Managing the Embedded Medical Practice

Fall: 2014 (October 27 – December 14)

Credits: 2
Meeting: On-line
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Office Hours: by appointment

I. Course Description

This course focuses on the "embedded" medical practice in an integrated health system (IHS); that is, the physician services component of the integrated health system. The terminology of the course also refers to this as the physician enterprise of the Integrated Health System, or the physician employment platform. This course is designed to build competencies in areas of design, strategy, operations and finance for the embedded medical practice. The course will be taught in 6 learning modules. It is expected that the learner will be able to complete all assignments and successfully complete the course over a period of 7 weeks.

II. Course Prerequisites

III. Course Goals and Objectives

Fulfillment of the assignments for this course will enable the learner to:

1. Evaluate market conditions and the likelihood of hospital/physician consolidation in markets.
2. Select the best options for structuring the physician services enterprise in the IHS.
3. Identify and apply the full potential of the physician’s services enterprise within the IHS.
4. Design, execute and manage the strategy of the physician services within the IHS.
5. Apply the physician services enterprise for "reforming market" conditions.
6. Evaluate the performance of physician services enterprise within the IHS.
IV. Methods of Instruction and Work Expectations

1. **Listen to the Audio Introduction**: Each student is asked to listen to the audio lecture by Dr. Daniel Zismer. The audio introduction will provide an overview of the course and a summary of all topics to be covered in the course. This is a key and critical element of the course that will provide a significant advantage in completing the subsequent lessons.

2. **Learning Laboratory**: To complete the assignments, in this course, students must select an integrated health system to use as their “learning laboratory”. Students will be required to take learnings from the course and apply them to their home organizations and/or organizations in the markets in which they work. Options for approaching the assignments are listed below:
   - We expect you to use your own organization as the laboratory for your individual assignments if your organization fits the definition used by Dr. Zismer; i.e. “one that employs most, if not all, providers required to meet the mission, strategic, clinical models, operational and economic and financial performance needs.”
   - If you do not work for an organization fitting the above definition you may select a market you are familiar with and answer the questions based on your research into one or more of the embedded medical groups in the market or region you select.

If the above options are not feasible you will need to contact the instructor (Paul) and discuss the best way to address the questions in the individual assignments for example:
   - Since all students work in the health care industry and will encounter the impact of the Integrated Health System as defined in the course an option for some students may be to reframe the questions in the assignments to discuss how the embedded medical group model will influence your organization’s strategy and business model.
   - The assignments can also be addressed through a case study authored by Dr. Zismer and included on the course Web site.

3. **Assignment Overview**: The group and individual assignments will allow students to build a body of work that will contribute to and be brought together in a final presentation. Each weekly assignment will be built around questions related to the materials covered in the lecture notes and reading. It is expected that the weekly assignments, and the feedback students will receive from the instructors and their peers, in the group discussions will enhance each student's knowledge of the course materials and contribute to building a foundation for the final assignment. The assignments along with point values are described below along with the week by week requirements. The weight of assignments in the final grade will be as follows:
   - Group discussions (50%)
   - Individual assignments in the form of short papers or presentations (30%)
   - A final assignment preparing a synthesis of all your learning in the course (20%) 10 double spaced pages or 20 slides

4. **Guidance for Completing Assignments**: The approach asked for by the instructors is that students address the questions posed in the weekly assignments using sound critical thinking supported by your experience with your organization, the readings and materials provided in the course and your work and achievement in the executive study program to this point. We are not asking you to solve the “problem” of your organization but to provide sound critical thinking to its challenges. This might require you to search for information and conduct interviews with leaders within your organization (or think about and research the comments and questions in the case study.) See resources on critical thinking in the suggested reading list.

5. **Course Organization**: The course is organized into seven Lessons. The overarching goal of the course is to provide a practical perspective on the employment and engagement of physicians, to create high-functioning integrated health systems (I H S'). Each lesson will include the following learning tools:
   - A home page covering the purpose, learning objectives, themes, and written assignments for the lesson
   - A brief audio introduction with an overview of the lesson’s purpose and key points
• A written lesson, offered in book form, authored by Dr. Zismer covering the principles of the lesson.

