

Saint Louis University School of Public Health
Department of Community Health, Division of Behavioral Science
BSH500-01 Behavioral Science and Public Health
Summer 2006

Dates/Time

U 5/21 8 a.m. – 5 p.m.; F 6/02 8 a.m. – 5 p.m.; U 6/18 12 p.m. – 5:30 p.m.;
U 7/16 8 a.m. – 5 p.m.; F 7/28 8 a.m. – 5 p.m.

Instructor/Contact Information

Cheryl A. Houston, PhD, RD, LD

Associate Professor, Fontbonne University

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Email: chouston@fontbonne.edu [IMPORTANT: You must begin the subject line of each email with BSH500. Do not put a space between the “H” and the “5.” Following the last “0”, leave a space, and then type your actual subject of the email message. This will maximize response time.]

Course Overview/Purposes

Major shifts have occurred in the field of public health over the last two centuries: from the epidemiologic revolution in which the public’s health was primarily affected by infectious disease to the current chronic and multi-causal health problems, much of which can be attributed to behaviors and the environment. We have evolved from relying on explanatory ideologies that imply victim blaming to those that view behavioral change from a social ecological perspective, suggesting an interaction and interdependence of the individual and the multiple contexts that influence him or her (family, religious organization, workplace, community, policy, etc.). Currently, behavioral science theory guides the development and evaluation of many public health interventions. As public health practitioners and researchers, it is imperative to understand this evolution, the factors that contribute to health and disease, and the role that behavioral science theory plays in the practice of health education and public health. Therefore, the purposes of this course are: (1) to begin to explore the evolution of the field of behavioral science and its relationship to public health; (2) to comprehend how behavioral science is used to explain and understand behaviors that affect health; and (3) to examine the role of behavioral science theory in guiding intervention development and evaluation.

Course Goals

Promoting health behavior is a complex and multidisciplinary area of knowledge drawing from the fields of psychology, sociology, epidemiology, communication, and others. Research and practical activities in health and behavior have grown dramatically in the past decade. Given the extensiveness of the literature, this course primarily focuses on the most contemporary issues in behavioral science and health education. A multi-level, multi-theoretical perspective is taken. The rationale for the growth of behavioral science within public health is reviewed; the effectiveness of health behavior interventions is explored; theoretical perspectives are surveyed; and applications of theory to specific settings and problems are sampled. The course goals are listed below:

1. Describe the concepts of health, health promotion, and health education.
2. Define the ecological model of health promotion.
3. Differentiate between models and theories that affect health at the individual, social, organizational, and community levels.
4. Explore the impact of policy on behavior change.
5. Determine the appropriate application of theory in a variety of settings and for a variety of health behaviors.
6. Assess the extent to which health promotion strategies are accomplishing their intended goals through the application of appropriate methods of evaluation.

Course Description

Required Text and Supplementary Readings

Glanz, K., Lewis, F.M., & Rimer, B.K. (Eds.) (2002). *Health Behavior and Health Education: Theory, Research, and Practice, 3rd edition*. San Francisco: Jossey Bass.

Additional readings as assigned and distributed in class (see Course Readings listed on the syllabus).

Format:

The course is a combination of lecture, class discussions, in-class activities, team meetings, team presentations, and integrative exercises/exams.

Requirements:

Discussion Leader	10%
In-class assignments/critical review of Team Assignment - Part II	30%
Exams (2 x 10%)	20%
Team Assignment	
-Part I	15%
-Part II	25%

1. Discussion Leader. Each student will be responsible for leading a class discussion of one of the course readings (see bulleted topics on the course schedule). All students enrolled in the course should read all of the assigned materials and be prepared to discuss these materials in class by bringing in at least one question or comment per topic. The discussion leader(s) will be responsible for preparing at least three (3) discussion points for the class to consider about the reading. These discussion points should be typed and copied by the discussion leader so that they can be distributed to the students at the beginning of the class. In order to be effective public health practitioners, it is critical to listen to the worldview of others. The classroom is a place to learn and to share your perspectives and listen to others. In order to do this effectively, it is important that:
 - a. everyone contributes to discussions,
 - b. no one person dominates the discussions,

