subject matter; evidence of extensive knowledge base.
A	4.00	85-89		
A-	3.70	80-84		
B+	3.30	77-79	Good	Evidence of grasp of subject matter, some evidence of critical capacity and analytical ability; reasonable understanding of relevant issues; evidence of familiarity with the literature.
B	3.00	73-76		
B-	2.70	70-72		
C+	2.30	65-69	Satisfactory	Evidence of some understanding of the subject matter; ability to develop solutions to simple problems; benefitting from his/her university experience.
C	2.00	60-64		
C-	1.70	55-59		
D	1.00	50-54	Marginal Pass	Evidence of minimally acceptable familiarity with subject matter, critical and analytical skills (except in programs where a minimum grade of 'C' is required).

FM	0.00		Marginal Failure	Available only for Engineering, Health Professions and Commerce.
F	0.00	0-49	Inadequate	Insufficient evidence of understanding of the subject matter; weakness in critical and analytical skills; limited or irrelevant use of the literature.
INC	0.00		Incomplete	
W	Neutral and no credit obtained		Withdrew after deadline	
ILL	Neutral and no credit obtained		Compassionate reasons, illness	
P	Neutral		Pass	
TR	Neutral		Transfer credit on admission	
Pending	Neutral		Grade not reported	



Graduate Grading Scale

Letter Grade	Numerical (%) Equivalent
A+	90-100
A	85-89
A-	80-84
B+	77-79
B	73-76
B-	70-72
F	< 70

Graduate Grading Rubric:

i. Student Essays

A+ Papers that earn the highest grade are usually somewhat rare; they are original and innovative, and add to the scholarly discussion on the topic(s) at hand. They also show considerable command of critical and other secondary material. Depending on the type of assignment, these papers could, with no or minor revisions, be considered publishable in academic journals specific to the field.

A These essays constitute excellent graduate work. They are original and strongly written, and show considerable command of critical and other secondary material, but would need significant revision before being considered publishable.

A- These essays are very good graduate level work, and are well written and researched, offering a good understanding of the primary material and the scholarly discussion thereof.

B+ Essays in the B+ range may be considered good graduate work, but show weaknesses in terms of research, argumentation or writing.

B These essays are satisfactory graduate work, but with substantial flaws in one or more areas of research, argumentation or writing. They may indicate difficulty in moving beyond undergraduate-level work.

B- Essays in this range are minimally passable graduate work, showing considerable weaknesses or errors in research, argumentation, and writing. These essays demonstrate difficulty in moving beyond undergraduate-level work.

ii. Participation Grades

F Absent.

A Demonstrates excellent preparation: has analyzed case exceptionally well, relating it to readings and other material (e.g., readings, course material, discussions, experiences, etc.); offers analysis, synthesis, and evaluation of case material, e.g., puts together pieces of the

discussion to develop new approaches that take the class further; contributes in a very significant way to ongoing discussion: keeps analysis focused, responds very thoughtfully to other students' comments, contributes to the cooperative argument-building, suggests alternative ways of approaching material and helps class analyze which approaches are appropriate, etc.; demonstrates ongoing very active involvement.

A- Demonstrates good preparation: knows case or reading facts well, has thought through implications of them; offers interpretations and analysis of case material (more than just facts) to class; contributes well to discussion in an ongoing way; responds to other students' points, thinks through own points, questions others in a constructive way; offers and supports suggestions that may be counter to the majority opinion; demonstrates consistent ongoing involvement.

B+ Demonstrates adequate preparation: knows basic case or reading facts, but does not show evidence of trying to interpret or analyze them; offers straightforward information (e.g., straight from the case or reading), without elaboration or very infrequently (perhaps once a class); does not offer to contribute to discussion, but contributes to a moderate degree when called on; demonstrates sporadic involvement.

B Present, not disruptive; tries to respond when called on but does not offer much; demonstrates very infrequent involvement in discussion.

iii. In-Class Presentation Grades

Seminar Component	Outstanding	Good	Average	Weak	Very weak	Poor	Maximum Points
Presentation	Content is complete, relevant & accurate. An exceptional command & depth of the material is presented in a logical & organized manner. More than one aspect of the content	Content is complete, relevant & accurate. A few minor pieces of information may be missing, but command & depth of the material is presented in a logical & organized manner. Some	Content is appropriate. Although some pieces of information may be missing, or irrelevant material included, adequate command of the material is demonstrated. The content	Some content is inappropriate. Marginally adequate command of the material is demonstrated. Important pieces of information are missing, or irrelevant material included. The	Content is weak because material is omitted, inaccurate or marginally relevant, demonstrating limited understanding of the material and/or limited ability to apply the material.	Lecture component absent.	10

	<p>shows good critical thinking or an original perspective.</p> <p>Outstanding oral presentation skills and engagement of class.</p>	<p>aspect of the content shows good critical thinking or an original perspective.</p> <p>Very good oral presentation skills and engagement of class.</p>	<p>may not be demonstrated in a way that maintains focus and may be disorganized.</p> <p>The content shows that the person thought about the information.</p> <p>Adequate oral presentation skills and engagement of class.</p>	<p>content is disorganized and is not presented in a way that maintains focus.</p> <p>Weak oral presentation skills and engagement of class.</p>	<p>Organization is a problem.</p> <p>Major deficiencies in oral presentation skills. Class is not engaged.</p>		
<p>Facilitation of Class Discussion</p>	<p>Preparation, understanding of content, discussion / debate methods, and communication skills are outstanding.</p>	<p>Preparation, understanding of content, discussion / debate methods, and communication skills are very good.</p>	<p>Preparation, understanding of content, discussion / debate methods, and communication skills are adequate.</p>	<p>Preparation, understanding of content, discussion / debate methods, and communication skills are weak.</p>	<p>Preparation, understanding of content, discussion / debate methods, and communication skills have major deficiencies.</p>	<p>Class discussion component absent.</p>	<p>5</p>