University of Florida
College of Public Health & Health Professions Syllabus
CLP7934: Special Topics: Directed Reading-Neuropsychology of Aging (3 credit hours)
Semester: Summer A/C, 2018 (Section 73AG)
Delivery Format: Online
Course Website or e-Learning in Canvas: E-learning portal

Instructor Name: Michael Marsiske
Room Number: HPNP 3159
Phone Number: (352) 273-5097
Email Address: marsiske@phhp.ufl.edu
Office Hours: By appointment
Teaching Assistants: none
Preferred Course Communications: Email

PREREQUISITES

Admitted, in good standing, to the Graduate School at the University of Florida. No other pre-requisites apply. Students are expected to seek out additional foundational reading and materials in areas that are challenging for them; students are invited to ask course instructors for recommendations.

PURPOSE AND OUTCOME

Course Overview

This directed reading course introduces students to contemporary theory, method, and findings regarding normal cognitive aging, neuropsychology (based mainly on research with brain-damaged individuals) and cognitive neuroscience. The readings will consider normal and pathological cognitive changes, potential etiologies and comorbidities, as well as recent thinking on intervention approaches for late life cognition. The selection of topics and instructors also reflects the unique profile of expertise among University of Florida Division of Neuropsychology faculty.

Relation to Program Outcomes

This course counts as a “Neuropsychology elective” for doctoral students in Clinical and Health Psychology. It also satisfies one of the elective requirements of the Graduate Certificate in Gerontology.

Course Objectives and/or Goals

As noted above, this is a **very different** class from other in-person or online courses you may have taken. It is a directed reading class. That means there are **no lectures or prepared materials**. The overarching goal of the class is to see what you can extract and explain from primary source readings.

The philosophical underpinning of the learning approach is the Feynman method (Feynman method page) , which emphasizes active learning over passive learning. And the hallmark of active learning is that you can EXPLAIN the topic simply to someone else.

In this class, doctoral students from diverse backgrounds will read primary source literature on cognitive and neuropsychological changes associated with aging and age-related disease. Students are expected to demonstrate their higher-level skills, as doctoral trainees, to integrate, analyze, summarize, explain and critique primary source empirical research. Students in this class **will produce weekly infographic-rich executive summaries** of their readings, in order to:

1. Explain and summarize the content of each week's readings, using minimal jargon, specialized vocabulary, or acronyms, **so that a typical naïve undergraduate student could learn from it**
2. Integrate and organize the readings, drawing linkages across articles within and between weeks, in order to describe higher order themes about cognitive aging
3. Appraise and critique the weekly articles in order to draw conclusions about the quality of the evidence for the week's topic, so that they may identify critical next steps to be addressed by the research field

Weekly assignments serve two functions:

(a) a reading check (so they should incorporate content from all assigned readings), but also
(b) an application of the Feynman method, showing the ability to synthesize, summarize and extract "big picture" themes from the readings via infographic, image-rich executive summary presentations.

Instructional Methods
This online course is a directed reading course. Students will access personal-use electronic copies of all assigned readings in this course (online, in the UF Canvas system). Each week, students will be expected to summarize, synthesize and integrate readings (along with outside material they choose to bring in) so that they can explain readings to others. This will take the form of a weekly executive summary produced by the student (see "Assignments" below for details).

DESCRIPTION OF COURSE CONTENT

Topical Outline/Course Schedule

Specific weekly readings are listed in the appendix to this syllabus

Week	*Date(s)*	*Topic(s)*
1	5/21	Normal cognitive changes
2	5/30	Neuroimaging/neuroscience methods and aging* Note special Wednesday deadline due to Memorial Day
3	6/4	Memory aging
4	6/11	Visuospatial aging
5	6/18	The Dementias
6	6/25	Normal cognitive changes
7	7/2	Neuroimaging/neuroscience methods and aging*Note special Wednesday deadline due to Memorial Day
8	7/9	Memory aging
9	7/16	Visuospatial aging
10	7/23	The Dementias
11	7/30	Normal cognitive changes
12	8/6	Neuroimaging/neuroscience methods and aging*Note special Wednesday deadline due to Memorial Day

Caveat:

The above schedule and procedures in this course are subject to change in the event of extenuating circumstances. Any changes will be announced in class, and the student is personally responsible for obtaining updated information regarding those changes.

