

# HLTH AGE 715: CRITICAL PERSPECTIVES IN HEALTH & SOCIETY

## Fall 2020

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### Contents

Course Description.....	3
Course Objectives .....	3
Required Materials and Texts .....	3
Class Format.....	4
Course Evaluation – Overview .....	4
Course Evaluation – Details .....	4
Class Participation (10%) .....	4
Student led discussions (15%) .....	4
Individual Assignment 1: Critical Analysis (CA) and critical reflection (CR) review (20%), Due date: October 6 <sup>th</sup> .....	5
Individual Assignment 2: Analysis and reflection on the contributions of the different disciplines (20%). Due date: November 3 <sup>rd</sup> .....	5
Final Paper or Project (35%). Due date: December 8 <sup>th</sup> .....	6
Weekly Course Schedule and Required Readings .....	7
Week 1 (September 15 <sup>th</sup> ).....	7
Week 2 (September 22 <sup>nd</sup> ).....	7
Week 3 (September 29 <sup>th</sup> ).....	7
Week 4 (October 6 <sup>th</sup> ) .....	7
Week 5 (October 13 <sup>th</sup> ): Reading Week.....	8
Week 6 (October 20 <sup>th</sup> ) .....	8
Week 7 (October 27 <sup>th</sup> ) .....	8
Part II: Critical perspectives on selected issues in Health Studies.....	8
Week 8 (November 3 <sup>rd</sup> ) .....	8
Week 9 (November 10 <sup>th</sup> ).....	9
Week 10 (November 17 <sup>th</sup> ).....	10

Week 11 (November 24 <sup>th</sup> ).....	10
Week 12 (December 1 <sup>st</sup> ).....	11
Week 13 (December 8 <sup>th</sup> ): Final Paper due .....	11
Course Policies .....	12
Submission of Assignments.....	12
Grades.....	12
Late Assignments .....	12
Absences, Missed Work, Illness .....	12
Avenue to Learn .....	12
Turnitin.com.....	13
University Policies .....	13
Academic Integrity Statement.....	13
Conduct Expectations.....	13
Academic Accommodation of Students with Disabilities.....	14
Academic Accommodation for Religious, Indigenous or Spiritual Observances (RISO) .....	14
Copyright and Recording .....	14
Faculty of Social Sciences E-mail Communication Policy .....	14
Course Modification .....	15
Extreme Circumstances.....	15

## **Course Description**

This course provides students with an opportunity to explore different themes related to critical health studies. The main objective of the course is to discuss how health is socially and culturally constructed and how it is contested both within (and outside) the dominant biomedical and public health paradigms. The first part of the course explores fundamental theoretical topics around the nature, production, consequences and management of ill health and the various ways in which it can be understood and interpreted.

The second part will focus on current issues in health studies (based on the students' interests) such as globalization and health and the related frameworks; the intersectionality of race, culture, gender, power and health, the politics of resource allocation in health; the politics of evidence. Students will be encouraged and facilitated to challenge the "mainstream" arguments and to connect their critical analytical skills with the central conceptual and practical issues related to health and health care issues they are interested in.

## **Course Objectives**

By the end of the course students should be able to:

- Articulate and discuss the contributions and relevance of critical analysis and critical reflection to health studies
- Discuss the different disciplinary perspectives on health and assess the impact that the different constructions of health might have on the production, consequences and management of ill health
- Identify the factors; individual, societal or global; policy or cultural that influence/ impact people's experiences on health or illness
- Understand critical issues related to the formal health care system such as resource allocation
- Conduct a critical appraisal of the health literature, understanding the politics of evidence
- Understand and discuss the implications of the above for planning in health and healthcare

## **Required Materials and Texts**

1. Duncan, P. (2007). *Critical Perspectives on Health*. Basingstoke, UK: Palgrave Macmillan.  
Also Available at: <https://www.macmillanihe.com/page/detail/critical-perspectives-on-health-peter-duncan/?k=9781403994523>
2. Additional readings posted under the respective weeks

## **Class Format**

We will use traditional methods such as lectures and seminars. Lectures will be a minimal part of this course and will be used to highlight the key points related to the topic of the day. In order to address the learning objectives, we need to do a lot of reading and we will have to make certain that our discussions are organized and focused well so that we understand the readings. For these reasons, there is emphasis on student leadership of the seminar discussions and on participation in the seminars.

