

**College of Liberal Arts and Sciences**  
**Department of Sociology & Criminology and Law**  
**Department of African-American Studies**  
**AFA 4931 Section 064A, SYA Section 15HB, PHC 4930 Section 037B, & PHC 6937 16D3**  
**Fall, 2013**  
**Wednesday 4:05 pm-7:05 pm**  
**Room G312, HPNP Building**

*"We are experiencing a more mature Jim Crow. A Jim Crow that has grown from the cotton fields to corporate America. A Jim Crow that has become more dignified, yet, disguised. We should now call him James."*

**Instructor Information**

**Instructor:** Kevin A. Jenkins, M.A.  
**Office Location:** Turlington Hall, Rm 3309  
**Email:** kjenkins@aa.ufl.edu  
**Office Hours:** TBA

**Course Overview**

The objective of this course is to examine the African-American experience at the intersection of race, law, and health disparities. First, we tackle the historic social phenomenon that has guided racial existence in America from the nineteenth through the twenty-first century. Next, we highlight the legal contradictions that defined the Black medical experience by examining the law, presidential politics, and judicial policy. Finally, we uncover the empirical data surrounding health disparities, minority health research, and the structure of American health system.

This course is designed to cultivate interests in history, law, health services research, sociology, and policy. Students will be provided the graduate and law school experience while gaining critical knowledge in an under researched are.

**Undergraduate Course Requirements**

Requirement	Due Date	% of final grade
Translational Research Project	Weekly	15%
Reading Quizzes	Weekly	15%
Case and Legal Brief	Weekly	25%
Mid Term	October 2	20%
Annotated Bibliography	December 5	25%

**Graduate Course Requirements**

Requirement	Due Date	% of final grade
Translational Research Project	Weekly	10%
Reading Quizzes	Weekly	5%
Case and Legal Brief	Weekly	25%
Mid Term	October 2	20%
Annotated Bibliography	December 5	15%
Final Paper	December 5	25%

## Translational Research Project

Communicating to the many types of people is difficult—particularly in research. The translational research project allows you to take your discussion to social media. Whether it's through Facebook, Twitter, or even Instagram, you can spark a discussion. Each week students will be required to post at least two postings to the social media mediums established by the instructor.

While this is an innovative approach to discussion and subsequent learning, your words and pictures are a reflection of the university and yourself. There will be ZERO tolerance for lewd, obscene, or vulgar language or images via these outlets. If any student engages in such activities, you will receive ZERO points for the translational research project.

## Weekly Quizzes

Weekly quizzes will reflect 15% of each student's grade. These assessments also serve as an attendance proxy. All quizzes will be given within the first 20 minutes of class. Students are allowed to drop two quizzes. Quizzes are one point each and will be administered using ***Classroom Response System***. This system allows students to respond via smartphone app or web-based browser to a set of questions in class. (<http://citt.ufl.edu/tools/clickers-classroom-response-systems/#application-to-regular-enrollment-courses>)

## Seminar Format

Seminar Format refers to a discussion-based class model. While discussion is encouraged throughout the course, during these sessions it will be required. Students will breakout into groups and read one assigned article and must present key points from the article and generate two class discussion questions based on prior lectures.

## Case and Legal Briefs

Due to a broad intellectual coverage area, extensive reading and analysis creates a successful classroom experience. Student will be assigned cases or laws to brief. Each brief for the week will be due at the beginning of class. Briefs should be no more than  $\frac{3}{4}$  of page. Margins should be 1 inch all around with 12 point Arial font. Case Briefs should be formatted accordingly:

1. **Facts:** Pinpoint the determinative facts of a case, *i.e.*, those that make a difference in the outcome. Your goal here is to be able to tell the story of the case without missing any pertinent information but also not including too many extraneous facts either; it takes some practice to pick out the determinative facts, so don't get discouraged if you miss the mark the first few times. Above all, make sure you have clearly marked the parties' names and positions in the case (Plaintiff/Defendant or Appellee/Appellant).
2. **Procedural History:** Record what has happened procedurally in the case up until this point. The dates of case filings, motions of summary judgment, court rulings, trials, and verdicts or judgments should be noted, but usually this isn't an extremely important part of a case brief unless the court decision is heavily based in procedural rules—or unless you note that your professor loves to focus on procedural history.
3. **Issue Presented:** Formulate the main issue or issues in the case in the form of questions, preferably with a yes or no answer, which will help you more clearly state the holding in the next section of the case brief.
4. **Holding:** The holding should directly respond to the question in the Issue Presented, begin with “yes” or “no,” and elaborate with “because...” from there. If the opinion says “We hold...” that's the holding; some holdings aren't so easy to pinpoint, though, so look for the lines in the opinion that answer your Issue Presented question.
5. **Rule of Law:** In some cases this will be clearer than others, but basically you want to identify the principle of law on which the judge or justice is basing the resolution of the case. This is what you'll often hear called “black letter law.”
6. **Reasoning:** This is the most important part of your brief as it describes why the court ruled the way it did; some law professors dwell on facts more than others, some more on procedural history, but all spend the most time on the court's reasoning as it combines all parts of the case rolled in one, describing the application of the rule of law to the facts of the case, often citing other court's opinions and reasoning or public policy considerations in order to answer the issue presented. This part of your brief traces the court's reasoning step by step, so be sure that you record it without gaps in logic as well.
7. **Concurring/Dissenting Opinion:** You don't need to spend too much time on this part other than the pinpoint the concurring or dissenting judge's main point of contention with the majority opinion and rationale. Concurring and dissenting opinions hold lots of law professor Socratic Method fodder, and you can be ready by including this part in your case brief.

Legal Briefs should include:

Formal name and citation of the law

Congress Number and President who passed the law

Date

Background of the debate (ex: End-Stage Renal Disease coverage was added to the Medicare under the 1972 Social Security Amendment. A man testified before the Congressional committee by hooking up to a dialysis machine in front of the legislators. This compelling testimony urged many to vote in favor of ERSD coverage.

Overall tenets of the law

Groups work is encouraged, but students must submit original and individual work. NO LATE work will be accepted. All PRINTED work must be submitted to the instructor prior to the start of class. No emails will be accepted.

## Midterm

The midterm will evaluate your overall knowledge of the course materials. Reading, participation in class, and asking questions are vital to your aggregate academic success—particularly on this exam. The midterm will be 50 questions. Barring a documented medical emergency, NO MAKE-UP exams will be granted. Students will not receive any credit if the exam is missed.

## Annotated Bibliography

Successful creation of an annotated bibliography proves ones strength of knowledge of a given subject of area. Students will be required to produce a 20 citation annotated bibliography as the final academic requirement of this course. An annotated bibliography provides a small synopsis of each citation. Your paper must have all of the following:

- Twenty (20) TOTAL sources
- Ten (10) articles on a selected disease state and racial disparities
- Five (5) books on an aspect of racial disparities
- Five (5) scholars who have written on an area of racial disparities specific to your chosen disease state
- 7-10 sentence summations of the sources
- Scholar bios should include degrees, recent and/or most prominent works, and current positions.
- APA-Style

Choose one of the following Disease States:

Cancer

Diabetes

Cardiovascular Disease

End-Stage Renal Disease

Disability

Choose one of the following Racial/Ethnic Groups:

Asian

Latino

Black

Scope

Age

Disability (Yes/No)

Time Frame

Region/Country

Gender-specific

## Final Paper (Graduate Students Only)

An integrative paper will be required of all graduate students enrolled in this course. This paper must reflect a comprehensive knowledge of course material via five two-page essays. Students will be given two weeks prior the due date to complete all five responses. Each essay should be cited using JAMA citation style. All in text citations should be enumerated with the corresponding citations at the end of the paper under references. The reference section does not count toward the overall page count. Essays should be double-spaced with 12-pont Times New Roman font with 1-inch margins all around. Your name and course number should be in the header and page number along with essay answer number should be in the footer of the document.