Course Materials and Technology

Each week is associated with readings (empirical articles, meta-analyses, review chapters, theoretical papers, fact sheets, consensus statements). These are detailed below in the weekly calendar, and electronic copies will be provided at the class elearning site. The specific weekly reading list is given in the bibliography in the appendix of this syllabus.

Technology

Students are required to access all materials in Canvas, and to submit all materials in Microsoft format (Office, Powerpoint) in Canvas. Software can be obtained through the UF Apps site or at UF Software Downloads. Readings are provided in Adobe pdf format, and can be accessed via the free AdobeAcrobat reader.

Technical Support

For technical support for the materials posted in the course e-Learning site, activities, and assessments, please post in the appropriate discussion or contact the instructor.

If you cannot upload a document due to technical problems (e.g., if Canvas is down), you may e-mail Dr. Marsiske. The timestamp on your e-mail will serve as the time submitting. In such cases, please upload your assignment to Canvas also, once the technical issue is resolved. We also require you to contact the UF Helpdesk and obtain a “problem ticket number” to further document your good-faith attempts to resolve the technical problem. Official text:

- Don't wait until the last minute. Know when the [assignment] is due and leave yourself plenty of time.
- [Finish your assignment] during Help Desk hours (http://helpdesk.ufl.edu) so that if you encounter problems, there will be someone available to help you.
- Make sure you have a dependable internet connection.
- Use a current, updated browser and operating system
- Make sure you read your instructions carefully before beginning the assignment.
- If you encounter any unexpected behavior (error messages, inability to log in, etc.,) take a screen shot of the problem (Print Scrn) and paste (CTRL+V) into a program like Word or Paint. Save this file. This is important so that your instructor knows your problem is legitimate, and to assist the UF Computing Help Desk in helping you fix the problem.
- If you encounter problems that prevent you from [completing the assignment], immediately call the UF Computing Help Desk at 352-392-4357. Keep the ticket number for future reference.
- When you are done with your [assignment], be sure you submit it! If you do not see a successful submission message, your test is still in progress. You will not get a grade until you submit.

For all other technical support for this class, please contact the UF Computing Help Desk at:
Phone Number: (352) 392-HELP (4357) Option 2
Email: helpdesk@ufl.edu
Webpage with Chat: UF Computing Help Desk

ACADEMIC REQUIREMENTS AND GRADING

The grade for the class will be based on the weekly Executive Summaries. Each Executive Summary will be weighted to count for the exact same proportion of your final grade, even if varying numbers of pages-to-read are given to each week.

Assignments (submitted via Canvas)

The Executive Summary should:

a) Be 6-8 pages (this will vary on how dense your presentation is). Most students submit this as a powerpoint.
b) The goal is for it to be an INTEGRATIVE SUMMARY of themes and ideas in the readings of the week, and should also include critiques ('unanswered questions', 'methodological issues') that emerge from your critical reading of the material.
c) Your approach to reviewing the articles to to provide a summary/synthesis/integration/analysis of what you have read
   - the executive summary should not be a point-by-point review of each article, but should provide the "big picture"
   - the summary should be at the level of "what you would tell an educated layperson about this week's materials"
d) Use as few words as possible. Images (graphs, tables, figures from the readings, as well as your own summary charts, bulleted lists, or images from the internet—properly credited) should be the centerpiece of these summaries. Your general goal should be to summarize the material in the style of an infographic (see below).
e) You are encouraged to draw on materials outside of the required readings (e.g., Wikipedia definitions, illustrative images, background info not contained in the readings). However, this must not come at the expense of materials in the readings. The key point of these assignments is to show that you have read, understood, and synthesized the week's materials. So that should always be your main goal.