- c. differences of opinions voiced both inside and outside the classroom are respected, and
 - d. stereotypes and prejudices about our own and other social groups are acknowledged. In doing so, it is important to re-examine, re-evaluate, and re-learn.
2. In-class assignments. Students will be given several brief in-class assignments that must be completed that day; no makeup for in-class assignments will be allowed. Students absent when the in-class assignment was distributed and completed may request a copy of the assignment, but the student will receive a grade of zero (“0”) for that particular in-class assignment. These exercises are designed to reinforce key concepts and integrate and apply these concepts to health promotion theory, intervention, and evaluation. Note: one of the in-class assignments includes the critique/critical review of the team assignment, Part II – group presentations.
3. Take-home exams. Students are required to complete two (2) brief integrative take-home exams addressing the application of behavioral science theories, intervention strategies, and evaluation of health promotion programs. Since the focus is on application, rather than memorization, students are expected to use the course readings and class notes, and to cite them appropriately in the exam. All exams will be due one week from the date of distribution and must be submitted electronically to the instructor. Each student must follow the specific directions located at the top of each exam.
4. Team Assignment. The purposes of the team assignment are threefold: (1) To explore a behavior from an ecological perspective (i.e., to understand the variety and types of factors that influence a behavior and factors that are important for changing a behavior), (2) To demonstrate the student’s ability to apply the methods and models discussed in class, using critical thinking skills and creativity, and (3) To build skills related to group brainstorming, group decision-making, leadership, conflict management, etc.

Team Assignment – Part I

Teams of four to five students will be identified in class based on areas of interest. Each team will select a target behavior, population, and setting. The purpose of Part I is to better understand the factors that influence the target behavior and to conduct a thorough literature review/synthesis in order to accumulate “evidence” for effective interventions using an ecological approach (i.e., intrapersonal, interpersonal, organizational, community, policy levels). Each team member will complete the written assignment individually, but will share his/her findings with the group, and the class, as a whole. You must also include a detailed reference list.

Example

Intended health outcome: Reduced incidence of injury to children involved in motor vehicle accidents

Target behavior: Proper and consistent use of child safety booster seats

Target population: mothers of children weighing 40-80 pounds

[This assignment would include a description of the factors that influence the target behavior and a thorough synthesis of the evidence-based literature for effective interventions using an ecological approach. The paper would include in-text citations and a reference list.]

Team Assignment – Part II

Based on the information gleaned from Part I, the team will be asked to select or develop a theoretical framework to guide the design of intervention strategies to change the target behavior in the selected population and setting using an ecological approach. The framework should identify and link specific theoretical constructs to intervention strategies based on “evidence” from the literature as applicable. In addition, an overall evaluation plan should be included. Each team will present their project to the class; each PowerPoint presentation has a 20-minute limit. When a team is presenting their plan, the rest of the class members will be asked to critique/critically review the framework, constructs and associated intervention strategy, and evaluation plan, from the perspective of a funding agency and provide feedback to the team.

The oral presentation must include the following components:

1. Introduction – including a statement of the problem and factors affecting the behavior
Describe the importance of the problem
What is the background on the target behavior, population, setting (facts and figures)
2. Theoretical framework and rationale using evidence-based literature
This is where you will set the stage. What has been done (evidence-based literature) at various ecological levels?
Based on the literature “defend” your theoretical framework.
3. Links between theoretical constructs and intervention strategies
If the literature indicates that “reminders” are important, link this to the use of “cues to action” from the Health Belief Model and then develop a specific intervention strategy that would serve as a reminder (e.g., post card reminder)
4. Intervention strategies utilizing at least three of the five levels from the ecological perspective
Intrapersonal
Interpersonal
Organizational/Institutional
Community
Policy, regulations, rules
5. An evaluation plan
What will you measure and how? Why?

Each team must provide a copy of the PowerPoint presentation as a handout to each class member and the instructor. Each team must also supply a reference list attached to the end of the PowerPoint handout. Students will also complete a *Group Member Evaluation Form* (found at

the end of this syllabus) and the feedback from this form will be used to determine each student's grade on part II of the team assignment.