• A set of readings on the topics covered in the lesson.

• 3 written assignments based on a topic to be addressed for each weekly lesson.

• 3 group discussions assignments using course readings along with each students experience and research to discuss a question(s) or issue introduced by the instructors.

• Final paper or presentation synthesizing the course learnings.

6. **Instructor Feedback:** Feedback from instructors will be available throughout the course to support understanding of and insight into the readings, lecture notes and the work submitted by students. On a weekly basis students should expect the following commitment from instructors:

• Instructor will provide individual feedback on the assignments submitted by students.

• Instructors will monitor the group forum discussions and may provide feedback and comments based on their observations from time to time.

• Instructors may post information for students on the lesson or course Web page, in the form of comments and/or articles of germane to the course topic.

• Instructors will provide individual feedback any time it is requested by the student.

V. **Course Text and Readings**

The readings are listed here and repeated below in the weekly schedule. For additional resources students may consult the Digital Library on Integrated Health. A link to the library is available on the course site:


2. Zismer, Daniel K, PhD, “Reshaping Directors Views and Efforts in a Reforming Healthcare Marketplace”, The Governance Institute, April 2011

3. Zismer, Daniel K. PhD, Thompson, Jeffrey, MD, “The Gunderson Health System 15 Years in the Making: A Retrospective on a Path to Success”, The Governance Institute, April 2012


5. Zismer, Daniel K, PhD Brueggemann, James, M.D., “Examining the Dyad as a Management Model in Integrated Health Systems" Physician Executive Journal of Medical Management, January/February 2010


12. Zismer, Daniel K. PhD, McCullough, Jeffrey, PhD, Person Peter E, M.D, MBA, Colleen Renier, MS, Knutson, David, MS “Integrated Health Care Economics: Part 1, "Are Specialty Physicians
Service Revenues Reliable Predictors of Community Health System Financial Performance”, Physician Executive Journal of Medical Management, May/June 2009


Suggested resources:

17. Zismer, Daniel K. PhD, Critical Thinking As it Relates to Health Care Strategy in Integrated Health Systems


VI. Course Outline/Weekly Schedule

Week 1/Lesson 1(October 27-November 2): The Market Dynamics and Strategic Implications Driving the Consolidation and Integration of U.S. Medical Practices

Purpose

The tradition of physician medical practice has valued independence and control as imperative to the patient physician relationship and quality patient care. Market forces however, have created changes that challenge physicians and health systems to re-evaluate their historical relationships in favor of new considerations for the quality and cost of care. This lesson will review forces driving the consolidation and integration of medical groups with Integrated Health Systems, the strategic questions they raise for health systems and physicians and how greater integration may change the way health care is delivered.

Learning Objectives

By completing this lesson learners will be enabled to:

• Conduct an assessment to determine the climate for physician integration in a health care market
• Evaluate the financial risks to independent practice for a specific practice and or medical specialty based on market dynamics
• Conduct an assessment of the readiness of the IHS for building an embedded medical practice

Key Themes of the Lesson

• There are clear trends driving the integration of physicians with health systems
• The business model of the traditional private medical practice is colliding with changing payment models
• Larger practices are not immune to integration and in fact may be more vulnerable
• There is potential for improved health system performance through the creation and growth of the embedded medical group

Individual assignment: Due Nov 3 8PM (10 points)

Using PowerPoint (1-3 slides) or a word processing document (1-2 double spaced pages) describes your project organization and/or approach to the assignments. Based on the readings in week one, which overview the trends and issues driving the embedded medical group, describe:

• A brief description organization or laboratory you've selected for completing the assignments
Based on the readings and lecture notes in week 1 describe how you will use this laboratory to go deeper into the role and function and future of physician practice in the I H S