We will employ a combination of synchronous and asynchronous modes of course delivery. The Synchronous sessions will use Zoom.

## **Course Evaluation – Overview**

1. Class Participation (10%)
2. Group Student led presentations (15%)
3. Critical analysis and critical reflection review (20%)
4. Critical analysis and reflection on the disciplinary contributions (20%)
5. Final Paper or project (35%)

## **Course Evaluation – Details**

### **Class Participation (10%)**

This is a seminar based course where all students are expected to read the required material and make meaningful contributions to the seminar discussions. Students will also be expected to use the critical analysis and reflection tools to articulate their learning. To facilitate shared learning, students will be expected to participate during the synchronous discussions as well as in the online discussions.

Students will be evaluated according to the quality of their contributions: degree to which they reflect on the topic at hand and the materials covered during the session, the degree to which they integrate prior learning and experiences, their ability to employ a critical lens in their discussions.

### **Student led discussions (15%)**

Students (sometimes working in a pair with another student) will select a seminar topic of particular interest. Based on the selected topic, they will prepare and lead a discussion. For this assignment, the respective student(s) will:

- Identify one additional visual (video clip, film, skit...) source of information relevant to the topic
- Prepare a 30 minutes' presentation based on the readings and the visual source identified above. This should include an overview of the main arguments/themes in all the material, making sure that you provide a balanced perspective of the key issues to be discussed.

- This will be followed by a 30 min. student led discussion on the topic (discussion may be facilitated using a set of questions, key issues/concepts), during the synchronous session.

The material should be recorded and posted online on the **Thursday BEFORE** the respective synchronous session you are facilitating.

Presentations will be graded according to the: relevance of added material, evidence of understanding of the readings linked to this session, clarity of presentation, ability to lead a discussion and level of student engagement, ability to summarize the key points raised in the readings and organize them succinctly.

**Due date: Various**

**Individual Assignment 1: Critical Analysis (CA) and critical reflection (CR) review (20%), Due date: October 6<sup>th</sup>**

This assignment will enable students to individually think through the material covered during the first part of the course. ***Drawing on the material covered to date***, additional literature and their experiences, students will identify and defend the approach/framework they believe is most appropriate for use in health studies. To facilitate this, students should demonstrate an understanding of what critical analysis and critical reflection is; their contributions to health studies and the different approaches/frameworks used to conduct systematic CA and CR. Based on this information, the student will then identify and defend the “most appropriate” approach for conducting CA and CR.

Page limit: 6-8 double spaced pages (3-4 pgs for CA and 3-4 pgs for CR). Use at least 3 external sources.

**Individual Assignment 2: Analysis and reflection on the contributions of the different disciplines (20%). Due date: November 3<sup>rd</sup>**

Building on the first assignment, this assignment will provide students with the opportunity to apply the theoretical frameworks by engaging in a discussion of the contributions of the various disciplines to health studies. For this assignment, students will provide an overview of the contributions of the different disciplines to the study of health. After which, you will identify and defend one discipline which you think contributes the most and one that contributes the least to your understanding health. Students will also reflect on the ways which CA and CR informed their discussion.

Page limit: 6-8 double spaced pages. Use at least 3 external sources.

**Final Paper or Project (35%). Due date: December 8<sup>th</sup>**

The final paper presents the students with an opportunity to apply their learning to a topic/ issue of their choice or their major research paper (MRP) or thesis topic. Students will have 2 options:

*Option 1)* Students will apply a critical lens to discuss how their topic/ issue is conceptualized and discussed in the literature. This will also involve their analysis of the predominant perspective (philosophical, biomedical, sociological...) used to conceptualize and discuss the issue. Using examples, discuss the consequences of using the described perspective. They will then discuss an alternative/ complimentary perspective and discuss the contributions the proposed conceptualization may have with regard to our understanding of the identified health issue.

*Option 2)* If applicable; Students will identify a *program* that is relevant to the issue they plan to explore in their MRP or thesis. Based on the literature, they will critically analyze; the perspective(s) they think influenced the conceptualization of the program. Critically analyze the consequences that might be associated with using that perspective in program development; propose and discuss an alternative/ complimentary perspective and discuss the contributions the proposed conceptualization may make with regard to designing the program.