## Course Outline

Week/Date	Topic	Readings	Case or Legal Brief
Week 1 August 21	<p>Course overview &amp; syllabus review Reading &amp; Writing for this course <b><i>The Intersection of Inequity: Understanding Health Disparities and the Theory</i></b></p> <ul style="list-style-type: none"> <li>• The presence of and solutions to health disparities</li> <li>• Penchansky's 5 A's of Access</li> <li>• Definition of health disparity and health</li> <li>• Social determinants of health</li> <li>• Image of Blacks and influence on health disparities' solutions (Samuel Cartwright to billboards on I-75)</li> <li>• Critical Race Theory</li> </ul>	<p>Penchansky and Thomas. <i>The Concept of Access: Definition and Relationship to Consumer Satisfaction</i>. 1981.</p> <p>Rene Bowser, <i>Racial Profiling in Health Care: an Institutional Analysis of Medical Treatment Disparities</i>, 7 Michigan Journal of Race and Law 79-133, 79-83 (Fall 2001)(287 Footnotes)</p> <p><i>Thurgood Marshall</i>. Reflections on the Bicentennial of the United States Constitution</p>	
Week 2 August 28	<p><b><i>Branding Blackness: Understanding the Social Construction of Race</i></b></p> <ul style="list-style-type: none"> <li>• Race &amp; Race Theory in America</li> <li>• Race Formation Theory</li> <li>• Evolution of Race Theory</li> <li>• Mico-Level Construction <ul style="list-style-type: none"> <li>○ Biology</li> <li>○ Primordialism</li> </ul> </li> <li>• Macro-Level <ul style="list-style-type: none"> <li>○ Legal Construction of Race</li> <li>○ US Census</li> </ul> </li> <li>• Consequences of Racial Constructivism</li> <li>• Oppression</li> <li>• Disparities</li> <li>• State vs. Federal Government</li> <li>• Federalization of Civil Rights</li> </ul>	<p>Aliya Saperstein, Andrew M. Penner, and Ryan Light <i>Racial Formation in Perspective: Connecting Individuals, Institutions, and Power Relations</i>. Annual Review of Sociology, Vol. 39: 359-378 (Volume publication date July 2013)</p>	<p><b><i>Dred Scott v. Sandford</i></b>, 60 <a href="#">U.S. 393</a> (1857)</p>
Week 3 September 4	<p><b><i>In Sickness with No Wealth: Nineteenth Century Medical History and Social Movements</i></b></p> <ul style="list-style-type: none"> <li>• The Antebellum South and Medicine</li> <li>• Fugitive Slave Acts</li> <li>• Insurrection laws</li> <li>• First Year of Freedom</li> <li>• Reconstruction and the Black Codes</li> </ul>	<p><i>Flexner, Abraham. Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching</i>. (Boston: The</p>	<ul style="list-style-type: none"> <li>• <i>Plessy v. Ferguson</i> (1896)</li> <li>• <i>Macon v. Tennessee</i> (1844)</li> </ul>