Identify 3-4 issues you want to explore more deeply through use of this course

**Group assignment:** No group assignment in week 1

**Reading Assignment:**


Zismer, Daniel K. PhD, “*Reshaping Directors Views and Efforts in a Reforming Healthcare Marketplace*”, The Governance Institute, April 2011


**Week 2/Lesson 2 (November 3-9): Designing and Managing the Integrating Events: The Methods and Mechanics of Integrating Physicians with Health Systems**

**Purpose**

This lesson provides the learner with the methods and models to integrate physicians with community health systems to create the “Embedded Medical Group Practice.” While the focus of this module, and the course overall, is on the methods to integrate physicians by employment, this module will address, along with employment, a range of “integrating event” options with related pros and cons. The driving assumption however, is that the market will encourage more, not less employment. Therefore, while other non-employment models are covered they are assumed to be transitory and are relatively more risky as long-term, stable, integrated “platforms”.

**Learning Objectives**

By completing this lesson learners will be enabled to:

1. Identify methods and models used by physicians and health systems to integrate medical practices with community health systems

2. Analyze and evaluate the financial implications of integrating events

3. Create employment arrangements and structures

**Key Themes of the Lesson**

- The growing trend of employment of physicians by health systems

- Employment of physicians is not always the starting point for integration. The progression to integration begins with unique and tailored arrangements that align the interests of the health system and physicians in service to communities of common interest.

- There are practical and political considerations in building of an embedded medical group ranging from assessing the medical staff strengths and weaknesses, determining the best starting point to address interests of the medical staff and hospital components and tactics to assure a proper balance to avoid alienation of those physicians who choose to remain independent.

- Regardless of the processes and considerations in the creating an integrated and embedded medical group the health system should aim to build a medical practice organization built on an integrated strategy of community health service based optimal market share, high quality and efficient care through a physician recruitment model that allows the system to attract the right supply, skill set and specialty mix of providers.

**Assignments**

Discussion Board: 20 points (10 points for individual contribution 10 points for group synthesis) (individual post due midnight 11/6, group post due 8PM 11/10)
Read the article “The Gunderson Clinic System 15 Years in the Making”. By midnight Thursday of this week each member will submit a post to this forum that addresses one of the following questions:

- Compare the forces (trends and issues) that led to the formation of the Gunderson Health System in 1995 to the forces that will play into its continued success and growth over the next 15 years (2030). How will the next 15 years be different and include at least two significant challenges medical groups within an IHS may have to address?

- The article describes the success of the clinic surviving the first 5 years as “sheer tenacity”. From the article and your own experience give one or two concrete examples of tenacity in relation to keeping this or your laboratory medical group intact and strong.

- Based on what is given in the case how might the Gunderson system consider using the embedded medical group to achieve greater differentiation in the market?

- A question of your own choosing that addresses a key element of the case assessment

By 8PM on Monday working together as a group submit a single group assessment of the article synthesizing the individual posts. The group product should not exceed 3 double spaced pages in a word processing document or 6 PPT slides.

Be sure to apply critical thinking principles and show evidence including citation of the sources used in crafting your response.

**Reading Assignment:**


Zismer, Daniel K. PhD, Thompson, Jeffrey, MD, “The Gunderson Health System 15 Years in the Making: A Retrospective on a Path to Success”, The Governance Institute, April 2012


**Week 3/Lesson 3 (November 10-16): The Physician Services Organizational Model: Models and Methods for Organizing Physicians within the Integrated Health System**

**Purpose**

This lesson focuses on the employed physician exclusively; i.e., the physician as employee of the integrated health system. It assumes that employed physicians become, over time, the largest proportion of the active medical staff of a health system, up to, and sometimes, including 100% of the active medical staff of an IHS. This lesson presents two common organizational models for the positioning and application of the physician services strategy. It draws from practical experience and presents examples of results experienced for each of the two models presented.

**Learning Objectives:**

By completing this lesson learners will be enabled to:

1. Discern, select and develop two organizational (structural) models for the positioning of physicians within the IHS, including “variations on the themes”, presented.