## **Weekly Course Schedule and Required Readings**

### **Week 1 (September 15<sup>th</sup>)**

#### **Professional experience, Academic study and health**

Readings:

1. Duncan P. (2007) *Critical Perspectives on Health. Chapters 1-4*

### **Week 2 (September 22<sup>nd</sup>)**

#### **Critical Analysis**

Readings:

1. Stephanie A. Nixon Euson Yeung James A. Shaw Ayelet Kuper & Barbara E. Gibson. Seven-Step Framework for Critical Analysis and Its Application in the Field of Physical Therapy *Physical Therapy*, Volume 97, Issue 2, 1 February 2017, Pages 249–257, <https://doi.org/10.2522/ptj.20160149>
2. Duncan P. (2007) *Critical Perspectives on Health. Chapter 5.*

### **Week 3 (September 29<sup>th</sup>)**

#### **Critical Reflection in Health Studies**

Readings:

1. Higgins, D. (2011). Why reflect? Recognizing the link between learning and reflection. *Reflective Practice*, 12(5), 583-584. doi:10.1080/14623943.2011.606693
2. Fook, J., White, S., & Gardner, F. (2006). Critical reflection: a review of contemporary literature and understandings. *Critical reflection in health and social care*, 3-20
3. Mary Ryan (2013) The pedagogical balancing act: teaching reflection in higher education, *Teaching in Higher Education*, 18:2, 144-155, DOI: 10.1080/13562517.2012.694104
4. Duncan P. (2007) *Critical Perspectives on Health. Chapter 6.*

### **Week 4 (October 6<sup>th</sup>)**

#### **Critical Perspectives on Health: The Nature**

Readings:

1. Nordenfelt L. (1986) Health and disease: two philosophical perspectives. *Journal of Epidemiology and Community Health*, 41, 281-284.
2. Duncan P. (2007) *Critical Perspectives on Health. Chapter 7*
3. <http://www.datapacrat.com/Opinion/Philosophy/FiveBranchesMain.html>

Notes: **[Critical analysis and critical reflection assignment due]**

## **Week 5 (October 13<sup>th</sup>): Reading Week**

### **Week 6 (October 20<sup>th</sup>)**

#### **Critical Perspectives on Health: The value of health**

Readings:

1. Goosens, WK.(1980) *Values, Health, and Medicine Philosophy of Science*, 47:1, 100-115.
2. Duncan P. (2007) Critical Perspectives on Health. *Chapter 8*.
3. <http://www.datapacrat.com/Opinion/Philosophy/FiveBranchesMain.html>  
<https://www.ethicssage.com/2018/08/what-are-values.html>

### **Week 7 (October 27<sup>th</sup>)**

#### **Critical Perspectives on Health: The production of health**

Readings:

1. Conrad P. & Barker KK. (2010). The Social Construction of Illness: Key Insights and Policy Implications. *Journal of Health and Social Behavior*. 51 (1): S67-S79
2. Brown P. Naming and Framing: The social construction of illness and diagnosis. *Journal of health and social behavior 1995* (additional issue) 34- 52
3. Freund, P. E. S., McGuire, M. B., & Podhurst, L. S. (2003). *Health, illness, and the social body: A critical sociology*. Upper Saddle River, New Jersey: Prentice Hall.
4. Duncan P. (2007) Critical Perspectives on Health. *Chapter 9*.

## **Part II: Critical perspectives on selected issues in Health Studies**

### **Week 8 (November 3<sup>rd</sup>)**

#### **Frameworks for understanding health, its determinants, and distribution in society**

Readings:

1. Geyen, Dashiell J. G (2012) "Behavioral Changes for African Americans To Improve Health, Embrace Culture, and Minimize Disparities," *ECI Interdisciplinary Journal for Legal and Social Policy*: Available at: <http://ecipublications.org/ijlsp/vol2/iss1/2>
2. Jones J. Ebola, Emerging: The Limitations of Culturalist Discourses in Epidemiology, *Journal of Global Health* <http://www.ghjournal.org/ebola-emerging-the-limitations-of-culturalist-discourses-in-epidemiology/>