	<ul style="list-style-type: none"> <li>• Rise of the Ku Klux Klan</li> <li>• The Rise of Black Medical Schools and Hospitals</li> <li>• Case of Straight University in New Orleans</li> <li>• Plessy v. Ferguson (1896)</li> </ul> <p><b><i>Not with these Hands: Twentieth Century Medical History and Social Movements</i></b></p> <ul style="list-style-type: none"> <li>• Flexner and the Flexner Report</li> <li>• National Negro Health Week</li> <li>• W.E.B. Dubois vs. Booker T. Washington</li> <li>• Tuskegee Syphilis Experiment</li> <li>• Civil Rights Movement</li> <li>• “The Philadelphia Negro”, Dubois</li> </ul>	<p>Merrymount Press, 1910)</p> <p>Barnwell, F. Rivers. 1937, “Health Education of Negroes Provided by Press, Radio, &amp; Theatre.” <u>The Journal of Negro Education</u> vol. 6, no. 3, (July), 565-571.</p> <p>Haley, E. <i>The forgotten history of defunct black medical schools in the 19th and 20th centuries and the impact of the Flexner Report.</i></p>	
Week 4 September 11	<b><i>Let Me Explain—Health Disparities</i></b>	NO READINGS **College Event Open for the Public**	
Week 5 September 18	<b><i>Injustice Makes Us Sick: The Law as a Social Determinant of Health</i></b> <ul style="list-style-type: none"> <li>• The United States Legal System</li> <li>• Overview of Health Care Law</li> <li>• Presidential Politics and Healthcare</li> <li>• Health and the Law—Antebellum through Reconstruction</li> <li>• Hill-Burton Act &amp; <b><u>Simpkins v. Moses</u></b></li> <li>• Civil Rights Act of 1964</li> <li>• Case Law</li> <li>• Race &amp; Law</li> <li>• Batson Challenge</li> </ul>	<p>Blumstein, JF. “<i>Health Care Law and Policy: Whence and Whither?</i>”</p> <p>Reynolds, PP. <i>Professional and Hospital Discrimination and US Court of Appeals Fourth Circuit 1956-1967.</i></p>	<ul style="list-style-type: none"> <li>• <i>Simpkins v. Moses</i></li> <li>• <i>Civil Rights Act of 1964</i></li> </ul>
Week 6 September 25	<b><i>The Fingerprint of the United States Health Care System</i></b> Incremental approach to Health Care Reform Understanding the Affordable Care Act	Landsbergis PA. Assessing the contribution of working conditions to socioeconomic disparities in health: A commentary. <i>American Journal of Industrial Medicine</i> . 2010;53(2):95-103.	
Week 7 October 2	<b>Midterm</b>		
<b><i>ALL articles after October 9 will be critiqued and discussed in class. Please refer seminar format for protocol.</i></b>			
Week 8 October 9	<b>Health Disparities Literature Synthesis</b> <ul style="list-style-type: none"> <li>• Health Literacy</li> <li>• Health Communications</li> <li>• Racial/Gender Concordance</li> <li>• Racial Health Disparities</li> <li>• Race, Culture &amp; Class</li> <li>• Pain Management</li> </ul>	<p>LaVeist TA, Nuru-Jeter A. Is Doctor-Patient Race Concordance Associated with Greater Satisfaction with Care? <i>Journal of Health and Social Behavior</i>. 2002;43(3):296-306.</p> <p>Ademuyiwa FO, Edge SB, Erwin DO, Orom H,</p>	