2. Evaluate the characteristics of high-functioning models; that is, how the best perform regardless of model applied

3. Analyze and project the basics regarding the allocation of revenues and operating expenses to the physician enterprise within the IHS; including an understanding of the pros, cons and pitfalls of various accounting and reporting methods

4. Understand and decide how the physician services enterprise “fits” and is best governed within the IHS

5. Understand and decide how physicians are best assigned and deployed as leaders and managers within the physician enterprise and the IHS organizational design
Key Themes of the lesson

1. While the lesson focuses on structural physician services models in an Integrated Health System, a dominant theme of the lesson is building a physician organization and applying the employed physician model to achieve optimal results in key areas critical to the overall success of the Integrated Health System, such as the mission, culture, strategy, clinical performance and financial performance.

2. Physician leadership at all levels of the organization is critical to success. Indeed, there must be accountability to the IHS CEO and governing board by the physician services organization. There are elements described in the lesson that describe “sufficient control” and why it is important; such as physician employment, authority and control to the IHS CEO, and reserve powers to the IHS board of directors. However, a theme running through the lesson and the organizational models reviewed is that strong physician leadership and strong physician presence at all levels of the organization including executive leadership and governance renders authenticity to the controls described and is imperative to the success of the physician enterprise and the IHS as a whole.

3. The physician organization model selected must also embody certain principles of integration. It is important that regardless of the model selected that consistency in terms of efficiency and quality exists throughout the physician organization, the most obvious of which would be a common patient billing system, fee schedule and medical record.

Assignments:

Individual Assignment: (10 points) Due Nov 17 8PM

Using PowerPoint (4-8 slides) or a word processing document (2-4 double spaced pages) Using your selected laboratory discuss the organizational structure of physician affiliation; i.e.:

- How does the organizational structure of physician affiliation in your organization compare to the models discussed in the course; e.g. is your organization closer to a multi-specialty clinic, divisional model, or portfolio of arrangements?

- Discuss the implications of the structure of your embedded medical group in terms of the principle of capital efficiency covered by Zismer, Sterns and Claus; i.e., to what extent does your organizational model fit or not fit the rational for the authors’ hypothesis that organizations that employee nearly all of their physicians are more capital efficient than those organizations that employee only some of the physicians necessary to carry out and meet the mission related clinical, strategic and financial needs. (See page 89 of the article for the full rational for the hypothesis)

- How do physicians participate in corporate governance of your IHS? Based on the readings and lecture notes, what are your recommendations for change in the way physicians in your organization participate in corporate governance?

- Thinking about current forces in health care, how will the organization of the medical group in your selected laboratory change over the next 7-10 years?

Reading Assignment

Zismer, Daniel K. PhD, Brueggemann, James, M.D., “Examining the Dyad as a Management Model in Integrated Health Systems” Physician Executive Journal of Medical Management, January/February 2010


Week 4/Lesson 4 (November 17-23): Strategy and Strategic Positioning and Performance of the Embedded Medical Group Practice

Purpose

The embedded physician services enterprise is, arguably, the most powerful strategic force within the fully integrated health system. This lesson is about recognizing and achieving the full strategic potential of the embedded medical group as a principal component of an IHS strategy.
Learning Objectives

By completing this lesson learners will be enabled to:

1. Define strategy for the embedded medical group within an IHS.
2. Design a framework and elements for an embedded medical group strategic plan
3. Design measures of success for the strategic plan
4. Demonstrate how success with the embedded medical practice creates a competitive advantage for the IHS.
5. Change strategic course, as required, to best leverage the strategic potential of the IHS.

Key Themes of the Lesson

1. A key element of what drives strategy is an organizational design and how that design influences the behavior of the actors. The deployment of the assets of an organization; i.e., the income, the technology, the knowhow and the people will achieve vastly different results in different organizational designs.
2. Strategy involves preparing for the future. A key theme of this lesson is that the forces that are driving health care strategy are based on structures that assemble assets to achieve optimal economic and health outcomes for a population of patients and a defined community.
3. Physicians can maintain or even improve their professional satisfaction and economic security –through the embedded medical group- by transforming from a model with optimal rewards for individual performance and productivity to a model based on individual performance as a member and/or leader of a care delivery team.