General Guidelines: All written work must be typed and the papers should be double-spaced with one-inch margins to allow room for comments. Special binding, report covers, etc. are unnecessary; a staple or paper clip will suffice. If you require assistance with writing, please contact the Graduate Student Writing Center (977-3231). Poorly written assignments will be returned and students will be required to meet with the GSWC before the assignment will be graded. It is expected that all students will adhere to the School of Public Health policy on academic honesty. This includes full documentation of cited work, and use of quotation marks as necessary in all assignments. When doing group work, it is expected that the work be divided equitably. Should students be unable to complete their assigned portion of the task, they will be removed from the group and asked to complete the entire assignment individually.

According to the Graduate School, the only final grades allowed are:

- A (≥93-100)
- B+ (≥90 up to 93)
- B (≥83 up to 90)
- B- (≥80 up to 83)
- C (≥73 up to 80)
- F (<73)

Consultation on Assignments

The instructor is very willing to provide individual or team consultation outside of class by appointment. Face-to-face meetings are possible on Mondays and Wednesday. Assistance by phone or email is available Monday-Friday. Please allow one-week advance notice if possible.

Feedback on Assignments

Timely feedback on assignments is needed in order to assure that students are aware of their progress throughout the course. For routine assignments, feedback will be provided within one week after the due date. For longer assignments, such as papers and exams, feedback will be provided within two weeks after the due date. In the rare event that these deadlines cannot be met, students will be informed of the delay and the extra time needed in providing feedback.

Attendance

Regular attendance is an important part of one's graduate education in public health. Students are expected to attend all scheduled class meetings. In rare circumstances (e.g., documented illness, accident, death in one's family), absences will be excused. However, if a student misses more than seven (7) hours of a three-credit course, they may be asked to withdraw from the course and re-take the course at a later time. Students will not be allowed to make up in-class assignments or the discussion leader/discussion questions & comments, regardless of the reason for the absence.

Academic Integrity Policy

All students enrolled in MPH Program courses are also expected to abide by and uphold the Saint Louis University Graduate School's Policy on Academic Integrity and Ethics. The policy is reprinted below:

The University is a community of learning; its effectiveness requires an environment of mutual trust and integrity. As members of this community, students share with Faculty and Administrators the responsibility to maintain this environment. Academic integrity is violated by any dishonesty in submitting for evaluation assignments, tests, research, reports, etc., required to validate the student's learning. In a case of clear indication of such dishonesty, the Faculty member or Administrator has the responsibility to apply sanctions to protect the environment of integrity necessary for learning.

Although not all forms of academic dishonesty can here be listed, the instances listed below should be seen as actions that not only violate the mutual trust necessary between Faculty and students, but they also undermine the validity of the University's evaluation of students and take unfair advantage of fellow students. Soliciting, revising, or providing any unauthorized assistance in the completion of any work submitted toward academic credit is dishonest.

Examples of academic dishonesty would be copying from another student, copying from a book or class notes during a closed-book exam, submitting materials authored by or editorially revised by another person but presented as the student's own work, copying a passage or text directly from a published source without appropriately citing/recognizing that source, taking a test or doing an assignment or other academic work for another student, or securing or supplying in advance a copy of an examination without the knowledge or consent of the Instructor.

Any clear violation of academic integrity will be met with sanctions. In a case of dishonesty within a course, the Instructor may assign an appropriate grade and/or recommend further sanctions to the Dean. The Dean may, in a clearly serious instance of apparent, or alleged academic dishonesty, appoint an ad hoc committee to hear, judge, render an opinion, and, if warranted, recommend sanctions. The Dean is responsible for the final decision and notifications of all associated parties.

Policy on Style for Citation and Plagiarism

The two key purposes of citation are to 1) give appropriate credit to authors of information, research findings, and/or ideas (and avoid plagiarism) and 2) facilitate access by your readers to the sources you use in your research.

Quotations: When directly quoting an outside source, the borrowed text, regardless of the amount, must be surrounded by quotation marks or block quoted. Quoted text over two lines in length should be single-spaced and indented beyond normal margins. Every quote must include a source – the author, title, volume, page number, etc. – whether an internal reference, footnote, or endnote is used in conjunction with a bibliographic page.

Paraphrasing or Citing an Idea: When summarizing an outside source in your own words or citing another person's ideas, quotation marks are not necessary, but the source must be included.

Plagiarism is a serious violation of the academic honesty policy of the School of Public Health. If a student plagiarizes others' material or ideas, he or she may receive an "F" in the course. The faculty member may also recommend further sanctions to the Dean, per School disciplinary action policy.