		<p>Ambrosone CB, Underwood W. Breast Cancer Racial Disparities: Unanswered Questions. <i>Cancer Research</i>. February 1, 2011;71(3):640-644.</p> <p>Balsa AI, McGuire TG. Prejudice, clinical uncertainty and stereotyping as sources of health disparities. <i>Journal of Health Economics</i>. 2003;22(1):89-116.</p>	
Week 9 October 16	<p><b>Black Women &amp; Health Disparities</b></p> <ul style="list-style-type: none"> <li>• Access and Utilization</li> <li>• Cancer</li> <li>• Obesity</li> <li>• HIV/AIDS</li> <li>• Diabetes</li> <li>• Kidney Disease</li> </ul>	<b>Seminar Format</b>	
Week 10 October 23	<p><b>Black Men &amp; Health Disparities</b></p> <ul style="list-style-type: none"> <li>• Access and Utilization</li> <li>• Cancer</li> <li>• Obesity</li> <li>• HIV/AIDS</li> <li>• Diabetes</li> <li>• Kidney Disease</li> </ul>	<b>Seminar Format</b>	
Week 11 October 30	<p><b>Pi X: Understanding Research</b></p> <ul style="list-style-type: none"> <li>• How to understand scientific research</li> <li>• Key Components of Research</li> <li>• Threats to Validity</li> <li>• Critiquing Articles</li> </ul> <p><b>When Attitudes Kill: Cancer Patients and Medical Malpractice Motivated by Racism</b></p> <p><b>Discrimination: Recognition, Measurement, and Impact</b></p>	<p><b>Seminar Format</b></p> <p>Penner LA, Dovidio JF, Edmondson D, et al. The Experience of Discrimination and Black-White Health Disparities in Medical Care. <i>Journal of Black Psychology</i>. May 1, 2009;35(2):180-203.</p>	
Week 12 November 6	Law School Day	Levin College of Law	
Week 13 November 13	<p><b>The Black wHole: Tracing Health Disparities in the Black Atlantic</b></p> <ul style="list-style-type: none"> <li>• A Global View of Health Disparities</li> <li>• Similarities in Social Determinants of Health</li> <li>• Global Solutions to Disparity</li> </ul> <p><b>Diversification of the Health Care Workforce</b></p> <ul style="list-style-type: none"> <li>• Understanding the role of diversity in the medical field</li> <li>• Medical Education Pipeline</li> <li>• Medical Education Preparation Programs</li> <li>• Affirmative Action</li> </ul>	<p>Komaromy M, Grumbach K, Drake M, et al. The Role of Black and Hispanic Physicians in Providing Health Care for Underserved Populations. <i>New England Journal of Medicine</i>. 1996;334(20):1305-1310.</p> <p>Grumbach K, Mendoza R. Disparities in human resources: addressing</p>	

		the lack of diversity in the health professions. <i>Health Aff (Millwood)</i> . Mar-Apr 2008;27(2):413-422.	
Week 14 November 20	<p><b><i>Just US or Justice?: Social Justice in Medicine</i></b></p> <ul style="list-style-type: none"> <li>• Strategies</li> <li>• Window of Opportunity</li> <li>• Social Justice Organizations within Medicine</li> <li>• Bio Ethics and Race</li> <li>• Biology versus Genetics</li> </ul> <p><b><i>Translational Research in Vulnerable Populations</i></b></p> <ul style="list-style-type: none"> <li>• Communicating Your Research</li> <li>• Celebrity Voices and African American Health</li> </ul> <p><b><i>Anatomy of Health and Human Services</i></b></p> <ul style="list-style-type: none"> <li>• Office of Minority Health</li> <li>• Office of Civil Rights</li> <li>• Health Research Services Administration</li> <li>• FDA</li> </ul>		
Week 15 November 27	NO CLASS		
Week 16 December 5	Review Session		

**Grade Ranges:**

<b>Percentage or points earned in class</b>	<b>93%-100%</b>	<b>90%-92%</b>	<b>87%-89%</b>	<b>83%-86%</b>	<b>80%-82%</b>	<b>77%-79%</b>	<b>73%-76%</b>	<b>70%-72%</b>	<b>67%-69%</b>	<b>63%-66%</b>	<b>60%-62%</b>	<b>Below 60%</b>
<b>Letter Grade equivalent</b>	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F

<b>Letter Grade</b>	<b>A</b>	<b>A-</b>	<b>B+</b>	<b>B</b>	<b>B-</b>	<b>C+</b>	<b>C</b>	<b>C-</b>	<b>D+</b>	<b>D</b>	<b>D-</b>	<b>E</b>	<b>WF</b>	<b>I</b>	<b>NG</b>	<b>S-U</b>
<b>Grade Points</b>	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at <http://www.registrar.ufl.edu/catalog/policies/regulationgrades.html>

***Academic Integrity***

Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or this web site for more details:

[www.dso.ufl.edu/judicial/procedures/academicguide.php](http://www.dso.ufl.edu/judicial/procedures/academicguide.php)

Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

*We, the members of the University of Florida community,  
pledge to hold ourselves and our peers to the*

**Class Attendance and Make-up Work**

The expectation is that you will attend class and be prepared to participate in all class sessions. Personal issues with respect to class attendance or fulfillment of course requirements will be handled on an individual basis.