Assignments

Group assignment: 15 points (10 points initial post 5 points for response to classmates) (Initial post due midnight 11/20, response to classmate due 8PM 11/24)

Read the articles “Clinical Services Lines: Mapping the Future of Community Health”, by Zismer and Wegmiller and Establishing Brand Loyalty in Health Care, What to Learn from Other Industries, by Zismer. By midnight Thursday of this week each member will submit a post to this forum addressing these articles in relation to your experience with the embedded medical group and the 6 advantages of the embedded medical group outlined in the lecture notes for this lesson; for example:

• How does your experience compare with the design and operating principles, management structure and strategic challenges and implications covered in article on service lines?
• In your reading of Zismer’s article on brand loyalty, where does your organization need to invest to strengthen its brand and improve customer loyalty?
• What has to change in your organization to optimize service lines development, and create a strong integration with your emerging brand?
• How ready is your medical group to transition from a “customer” in the sense Zismer describes it to a role of partner and/or employee in building service lines and strengthening your brand.

To complete the assignment, please read and consider your classmates’ posts. Before 8 pm on the Monday following the lesson, either reply to a post specifically, or create a new one of your own in which you consider the ways in which reading your classmates' thoughts may have been caused to rethink your original response.

Be sure to apply critical thinking principles and show evidence including citation of the sources used in crafting your response.

Reading Assignment:

Zismer, Daniel K, PhD, “Questions Physicians Should Ask When Considering Employment by an Integrated Health System” Physician Executive Journal of Medical Management, November/December 2010
Week 5/Lesson 5 (November 24-30): Physician Compensation and Incentives Management in Integrated Health Systems

Purpose

This lesson focuses on compensating physicians who are members of the embedded medical group in integrated health systems. A principal goal of the lesson is the presentation of compensation as an “alignment” strategy; that is, strategies to better align the incentives of the physicians and the organization toward common mission, patient care and strategic goals. Finally, a key assumption of the lesson is that most, if not all physicians affiliated with the IHS are employees.

Learning Objectives

By completing this lesson learners will be enabled to:

1. Understand the nature of the physician employment relationship
2. Describe why it is important to align financial incentives through a physician compensation plan within an integrated health system
3. Describe, compare and evaluate compensation models
4. Define and manage cash compensation and employee benefits in the context of a comprehensive plan
5. Design a physician compensation plan for a multispecialty, embedded physician group practice
6. Connect the incentives of the compensation plan to the goals and objectives of the IHS

Key Themes of the lesson

1. A key theme of this lesson is also a theme of the course; that is, physician involvement and engagement in the design and implementation of compensation plans is important to the credibility and acceptance of the model that is adopted.
2. On the other hand, another theme of the lesson and of the course is that while physician leadership and input is critical to success the ultimate design, review and approval of the physician compensation model lies with senior leadership and board of the IHS.
3. A key principle of the lesson is that external forces have a significant influence not to mention legal implications for compensation and therefore, it is imperative to engage outside, independent expertise in the design and review of physician compensation plans.
4. The design of the compensation plan will provide incentives toward specific physician behavior in care delivery and organizational membership. But compensation is one method of aligning provider behavior with the goals of the IHS and not a substitute for peer review, management supervision and oversight, and strong well communicated and modeled organizational mission, vision and values.

Assignments

No written individual or group assignments due this week. See week six assignments for questions addressing materials covered in lessons five and six
Reading Assignment:

Week 6/Lesson 6 (December 1-7): Managing the Financial Performance of the Embedded Medical Practice

Purpose
This module focuses on the financial management of the physician services component of an integrated health system. Managing the financial performance of the integrated physicians services component of an IHS requires an appreciation and understanding of financial management of the IHS overall, an appreciation of the "architecture" of the accounting and reporting of the consolidated financial statement and how the financial performance of the physician services component affects and is affected by the design and management of the accounting and report of physician services components.