Executive summary resources

See the Course Hub -- >Resources section of the class website for guidance on creating executive summaries for this class.

Grading

Requirement	*Due date*	*Points or % of final grade*
Week 1 Assignment	5/21	8.33%
Week 2 Assignment	5/30* (Weds, due to Memorial Day)	8.33%
Week 3 Assignment	6/4	8.33%
Week 4 Assignment	6/11	8.33%
Week 5 Assignment	6/18	8.33%
Week 6 Assignment	6/25	8.33%
Week 7 Assignment	7/2	8.33%
Week 8 Assignment	7/9	8.33%
Week 9 Assignment	7/16	8.33%
Week 10 Assignment	7/23	8.33%
Week 11 Assignment	7/30	8.33%
Week 12 Assignment	8/6	8.33%

See below for additional policy on late submissions.

After your PowerPoint has been graded, it may be distributed to other class members for review and mutual learning.

Point system used *(i.e., how do course points translate into letter grades).*

Points earned	*93-100*	*90-92*	*87-89*	*83-86*	*80-82*	*77-79*	*73-76*	*70-72*	*67-69*	*63-66*	*60-62*	*Below 60*
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A. In addition, the Bachelor of Health Science Program does not use C- grades.

Letter grade to grade point conversions are fixed by UF and cannot be changed.

Letter Grade	*A*	*A-*	*B+*	*B*	*B-*	*C+*	*C*	*C-*	*D+*	*D*	*D-*	*E*	*WF*	*I*	*NG*	*S-U*
Grade Points	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 Grading and Grade Policies posted by the Registrar's Office.

Exam Policy
No exams for this class.

Policy Related to Extra Credit
For student evaluations of teaching, all members of the class will be awarded one (1) bonus point if 80% of the enrolled class completes evaluations, and two (2) bonus points if 100% of the enrolled class completes evaluations.

Policy Related to Make up Exams or Other Work
For homework, late submissions are not encouraged. Late submissions will be accepted for up to 7 days, but with the following penalty schedule:

With regard to missing or incomplete assignments, the following policies apply:

- Coordinator/instructors will not contact you about missing or incomplete assignments. **It is your responsibility** to check that the correct Summary has been submitted to Canvas on time

- **It may be possible to avoid a late penalty IF YOU CONTACT THE INSTRUCTOR AT LEAST 24 HOURS IN ADVANCE.** You should email the course coordinator and explain what issue (e.g., bereavement, illness) necessitates lateness. In some cases, documentation may be requested. If a lateness allowance is agreed to, this applies to a single assignment only. It does not allow you to delay future assignments. Note, conference attendance or doctoral qualifying examinations or thesis/dissertation defenses do not constitute valid lateness excuses.
- If your assignment is late, you will lose 10% each day up to the seventh day, after which a zero grade will be assigned. Each assignment is initially graded up to a total of 10 points according to the rubric (before it is converted to 6.67% or 13.33% of your grade, depending on assignment). Thus, if an assignment is worth a maximum of 10 points, you will lose 1 point for each late day. "Late" begins one minute after the due time (e.g., an assignment due at 11:59 pm is considered late at midnight). Penalties are as follows:

	Degree of lateness	Penalty applied
1	1 minute to 24 hours late	10% of maximum deducted from achieved grade
2	1 day + 1 minute late to 48 hours late	20% of maximum deducted from achieved grade
3	2 days + 1 minute late to 72 hours late	30% of maximum deducted from achieved grade
4	3 days + 1 minute late to 96 hours late	40% of maximum deducted from achieved grade
5	4 days + 1 minute late to 120 hours late	50% of maximum deducted from achieved grade
6	5 days + 1 minute late to 144 hours late	60% of maximum deducted from achieved grade
7	6 days + 1 minute late to 168 hours late	70% of maximum deducted from achieved grade
8	7 days + 1 minute late or longer	100% of maximum deducted from achieved grade

NOTE: UPLOADING THE WRONG DOCUMENT IS SAME-AS-LATE, even if you have documentation that you completed the document on time. **It is your responsibility to verify that you have uploaded the correct document.** (You should open or download your uploaded homeworks and double- or triple-check that you have uploaded the right one).