**Accommodations for Students with Disabilities**

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (<http://www.dso.ufl.edu/>). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

**Counseling and Student Health**

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the University of Florida Counseling Center, 352-392-1575, or Student Mental Health Services, 352-392-1171. Visit their web sites for more information: <http://www.counsel.ufl.edu/> or <http://www.health.ufl.edu/shcc/smhs/index.htm#urgent>

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: [www.health.ufl.edu/shcc](http://www.health.ufl.edu/shcc)

**Crisis intervention is always available 24/7 from:**

Alachua County Crisis Center: (352) 264-6789.

HOWEVER – *Please do not wait until you reach a crisis to talk to someone. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.*

**Appendix A**

**Ten Most Common Grammar/Mechanics Mistakes**

- 1. Simple spelling mistakes or oversights

Common typo	Explanation
Its vs. It's	<i>Its</i> is a possessive pronoun; <i>It's</i> is a contraction for 'it is'
Their vs. They're vs. There	<i>Their</i> is a plural possessive pronoun; <i>They're</i> is a contraction for they are; <i>There</i> is a pronoun or reference to a place
Who's vs. Whose	<i>Whose</i> is a possessive pronoun used in questions; <i>Who's</i> is a contraction for 'who is'
Affect vs. Effect	<i>Affect</i> is a verb; <i>effect</i> is a noun. Hint: Affect is an action and starts with 'a'

- 2. The dangling participial phrase (participial phrase: a phrase composed of a participle; a verbal phrase used as an adjective to the sentence subject)  
 Rule: the participial phrase must directly agree with its subject and the subject of the sentence. If not, the sentence will not make sense—the shoreline cannot remove its coat.  
 Example: **Removing his coat**, Jack walked towards the shoreline.  
 Common incorrect use of participial phrase: **Removing his coat**, the shoreline was appealing as Jack walked towards it.

Rule: the participial phrase must directly agree with its subject and the subject of the sentence. If not, the sentence will not make sense—the shoreline cannot remove its coat.

3. Subject-verb Disagreement

Rule: In a simple sentence, a singular subject must have a singular verb agreement and a plural subject must have a plural verb agreement.

Hint: Make the subject and verb agree in number

Example: The **mayor and his staff** are going on the business trip. (While at first the subject may seem to be ONLY the mayor, the 'and' makes the subject plural and therefore requires a plural verb)

Incorrect sentence formation: The **captain of the guards** don't like broccoli. (The plural guards can throw you off, but the actual subject of the sentence is 'the captain.')

4. Use of who and whom

Rule: Because "who" and "whom" are pronouns, they have case as determined by function in a particular sentence. In other words, what you use will depend on if it is the direct or indirect object (is the subject acting (DO) or is it being acted upon (IO)).

Example: **Who** is at the door? (Who is the subject-case pronoun)

Example: To **whom** are you speaking? (You are speaking words [understood] to a person [the indirect object])

Hint: Whom is always used as an indirect object. *Who* and *whom* parallel with *he* and *him*. Recast the sentence using he and him and whatever makes sense is what you use.

Example: Kenneth is someone **whom** I admire.

Recasted sentence: I admire **him**. OR I give my admiration to **him**.

5. When to use good and well.

Rule: Use the **adjective form good** when describing something or someone. Use the **adverb form well** when describing how something or someone does something.

Example: She is a **good** candidate for that graduate program.

Example: He did **well** on his doctoral qualifying exam.