Learning Objectives
By completing this lesson learners will be enabled to:
1. Understand the configuration and accounting of a physician services enterprise within an IHS
2. Assess and evaluate how the financial performance of a physician services enterprise within an IHS affects the financial performance of the IHS overall
3. Leverage the financial performance of the physician services enterprise to make the IHS more productive overall
4. Devise a basic revenue pro-forma for an IHS including the physician services component and analyze differences across various service configurations

Key Themes of the Lesson
1. A key theme of this lesson is the importance of understanding and anticipating the potential consequences of major strategic actions. Furthermore, since an organization will not always be able to anticipate all consequences it must be ready, vigilant and open to change. In the case of community hospital systems referenced in the lesson the competitive edge probably went to those who first discovered they must create a new culture and strategy by merging two very different cultures and strategies.
2. The flywheel is an important image and metaphor in this lesson and the momentum generated by the embedded medical group is a key economic driver for the IHS. As the lesson demonstrates, through the principles of financial management and the case presentation in the lesson, the embedded medical group is more than a clinic or multispecialty group but a force that should permeate the organization and whose presence should be felt, in optimizing revenue, cost efficiency and clinical outcomes, at all levels of the organization.

Individual Assignment: (10 points) Due Dec 8 8PM
Using PowerPoint (3-5 slides) or a word processing document (2-4 pp.) discuss the implications for physician compensation and the economic performance of the IHS
- What is the current compensation model for your laboratory organization and/or research and how is it similar to or different from the model presented by Lee, Bothe and Steele on the Geisinger Clinic as described in Health Affairs?
- How does your laboratory and/or organization align with the 9 management principles covered in Zismer and Werner’s article on the physics of the economics of integrated health care.

Group assignment: (15 points) (10 points initial post 5 points for response to classmates) (Initial post due midnight 11/20, response to classmate due 8PM 11/24)
Consider and reflect on the following comments from this week’s readings:

• “To reliably control total health system revenue production (levels and types of clinical service revenues) requires a community health system business model that doesn’t leave physician services to the vagaries of the independent practice model of physician services supply” Zismer, et. al. Integrated Health Care Economics: Part 2, Understanding the Revenue Drivers in Fully Integrated Health Systems, pg. 28

• “Is there more than one functional form of integration? This article argues for the most integrated form. Others would argue that clinical integration is sufficient and full integration isn’t required.” Zismer, Daniel K., Werner Mark J, Managing the Physics of the Economics of Integrated Health Care, pg.44

Based on the readings presenting the economics of the Integrated Health System and the role of the embedded medical group along with your own experience and work situation comment on whether there are viable alternative forms of health care services integration and the implications for physician practice and patient care quality and cost. Submit your post to this forum by midnight Thursday of this week.

To complete the assignment, please read and consider your classmates’ posts. Before 8 pm on the Monday following the lesson, either reply to a post specifically, or create a new one of your own in which you consider the ways in which reading your classmates’ thoughts may have been caused to rethink your original response.

Be sure to apply critical thinking principles and show evidence including citation of the sources used in crafting your response.

Reading Assignment:

Zismer, Daniel K, PhD, McCullough, Jeffrey, PhD, Person Peter E, M.D, MBA, FACP “Integrated Health Care Economics: Part 2, Understanding the Revenue Drivers in Fully Integrated Health Systems, Physician Executive Journal of Medical Management, July/August 2009


Week 7: (December 8-14) Final Presentation Due 8PM Dec 14

Final assignment: 10-12 slides, or 5-6 double spaced word processing (20 points)

Prepare a synthesis of your learnings from the course; the readings, group discussions and you’re your individual research. You are free to create your own outline; that is, the thesis and positions you want to focus and discuss more deeply upon. The criteria for evaluation and grading are as follows