3. Gee, G.C., Waslemann, K.M. & Brondolo, E. (2012). A life course perspective on how racism may be related to health inequities. *American Journal of Public Health*, 102(5), 967-974.
4. Elstad J. (1998). The Psycho-social Perspective on Social Inequalities in Health. *Sociology of Health & Illness*, 20 (5): 598-618
5. Hatch, SL.(2005) Conceptualizing and Identifying Cumulative Adversity and Protective Resources: Implications for Understanding Health Inequalities. *J Gerontol B Psychol Sci Soc Sci* 60 (Special Issue 2): S130-S134
6. Bourassa, Carrie. & McKay-McNabb, Kim., Hampton, Mary. (2004). Racism, Sexism, and Colonialism: The Impact on the Health of Aboriginal Women in Canada. *Canadian Women's Studies*. 24(1). (pp. 23-29).
7. Abel, T. & Frohlich, B.K.(2012). Capitals and capabilities: Linking structure and agency to reduce health inequalities. *Social Science & Medicine*,74(2),236-244
8. Michael Marmot Social determinants of health inequalities *Lancet* 2005; 365: 1099–104 health." *Annual Review of Public Health* 23: 287-302
9. Eshetu EB, Woldesenbet SA. Are there particular social determinants of health for the world's poorest countries?. *Afr Health Sci*. 2011;11(1):108-115.
10. Labonte, R. & Torgerson, R. (2005) "Interrogating globalization, health and development: Towards a comprehensive framework for research, policy and political action." *Critical Public Health* 15(2): 157-179.

<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

Notes: **[Comparative analysis of the disciplinary contributions assignment due]**

## **Week 9 (November 10<sup>th</sup>)**

### **The “traditional” Health care systems: Medicalization of Health and the politics**

Readings:

1. Princeton DM. (2015). The Critical Theoretical Perspectives and the Health Care System. *Review of Arts and Humanities* 4, No. 1, pp. 72-79
2. Baars EW and Hamre HJ. (2017) Whole Medical Systems versus the System of Conventional Biomedicine: A Critical, Narrative Review of Similarities, Differences, and Factors That Promote the Integration Process. <https://doi.org/10.1155/2017/4904930>
3. Wade DT, Halligan PW. (2004) Do biomedical models of illness make for good healthcare systems? *BMJ*; 329:1398

4. Hofmann B. & Svenaeus F. How medical technologies shape the experience of illness *Life Sciences, Society and Policy* volume 14, Article number: 3 (2018)  
<https://lsspjournal.biomedcentral.com/articles/10.1186/s40504-018-0069-y>
5. <https://www.cfr.org/backgrounder/comparing-six-health-care-systems-pandemic>

## Week 10 (November 17<sup>th</sup>)

### A Critical analysis of the health system “tools”: Evidence and its politics

#### Readings:

1. Christopher G. Petr & Uta M. Walter (2009) Evidence-based practice: a critical reflection, *European Journal of Social Work*, 12:2, 221-232, DOI: [10.1080/13691450802567523](https://doi.org/10.1080/13691450802567523)
2. Packwood A. (2002) Evidence- based Policy: Rhetoric and Reality. *Social Policy and Society*, 1(3): 267- 272.
3. Greenhalgh T, & Russell J. (2006). Reframing Evidence Synthesis as Rhetorical Action in the Policy Making Drama. *Health care policy*, 1(2): 34-42
4. Kapiriri L., Sinding C., & Arnold E. (2016) How do Development Assistance Partners conceptualize, and prioritize evidence in Priority Setting for Health programs relevant to Low income countries? A qualitative study. <https://doi.org/10.1332/174426416X14636037877986>
5. Anderson, Chris. (2016) “The Colonialism of Canada’s Metis Health Population Dynamics: Caught between bad data and no data at all” *Journal of Population Research*. March. Volume 33. Issue 1. 67-82.