Generally speaking, the three key acceptable citation practice are: 1) thoroughness, 2) accuracy, and 3) consistency. In other words, be sure to fully cite all sources used (thoroughness), be accurate in the citation information provided, and be consistent in the citation style you adopt. All references should include the following elements: 1) last names along with first and middle initials; 2) full title of reference; 3) name of journal or book; 4) publication city, publisher, volume, and date; and 5) page numbers referenced. When citing information from the Internet, include the WWW address at the end, with the "access date" (i.e., when you obtained the information), just as you would list the document number and date for all public documents. When citing ideas or words from an individual that are not published, you can write "personal communication" along with the person's name and date of communication. Typical formats for citing references and books can be found in the American Journal of Public Health.

Additional Reading:

Lathrop A. & Foss, K. (2000). *Student Cheating and Plagiarism in the Internet Age*. Englewood, CO: Libraries Unlimited, Inc.
(available to check out from Brenda McDaniel)

Access and Accommodation Policy

Students with disabilities who believe they may need accommodations in this class are encouraged to contact the Office of Disabilities Services at 314-977-2930 as soon as possible to better ensure that such accommodations are implemented in a timely fashion.

BSH500-01 Behavioral Science and Public Health
Course Schedule: Summer 2006

Date	Topics	Assignments
May 21	<ul style="list-style-type: none"> •Course Introduction/Review Syllabus •Health Education and Health Promotion – An Overview •Beyond the Individual: the Ecological Perspective – An Overview •What is Theory and Why is it Useful? •Starting at the End? Key Concepts in Evaluation - Part I 	In-class Assignments
June 2	<ul style="list-style-type: none"> •Ecological Perspective: Application at the Individual Level: <ul style="list-style-type: none"> -Health Belief Model (HBM) -Theories of Reasoned Action and Planned Behavior (TRA/TPB) -Transtheoretical Model (TTM) •Ecological Perspective: Application at the Interpersonal Level <ul style="list-style-type: none"> -Social Learning/Social Cognitive Theory (SLT/SCT) -Social Support/Social Networks 	In-class Assignments Discussion Leaders Take-home exam #1 (due 6/9 before midnight; submit electronically)
June 18	<ul style="list-style-type: none"> •Ecological Perspective: Application at the Institutional/Organizational Level and at the Community Level •Key Concepts in Evaluation - Part II 	In-class Assignments Discussion Leaders Team Assignment Part I due
July 16	<ul style="list-style-type: none"> •Ecological Perspective: Application at the Policy Level •Key Concepts in Evaluation - Part III 	In-class Assignments Discussion Leaders Take-home exam #2 (due 7/23 before midnight; submit electronically)
July 28	<ul style="list-style-type: none"> •Health Promotion and Health Education in Context <p>Putting It All Together</p> <p>Course Evaluation</p>	Team Assignment Part II due: Group Presentations Team Assignment Part II – Critical Review due Group Member Evaluation Form due

BSHC-500-01 Behavioral Science and Public Health
Required Course Readings

May 21, 2006

•Health education and health promotion – An overview

Text: Chp. 1, 2

Institute of Medicine. (2003). Summary, Who will keep the public healthy? Educating public health professionals for the 21st century (pp. 3-26). Washington, D.C.: National Academy of Sciences.

Minkler, M. (1999). Personal responsibility for health? A review of the arguments and the evidence at century's end. *Health Education and Behavior*, 26(1), 121-140.

•What is theory and why is it useful?

Brownson, R.C., Baker, E.A., Leet, T.L., & Gillespie, K.N. (2003). *Evidence-based Public Health* (Chapter 8: Developing an action plan and implementing interventions, pp. 169-193). New York, NY: Oxford University Press, Inc.

Van Ryn, M. & Heaney, C.A. (1992). What's the use of theory? *Health Education Quarterly*, 19(3), 315-330.

•Starting at the End: Key Concepts in Evaluation – Part I

Brownson, R.C., Baker, E.A., Leet, T.L., & Gillespie, K.N. (2003). *Evidence-based Public Health* (Chapter 1: The need for evidence-based public health, pp. 3-23). New York, NY: Oxford University Press, Inc.