• The presentation addresses the role and value of the physician enterprise in the integrated health system

• The presentation is built around a clear thesis and point of view

• The positions are clearly stated and supported by evidence and citation of your sources

• The conclusions flowing from the evidence are clearly stated

The work represents good principles of critical thinking; i.e. thought processes and decisions emerging from the careful consideration and assessment of the alternatives, and risks associated with the conclusions arrived at and the decisions made. (for more on critical thinking see: http://www.criticalthinking.org/pages/defining-critical-thinking/766)
VII. Evaluation and Grading

The assignments for this course will allow you to build a body of work that will come together in a final presentation. Therefore, we’ve asked you to build a portfolio of work, in the form of weekly assignments. Each weekly assignment will be built around one question related to the materials covered in the lecture notes and reading. You will also be asked to share your learning with the work group to which you are assigned. We expect that the weekly assignments, and the feedback you will receive from the instructors and your peers in the work group forum, will provide a foundation for your final presentation.

The assignments along with point values are described below along with the week by week requirements.

The assignments for the course are constructed as follows with a total of 100 points available:

- Individual Submissions 30 points
- Group Discussions 50 points
- Final Presentation 20 points

Grading

Grades will be assigned according to the following distribution of points:

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Late work: Due dates are identified for each assignment. To avoid penalties for late work arrangements for late submission must be made in advance with the instructors.

For additional information, please refer to:
http://policy.umn.edu/Policies/Education/Education/GRADINGTRANSCRIPTS.html.

Course Evaluation

The SPH will collect student course evaluations electronically using a software system called CoursEval: www.sph.umn.edu/courseval. The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade in SPHGrades: www.sph.umn.edu/grades. All students will have access to their final grades through OneStop two weeks after the last day of the semester regardless of whether they completed their course evaluation or not.

Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

Incomplete Contracts

A grade of incomplete “I” shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an “I” requires that a contract be initiated.
and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student’s college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades.

University of Minnesota Uniform Grading and Transcript Policy - A link to the policy can be found at onestop.umn.edu.

VIII. Other Course Information and Policies

Grade Option Change (if applicable)
For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at onestop.umn.edu.

Course Withdrawal
Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Office of Admissions and Student Resources at sph-ssc@umn.edu for further information.

Student Conduct Code
The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.

As a student at the University you are expected adhere to Board of Regents Policy: Student Conduct Code. To review the Student Conduct Code, please see: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf.

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

Use of Personal Electronic Devices in the Classroom
Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference: http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html.

Scholastic Dishonesty
You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. (Student Conduct Code: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the
University. For additional information, please see: http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html.

The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: http://www1.umn.edu/oscai/integrity/student/index.html. If you have additional questions, please clarify with your instructor for the course. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class—e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.

**Makeup Work for Legitimate Absences**
Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see: http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html.

**Appropriate Student Use of Class Notes and Course Materials**
Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html.

**Sexual Harassment**
"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf.

**Equity, Diversity, Equal Opportunity, and Affirmative Action**
The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf.

**Disability Accommodations**
The University of Minnesota is committed to providing equitable access to learning opportunities for all students. Disability Services (DS) is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DS at 612-626-1333 to arrange a confidential discussion regarding equitable access and reasonable accommodations.

If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course.

For more information, please see the DS website, https://diversity.umn.edu/disability/.

**Mental Health and Stress Management**
As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to
assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: [http://www.mentalhealth.umn.edu](http://www.mentalhealth.umn.edu).

**The Office of Student Affairs at the University of Minnesota**

The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community.

Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development – Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service.

For more information, please see the Office of Student Affairs at [http://www.osa.umn.edu/index.html](http://www.osa.umn.edu/index.html).

**Academic Freedom and Responsibility: for courses that do not involve students in research**

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.*

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

**OR:**

**Academic Freedom and Responsibility, for courses that involve students in research**

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom and conduct relevant research. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.* When conducting research, pertinent institutional approvals must be obtained and the research must be consistent with University policies.

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

* Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".

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