## Week 11 (November 24<sup>th</sup>)

### Priority setting and resource allocation in healthcare

#### Readings:

1. Keliddar, I., Mosadeghrad, A. M., & Jafari-Sirizi, M. (2017). Rationing in health systems: A critical review. *Medical journal of the Islamic Republic of Iran*, 31, 47. doi:10.14196/mjiri.31.47
2. Kapiriri L, Norheim OF, Martin DK. (2017) Priority setting at the micro-, meso- and macro-levels in Canada, Norway and Uganda *Health Policy*, 82(1):78-94.
3. Smith N., Mitton C., Davidson A. & Williams I. (2014) A politics of priority setting: Ideas, interests and institutions in healthcare resource allocation *Public Policy and Administration*, 29(4) 331–347
4. Kapiriri L, Martin DK (2007) Bedside rationing by health practitioners: a case study in a Ugandan hospital. *Med Decis Making*. Jan-Feb; 27(1):44-52.
5. David Wasserman, Govind Persad, Joseph Millum, Setting Priorities Fairly in Response to Covid-19: Identifying Overlapping Consensus and

Reasonable Disagreement, *Journal of Law and the Biosciences*,  
<https://doi.org/10.1093/jlb/ljaa044>

6. Mannelli C. (2020) Whose life to save? Scarce resources allocation in the COVID-19 outbreak *Journal of Medical Ethics*, 46:364-366.

## **Week 12 (December 1<sup>st</sup>)**

### **The political economy of disease epidemics**

Readings:

1. Sparke M, & Anguelov D. (2012) H1N1, globalization and the epidemiology of inequality. *Health Place*;18(4):726-36. doi: 10.1016/j.healthplace.2011.09.001.
2. Adam Kamradt- Scott.(2013) The politics of medicine and the global Governance of pandemic influenza. *Int J Health Serv January 2013 vol. 43 no. 1 105-121*
3. Obilade T.T. (2015) The Political Economy of Ebola Virus Disease (EVD) in West African Countries. *International Archives of Medicine*. 8 (40).
4. Kafiriri L. & Ross A. (2018) The Politics of Disease Epidemics: a Comparative Analysis of the SARS, Zika, and Ebola Outbreaks. *Global Social Welfare*, 1-13
5. Ontario Agency for Health Protection and Promotion (Public health Ontario). COVID-19 – What we know so far about... social determinants of health. Toronto, ON: Queen's Printer for Ontario; 2020 <https://www.publichealthontario.ca/-/media/documents/ncov/covid-wkssf/2020/05/what-we-know-social-determinants-health.pdf?la=en>
6. Broberg M. A Critical Appraisal of the World Health Organization's International Health Regulations (2005) in Times of Pandemic: It Is Time for Revision *Eur J Risk Regul*. 2020 Apr 3: 1–8. Published online 2020 Apr 3. doi: [10.1017/err.2020.26](https://doi.org/10.1017/err.2020.26)

## **Week 13 (December 8<sup>th</sup>): Final Paper due**

## **Course Policies**

### **Submission of Assignments**

You should adhere to the following criteria for assignment preparation:

1. All assignments must include **a title page** with all relevant course information, adhere to the page limits specified, be formatted with 12 pt. font and standard margins, and be stapled;
2. The citations and references in all assignments (if applicable) must use **APA style**.

### **Grades**

Grades will be based on the McMaster University grading scale:

<b>MARK</b>	<b>GRADE</b>
90-100	A+
85-90	A
80-84	A-
77-79	B+
73-76	B
70-72	B-
0-69	F

### **Late Assignments**

**DEADLINES ARE FIRM.** Assignments are to be submitted on Avenue to Learn on, or before, the due date indicated. All assignments must be completed in order to pass the course. A **3% reduction** will be applied **each day** (i.e., Monday - Sunday) after the due date. Weekends will be treated as one day late. Assignments that are not submitted within a week after the due date will automatically receive a grade of zero.

### **Absences, Missed Work, Illness**

Please note that no extensions will be permitted for reasons other than a documented illness. If you are unable to hand-in a paper because of illness, please consult with the course instructor.

### **Avenue to Learn**

In this course we will be using Avenue to Learn. Students should be aware that, when they access the electronic components of this course, private information such as first and last names, user names for the McMaster e-mail accounts, and program affiliation may become apparent to all other students in the same course. The available information is dependent on the technology used. Continuation in this course will be deemed consent to this disclosure. If you have any questions or concerns about such disclosure please discuss this with the course instructor.