•Beyond the Individual: The Ecological Perspective – An Overview

Text: Chp. 20

June 2, 2006

•Ecological Perspective: Application at the Individual Level:

Text: Chp. 7

-Health Belief Model

Text: Chp. 3

Larson, E.B., Bergman, J., Heidrich, F., Alvin, B.L., & Schneeweiss, R. (1982). Do postcard reminders improve influenza vaccination compliance? *Medical Care*, 20(6), 639-648.

Maguen, S., Armistead, L.P., & Kalichman, S. (2000). Predictors of HIV antibody testing among gay, lesbian, and bisexual youth. *Journal of Adolescent Health*, 26, 252-257.

-Theory of Reasoned Action (TRA) and Theory of Planned Behavior (TPB)

Text: Chp. 4

Coyle, K.K., Kirby, D.B., Marin, B.V., Gomez, C.A. & Gregorich, S.E. (2004). Draw the Line/Respect the line: A randomized trial of a middle school intervention to reduce sexual risk behaviors. *American Journal of Public Health*, 94(5), 843-851.

McCafery, K, Wardle, J., & Waller, J. (2003). Knowledge, attitudes, and behavioral intentions in relation to the early detection of colorectal cancer in the United Kingdom. *Preventive Medicine, 36*, 525-535.

-Transtheoretical Model (TTM) – “Stages of Change”

Text: Chp. 5

Auslander, W., Haire-Joshu, D., Houston, C., Williams, J.H., & Krebill, H. (2000). The short-term impact of a health promotion program for low-income African American women. *Research on Social Work Practice, 10*(1), 78-97.

Grimley, D.M., Prochaska, J.O., Velicer, W.F. & Prochaska, G.E. (1995). Contraceptive and condom use adoption and maintenance. *Health Education Quarterly, 22*(1), 20-35.

•Ecological Perspective: Application at the Interpersonal Level

Text: Chp. 12

-Social Learning/Social Cognitive Theory

Text: Chp. 8

Robison, J. (1998). To reward? Or not to reward? Questioning the wisdom of using external reinforcement in health promotion programs. *American Journal of Health Promotion, 13*(1), 1-3.

Sheeska, J.D., Woolcott, D.M., & MacKinnon, N.J. (1993). Social cognitive theory as a framework to explain intentions to practice healthy eating behaviors. *Journal of Applied Social Psychology, 23*(19), 1547-1573.

-Social Support and Social Networks

Text: Chp. 9

Uchino, B.N., Cacioppo, J.T., & Kiecolt-Glaser, J.K. (1996). The relationship between social support and physiological processes: A review with an emphasis on underlying mechanisms and implications for health. *Psychological Bulletin, 119*(3), 488-531.

June 18, 2006

•Ecological Perspective: Application at the Institutional/Organizational Level

Text: Chp. 14, 15, 17

Berwick, D.M. (2003). Disseminating innovations in health care. *Journal of the American Medical Association, 289*(15), 1969-1975.

Brink, S.G., Basen-Engquist, K.M., O'Hara-Tompkins, N.M., Parcdel, G.S., Gottlieb, N.H. & Lovato, C.Y. (1995). Diffusion of an effective tobacco prevention program. Part I: Evaluation of the dissemination phase. *Health Education Research, 10*(3), 283-295.

•Ecological Perspective: Application at the Community Level

Text: Chp. 13

McLeroy, K.R., et al. (2003). Community-based interventions. *American Journal of Public Health, 93*(4), 529-533.

Norton, B.L., McLeroy, K.R., Burdine, J.N., Felix, M.R.J., & Dorsey, A.M. (2002). Community-capacity: Concept, theory, and methods. In R.J. DiClemente, R.A., Crosby and M.C.D. Kegler (Eds.), *Emerging Theories in Health Promotion Practice and Research: Strategies for Improving Public Health* (pp. 194-227). San Francisco, CA: John Wiley & Sons, Inc.

•Key Concepts in Evaluation - Part II

Text: Chp. 23

Brownson, R.C., Baker, E.A., Leet, T.L., & Gillespie, K.N. (2003). *Evidence-based Public Health* (Chapter 9: Evaluating the program or policy, pp. 194-214). New York, NY: Oxford University Press, Inc.

Goodman, R.M. (1998). Principles and tools for evaluating community-based prevention and health promotion programs. *Journal of Public Health Management Practice*, 4(2), 37-47.