6. Missing comma in a compound sentence (compound sentence: any sentence with two independent phrases; you can divide the phrases up in a sentence and they can both be stand-alone sentences; both have subject and verb)

Rule: When two independent phrases are joined by a conjunction (and, but, so, yet, etc.), use a comma to set the phrases apart and signify a pause.

Example: I applied to the English department, but I ended up being accepted by the Public Relations department.

7. Comma Splice

What is a comma splice: The use of a comma between two independent clauses, where the clauses are not connected by conjunction word (and, but, so, yet, etc.)

Rule: If two parts of a sentence are independent clauses and not connected by a conjunction, you have 4 choices:

(1) Change the errant comma to another punctuation like a semicolon (;) or a dash (—)

(2) Insert a coordinating conjunction (and, but, so, yet, etc.)

(3) Insert a semicolon (;) + conjunctive adverb (however, therefore, etc.)

(4) Split the two phrases into separate sentences

(5) Make one clause a dependent phrase

Incorrect Example: It is nearly mid-semester, we need to start studying for the statistics exam.

Correction #1: It is nearly mid-semester; we need to start studying for the statistics exam.

Correction #2: It is nearly mid-semester, and we need to start studying for the statistics exam.

Correction #3: It is nearly mid-semester; therefore, we need to start studying for the statistics exam.

Correction #4: Because it is nearly mid-semester, we need to start studying for the statistics exam.

8. Vague pronoun reference

Rule: If your sentence contains more than one subject, make sure your pronoun usage clearly modifies the correct noun. Also, make sure there is no confusion in a sentence where you do not explicitly state an implied noun.

Example	Reasoning	Correction
After putting the disk in the cabinet, Melissa sold it.	What is 'it' talking about? The disk or the cabinet?	After putting the disk in the cabinet, Melissa put the cabinet up for sale.

Example	Reasoning	Correction
UF enacted a policy banning smoking on campus, which some students resent.	Do the students resent UF or the policy?	UF banned smoking on campus, a policy with some students resent.

9. Pronoun-antecedent disagreement

Rule: Pronouns must agree with their antecedents in gender and in number.

Example	Explanation
Each of the puppies had <del>their</del> its own food bowl.	Each is singular; therefore the antecedent must be singular

	(puppies is a modifier)
The team frequently changed <del>its</del> their position on the court.	Team is a collective noun and can be either singular or plural; choose the antecedent based on whether the people are seen as a single unit or a group of individuals.

10. Missing comma after an introductory element

Rule: Readers usually need a small pause between an introductory word, phrase, or clause and the main part of the sentence, a pause most often signaled by a comma.

Example: In preparation for graduate school, we all decided to attend the Campus Visitation Program.

## Appendix B

Summary of things to look for and think about when critiquing research papers

### Relevance of the Research

- Do the authors explain the importance of their research? Do they adequately review the current state of knowledge in the literature and identify problems or opportunities to advance the discipline?
- Study purpose: What is the purpose of the study (why did the authors do this study)? What is the research question being investigated? Is it clearly articulated in the article? What are the hypotheses? Do the authors include a statement of how their research advances the literature? Is a theoretical framework referenced or implied? What are the assumptions underlying and the causal relationships contained in the theoretical framework? Are they reasonable in the context of this study?

### Method

- Study population: What population is being investigated? What are the inclusion and exclusion criteria? Which subject characteristics did the authors describe (e.g., gender, age, disease status, socioeconomic status)?
- What are the main independent (typically our comparison groups of interest), dependent (outcome), and control variables?
- Sample size and statistical power: How many individuals are included in the study and in each of the comparison groups? Are the numbers adequate to demonstrate statistical significance if the study hypothesis is true?

### Data Sources

- What sources of data are used (e.g., questionnaires, surveys, administrative, or clinical records)? What are the advantages/disadvantages of each?