- There will be no exceptions to this policy.
- If you have uploaded the wrong document, and Canvas does not allow you to correct this, you should IMMEDIATELY send the correct document to Dr. Marsiske via email.

Incomplete grades:
An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has 1) completed a major portion of the course with a passing grade, 2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and 3) obtained agreement from the instructor and arranged for resolution (contract) of the incomplete grade. Instructors assign incomplete grades following consultation with Department Chairs.

Policy Related to Technical Issues
Any requests for make-ups due to technical issues **must** be accompanied by the ticket number received from the UF Computing Help Desk created when the problem was reported to them. The ticket number will document the time and date of the problem. You **must** e-mail me within 24 hours of the technical difficulty if you wish to request a make-up.

Policy Related to Required Class Attendance
All faculty are bound by the UF policy for excused absences. For greater detail on excused absences, see the Attendance Policies posted by the Registrar's Office. As an online class, no physical attendance is required

STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT

Inclusive Learning Environment
Public health and health professions are based on belief in human dignity and on respect for the individual. As we share our personal beliefs inside or outside of the classroom, it is always with the understanding that we value and respect diversity of background, experience, and opinion, where every individual feels valued. We believe in, and promote, openness and tolerance of differences in ethnicity and culture, and we respect differing personal, spiritual, religious and political values. We further believe that celebrating such diversity enriches the quality of the educational experiences we provide our students and enhances our own personal and professional relationships. We embrace the University of Florida's Non-Discrimination Policy, which reads:

> ***"The University shall actively promote equal opportunity policies and practices conforming to laws against discrimination. The University is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status as protected under the Vietnam Era Veterans' Readjustment Assistance Act."***

If you have questions or concerns about your rights and responsibilities for inclusive learning environment, please see your instructor or refer to the Office of Multicultural & Diversity Affairs website.

Expectations Regarding Course Behavior
Students are expected to complete all work by the deadline stated, and to contact the instructor in advance with any problems related to completing course assignments.

Communication Guidelines
A discussion board exists in Canvas for any open questions about course materials and assignments. You are welcome to post any questions. Please be respectful, and follow UF Netiquette guidelines. Please do not use the open forums for complaints or criticisms. Please do not post your suspected "answers" for any questions, so as not to interfere with the independent problem solving of other students.

Academic Integrity
Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

> ***"We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity."***

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

> ***"On my honor, I have neither given nor received unauthorized aid in doing this assignment."***

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Codes information at the Dean of Students Office website or the Academic Expectations information at the Graduate School website for additional details.

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

Online Faculty Course Evaluation Process

For student evaluations of teaching, all members of the class will be awarded one (1) bonus point if at least 80% of the enrolled class completes evaluations, and two (2) bonus points if 100% of the enrolled class completes evaluations.

Students are expected to provide feedback on the quality of instruction in this course by completing online Faculty Course Evaluations. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary Results of these assessments are available to students.

SUPPORT SERVICES

Please do not wait until you reach a crisis to come in and talk with us. 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.

Accommodations for Students with Disabilities

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office Disability Resource Center (DRC) within the first week of class. The DRC will provide documentation of accommodations to you, which you then give to me as the instructor of the course to receive accommodations. Please make sure you provide this letter to me by the end of the second week of the course. The College is committed to providing reasonable accommodations to assist students in their coursework.

Counseling and Student Health

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

The Counseling and Wellness Center (352-392-1575) offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Online and in person assistance is available.

If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.

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. 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 Student Health Care Center website.

Crisis intervention is always available 24/7 from the Alachua County Crisis Center at (352) 264-6789.