July 16, 2006

•Ecological Perspective: Application at the Policy Level

Text: Chp. 19

Glover Blackwell, A. & Colmenar, R. (2000). Community-Building: From local wisdom to public policy. *Public Health Reports*, 115, 161-166.

•Key Concepts in Evaluation - Part III

Milstein, B. & Wetterhall, S. (2000). A framework featuring steps and standards for program evaluation. *Health Promotion Practice*, 1(3), 221-228.

July 28, 2006

•Health Promotion and Health Education in Context

Text: Chp. 21

Campbell, M.K., Denmark-Wahnefried, W., Symons, M., Kalsbeek, W.D. et al. (1999). Fruit and vegetable consumption and prevention of cancer: The Churches United for Better Health Project. *American Journal of Public Health*, 89(9), 1390-1396.

Eden, K.B., Orleans, C.T., Mulrow, C.D., Pender, N.J. & Teutsch, S.M. (2002). Does counseling by clinicians improve physical activity? A summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 137(3), 208-215.

Green, L.W., Poland, B.D. & Rootman, I. (2000). The settings approach to health promotion. In B.D. Poland, L.W. Green, and I. Rootman (Eds.), *Settings for Health Promotion: Linking Theory and Practice* (Chapter 9, pp. 341-351). Thousand Oaks, CA: Sage Publications.

Putting It All Together - Group Presentations

Text: Chp. 24

St. Louis University School of Public Health
BSHC 500 Behavioral Science and Public Health
Team Assignment – Evaluation Schema

Student's Name: _____

Other group members' names: _____

Topic: _____

Team Assignment – Part I (Defining the Problem and Searching for Evidence)

Intended health outcome/Target behavior

Clearly defined importance of the problem; thorough evidence-based description of factors that influence the target behavior

Target population/setting

Clearly defined

Evidence-based Intervention Strategies

A thorough literature review and synthesis of the material that describes evidence-based research on the use of effective intervention strategies

Identifies key theories and constructs, even if not directly stated by the article author(s), and based on the identification of specific “clues” in the article

Describes literature across several levels of the ecological perspective; these levels must be clearly delineated by the student

In-text citation/reference list/formatted according to guidelines in syllabus

Team Assignment – Part II (Putting It All Together - Oral Presentation)

Introduction

The introduction should include a statement of the problem and factors affecting the behavior.

Theoretical Framework and Rationale

Clear and concise summary of evidence-based literature; includes evidence-based justification for the theory or theories and constructs selected.

Links between theoretical constructs and intervention strategies

Accurate and clear application of theory-based program design using key constructs identified as “important” in the literature

Intervention plan utilizes at least three of the five levels from the ecological perspective

An evaluation plan

Clear description of evaluation strategy; appropriate evaluation methods linked to intervention strategies; what will be measured? How? Why?

Miscellaneous:

Use of visuals/handouts (clear and easy to read; helpful in conveying project information)

Delivery (organization, effectiveness in conveying project information, use of time, ability to answer questions from the audience).

NOTE: while students in a team will ordinarily receive the same initial grade for the oral presentation, the Instructor reserves the right to issue an individual grade as necessary. Also, the group member evaluation form score will be factored into each student's grade on the team assignment – part II.

St. Louis University
 School of Public Health
 BSH500-01 Behavioral Science and Public Health

Group Member Evaluation Form

NOTE: This form is to be completed by each group member in confidence. The faculty member will also maintain confidentiality.

Your name: _____

Group member names (include self)	Prepared Materials	Actively Participated	Demonstrated Teamwork and Cooperation	Fulfilled Responsibilities for the oral presentation
1.				
2.				
3.				
4.				
5.				

0=lowest score; 5=highest score

1. List the names of each group member. Be sure to list and evaluate yourself as well as the other group members.
2. On a scale of 0-5, did the group member prepare materials as assigned by the group as a whole?
3. On a scale of 0-5, did the group member actively participate in group meetings to prepare the oral presentation?
4. On a scale of 0-5, did the group member cooperate in a positive manner?
5. On a scale of 0-5, did the group member fulfill his/her group responsibilities in the preparation and actual presentation of the materials?

Once this form is completed, place it in a sealed envelope with your name on the outside and turn it in to the course instructor.