### Assignment (Selection of participants for study and control groups)

- Study design: What was the study design? If quasi experimental – do authors address selection bias? If experimental – do the authors describe treatment integrity or unintended effects? What are the implications of the study design for study conclusions?
- Process of assignment/sampling: What is the sampling strategy? What method is being used to identify and assign individuals to the comparison groups (pre-existing groups? randomized?)
- Confounding variables: Are there differences between the comparison groups other than the characteristic under investigation that may affect the outcome of the investigation?
- Masking/blinding: Are the participants and/or the investigators aware of participant assignment to groups (particularly relevant in experimental designs)?

## **Assessment** (Measurement of outcomes or endpoints in the study and control groups)

- Data collection methods: Timing of data collection (repeated measurements?). What specific data collection methods or instruments were used to collect information? Do the authors describe the validity or reliability of the instrument? Were the measures validated in a population similar to the study population?
- Appropriate Measurement: Does the measurement of the outcome address the study question? Is the timing of the procedures with respect to data collection appropriate?
- Accurate precise measurement: Is the measurement of the independent/dependent variables accurate and precise and reflect well the underlying construct/phenomena of interest? How were the variables in the study operationally defined (i.e. what procedures/steps did the researchers use to measure the variables of interest)? Do authors report ceiling/floor effects? Do authors report responsiveness of measures to change or for subgroups of interest?
- Complete and unaffected by observation: Does the author describe participation and attrition rates? Participant/nonparticipant differences? Is participant follow-up affected by the participants themselves or the investigators' knowledge of study group assignment?

## **Results**

- Estimation: What is the magnitude or strength of the association or relationship observed in the investigation? Do authors describe findings both in terms of being statistically significant as well as clinically meaningful?
- Inference: What statistical techniques are used to perform statistical significance testing? What is the unit of observation? What is the unit of analysis? Do they differ? Are data analyses clearly described? Do the authors consider clustering of data that may be introduced naturally (e.g., patients within physicians within a clinic)? What assumptions (or violation of assumptions) were made by the author about the use of the analytic techniques?
- Adjustment: What statistical techniques are used to take into account or control for differences between comparison groups that may affect the results? Was the rationale for identifying control variables sufficient? Are there variables missing?

## **Interpretation**

- Did the authors answer the research question they posed in the introduction?
- Do authors keep findings separate from interpretation in the results section? Are data presented in tables, etc. clearly?
- Contributory cause or efficacy: Does the factor being investigated alter the probability that the disease will occur (contributing cause) or work to reduce the probability of an undesirable outcome (efficacy)?
- Harms and interactions: Are adverse effects or interactions that affect the meaning of the results identified?
- Subgroups: Are the outcomes in subgroups reported? Is statistical power reported for subgroups?
- Do the authors adequately describe strengths and weaknesses (e.g., whether findings could be generalized, limitations of study design/methods, sample size adequacy, sampling design, etc)?
- What are the major threats to internal as well as external validity? What did the authors miss?
- Do authors describe counterintuitive results? Do the authors describe future/next steps for research?

## **Extrapolation**

- To similar individuals, groups, or populations: Do the investigators extrapolate or extend the conclusions to individuals, groups, or populations that are similar to those who participated in the investigation?
- Beyond the data: Do the investigators extrapolate by extending the conditions beyond the dose, duration, or other characteristics of the investigation?

- To other populations: Do the investigators extrapolate to populations or settings that are quite different from those in the investigation?
- Are conclusions consistent with findings and limitations?
- Check the funding sources and disclosures. Are there potential conflicts of interest that may have influenced the study?

## References

### **\*\*Items taken from the following sources:**

Garrard J. *Health Sciences Literature Review Made Easy: The Matrix Method*. Gaithersburg, MD: Aspen Publishers, Inc.; 1999

Riegelman RK. *Studying a Study & Testing a Test: How to Read the Medical Evidence*. Philadelphia, PA: Lippincott Williams & Wilkins; 2005.

Smith MA. *Guidelines for Critiques*. University of Wisconsin-Madison; 2002.

## Suggested Readings