## **Turnitin.com**

In this course we will be using a web-based service (Turnitin.com) to reveal authenticity and ownership of student submitted work. Students will be expected to submit their work electronically either directly to Turnitin.com or via Avenue to Learn (A2L) plagiarism detection (a service supported by Turnitin.com) so it can be checked for academic dishonesty. Students who do not wish to submit their work through A2L and/or Turnitin.com must still submit an electronic and/or hard copy to the instructor. No penalty will be assigned to a student who does not submit work to Turnitin.com or A2L.

**All submitted work is subject to normal verification that standards of academic integrity have been upheld** (e.g., on-line search, other software, etc.). To see the Turnitin.com Policy, please go to [www.mcmaster.ca/academicintegrity/](http://www.mcmaster.ca/academicintegrity/).

## **University Policies**

### **Academic Integrity Statement**

You are expected to exhibit honesty and use ethical behavior in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity. **It is your responsibility to understand what constitutes academic dishonesty.**

Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behavior can result in serious consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: "Grade of F assigned for academic dishonesty"), and/or suspension or expulsion from the university.

For information on the various types of academic dishonesty please refer to the [Academic Integrity Policy](https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/), located at <https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/>.

The following illustrates only three forms of academic dishonesty:

1. Plagiarism, e.g. the submission of work that is not one's own or for which credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations.

### **Conduct Expectations**

As a McMaster student, you have the right to experience, and the responsibility to demonstrate, respectful and dignified interactions within all of our living, learning and working communities. These expectations are described in the [Code of Student Rights & Responsibilities](#) (the "Code"). All students share the responsibility of maintaining a positive environment for the academic and personal growth of all McMaster community members, **whether in person or online.**

It is essential that students be mindful of their interactions online, as the Code remains in effect in virtual learning environments. The Code applies to any interactions that adversely affect, disrupt, or interfere with reasonable participation in University activities. Student disruptions or behaviors that interfere with university functions on online platforms (e.g., use of Avenue 2 Learn, WebEx, or Zoom for delivery), will be taken very seriously and will be investigated. Outcomes may include restriction or removal of the involved students' access to these platforms.

### **Academic Accommodation of Students with Disabilities**

Students with disabilities who require academic accommodation must contact [Student Accessibility Services \(SAS\)](#) at 905-525-9140 ext. 28652 or [sas@mcmaster.ca](mailto:sas@mcmaster.ca) to make arrangements with a Program Coordinator. For further information, consult McMaster University's [Academic Accommodation of Students with Disabilities](#) policy.

### **Academic Accommodation for Religious, Indigenous or Spiritual Observances (RISO)**

Students requiring academic accommodation based on religious, indigenous or spiritual observances should follow the procedures set out in the [RISO](#) policy. Students should submit their request to their Faculty Office **normally within 10 working days** of the beginning of term in which they anticipate a need for accommodation or to the Registrar's Office prior to their examinations. Students should also contact their instructors as soon as possible to make alternative arrangements for classes, assignments, and tests.

### **Copyright and Recording**

Students are advised that lectures, demonstrations, performances, and any other course material provided by an instructor include copyright protected works. The Copyright Act and copyright law protect every original literary, dramatic, musical and artistic work, **including lectures** by University instructors.

The recording of lectures, tutorials, or other methods of instruction may occur during a course. Recording may be done by either the instructor for the purpose of authorized distribution, or by a student for the purpose of personal study. Students should be aware that their voice and/or image may be recorded by others during the class. Please speak with the instructor if this is a concern for you.

### **Faculty of Social Sciences E-mail Communication Policy**

Effective September 1, 2010, it is the policy of the Faculty of Social Sciences that all e-mail communication sent from students to instructors (including TAs), and from students to staff, must originate from the student's own McMaster University e-mail account. This policy protects confidentiality and confirms the identity of the student. It is the student's responsibility to ensure that communication is sent to the university from a McMaster account. If an instructor becomes aware that a communication has come from an alternate address, the instructor may not reply at his or her discretion.

### **Course Modification**

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check their McMaster email and course websites weekly during the term and to note any changes.

### **Extreme Circumstances**

The University reserves the right to change the dates and deadlines for any or all courses in extreme circumstances (e.g., severe weather, labour disruptions, etc.). Changes will be communicated through regular McMaster communication channels, such as McMaster Daily News, A2L and/or McMaster email.