APPENDIX ONE: Weekly Bibliography

Week	***Readings***
1	**Normal cognitive changes** 01. IOM (Institute of Medicine). (2015). CHARACTERIZING AND ASSESSING COGNITIVE AGING. In Dan G. Blazer, Kristine Yaffe, and Catharyn T. Liverman, (Editors). Cognitive Aging: Progress in Understanding and Opportunities for Action (pp. 31-74). Washington, DC: The National Academies Press 02. IOM (Institute of Medicine). (2015). POPULATION-BASED INFORMATION ABOUT COGNITIVE AGING. In Dan G. Blazer, Kristine Yaffe, and Catharyn T. Liverman, (Editors). Cognitive Aging: Progress in Understanding and Opportunities for Action (pp. 75-108). Washington, DC: The National Academies Press 03. Contemporary review 2009: Cognitive aging. By Drag, Lauren L.; Bieliauskas, Linas A. Journal of Geriatric Psychiatry and Neurology, Vol 23(2), Jun 2010, 75-93. doi: 10.1177/0891988709358590 04. Human neuroscience and the aging mind: A new look at old problems. By Reuter-Lorenz, Patricia; Park, Denise C. Journals of Gerontology: Psychological Sciences, 65B(4), 405-515. doi: 10.1093/geronb/gbq035 05. Wilson, R. S., Capuano, A. W., Sytsma, J., Bennett, D. A., & Barnes, L. L. (2015). Cognitive aging in older Black and White persons. Psychology and aging, 30(2), 279.
2	**Neuroimaging/neuroscience methods and aging** 06. Neuroimaging of healthy cognitive aging. By Dennis, Nancy A.; Cabeza, Roberto Craik, Fergus I. M. (Ed); Salthouse, Timothy A. (Ed), (2008). The handbook of aging and cognition (3rd ed.), (pp. 1-54). New York, NY, US: Psychology Press, xi, 657 pp. 07. Alterations in the BOLD fMRI signal with ageing and disease: a challenge for neuroimaging. D'Esposito M, Deouell LY, Gazzaley A. Nat Rev Neurosci. 2003 Nov;4(11):863-72. 08. Imaging aging: Present and future. By Hayes, Scott M.; Cabeza, Roberto Hofer, Scott M. (Ed); Alwin, Duane F. (Ed), (2008). Handbook of cognitive aging: Interdisciplinary perspectives, (pp. 308-326). Thousand Oaks, CA, US: Sage Publications, Inc, xiii, 730 pp. 09. Rentz, D. M., Rodriguez, M. A. P., Amariglio, R., Stern, Y., Sperling, R., & Ferris, S. (2013). Promising developments in neuropsychological approaches for the detection of preclinical Alzheimer's disease: a selective review. Alzheimer's research & therapy, 5(6), 1. 10. Schmidt, E. L., Burge, W., Visscher, K. M., & Ross, L. A. (2016). Cortical thickness in frontoparietal and cingulo-opercular networks predicts executive function performance in older adults. Neuropsychology, 30(3), 322. 11. Friedman, D. (2013). The cognitive aging of episodic memory: a view based on the event-related brain potential. Frontiers in behavioral neuroscience, 7, 111.

Week	*Readings*
3	**Memory aging** 12. Tromp, D., Dufour, A., Lithfous, S., Pebayle, T., & Després, O. (2015). Episodic memory in normal aging and Alzheimer disease: Insights from imaging and behavioral studies. Ageing research reviews, 24, 232-262. 13. Danckert, S. L., & Craik, F. I. (2013). Does aging affect recall more than recognition memory?. Psychology and aging, 28(4), 902. 14. Aging reduces veridical remembering but increases false remembering: Neuropsychological test correlates of remember-know judgments. By McCabe, David P.; Roediger, Henry L., III; McDaniel, Mark A.; Balota, David A. Neuropsychologia, Vol 47(11), Sep 2009, 2164-2173. doi: 10.1016/j.neuropsychologia.2008.11.025
4	**Visuospatial aging** 15. Lithfous, S., Dufour, A., & Després, O. (2013). Spatial navigation in normal aging and the prodromal stage of Alzheimer's disease: insights from imaging and behavioral studies. Ageing research reviews, 12(1), 201-213. 16. Path integration and the neural basis of the 'cognitive map.' By McNaughton, Bruce L.; Battaglia, Francesco P.; Jensen, Ole; Moser, Edvard I.; Moser, May-Britt Nature Reviews Neuroscience, Vol 7(8), Aug 2006, 663-678. doi: 10.1038/nrn1932 17. Visual dysfunction, neurodegenerative diseases, and aging. By Jackson, Gregory R.; Owsley, Cynthia Neurologic Clinics, Vol 21(3), Aug 2003, 709-728. doi: 10.1016/S0733-8619(02)00107-X 18. Drag, L. L., Light, S. N., Langenecker, S. A., Hazlett, K. E., Wilde, E. A., Welsh, R., ... & Bieliauskas, L. A. (2015). Patterns of frontoparietal activation as a marker for unsuccessful visuospatial processing in healthy aging. Brain imaging and behavior, 1-11.
5	**The Dementias** 19. Bhogal, P., Mahoney, C., Graeme-Baker, S., Roy, A., Shah, S., Fraioli, F., ... & Jäger, H. R. (2013). The common dementias: a pictorial review. European radiology, 23(12), 3405-3417. 20. Frontotemporal dementia: a review for primary care physicians. Cardarelli R, Kertesz A, Knebl JA. Am Fam Physician. 2010 Dec 1;82(11):1372-7. PMID: 21121521 21. Neuropsychological and neuroimaging changes in preclinical Alzheimer's disease. By Twamley, Elizabeth W.; Ropacki, Susan A. Legendre; Bondi, Mark W. Journal of the International Neuropsychological Society, Vol 12(5), Sep 2006, 707-735. doi: 10.1017/S1355617706060863 23. Semantic dementia: a unique clinicopathological syndrome. Hodges JR, Patterson K. Lancet Neurol. 2007 Nov;6(11):1004-14. Review.PMID: 17945154 24. Subcortical vascular dementia: Integrating neuropsychological and neuroradiologic data. By Price, C. C.; Jefferson, A. L.; Merino, J. G.; Heilman, K. M.; Libon, D. J. Neurology, Vol 65(3), Aug 2005, 376-382. doi: 10.1212/01.WNL.0000168877.06011.15

Week	*Readings*
6	**Possible explanations: White matter accounts** 27. Bennett, I. J., & Madden, D. J. (2014). Disconnected aging: cerebral white matter integrity and age-related differences in cognition. Neuroscience, 276, 187-205. 28. Sasson, E., Doniger, G. M., Pasternak, O., Tarrasch, R., & Assaf, Y. (2013). White matter correlates of cognitive domains in normal aging with diffusion tensor imaging. Frontiers in neuroscience, 7, 32. 29. Borghesani, P. R., Madhyastha, T. M., Aylward, E. H., Reiter, M. A., Swarny, B. R., Schaie, K. W., & Willis, S. L. (2013). The association between higher order abilities, processing speed, and age are variably mediated by white matter integrity during typical aging. Neuropsychologia, 51(8), 1435-1444. 30. Bender, A. R., Völkle, M. C., & Raz, N. (2016). Differential aging of cerebral white matter in middle-aged and older adults: a seven-year follow-up. Neuroimage, 125, 74-83. 31. Neuropsychology of vascular dementia. By Price, C. C., Nguyen, P., Lamar, M., Libon, D. In Neuropsychology of Cardiovascular Diseases (in press) Psychology Press.
7	**The cognitive neuropsychology of depression in the elderly** 32. The cognitive neuropsychology of depression in the elderly LUCIE L. HERRMANN, GUY M. GOODWIN and KLAUS P. EBMEIER Psychological Medicine / Volume 37 / Issue 12, pp 1693 -1702 DOI:10.1017/S0033291707001134 33. Geriatric depression and cognitive impairment. By Steffens, D. C.; Potter, G. G. Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences, Vol 38(2), Feb 2008, 163-175. doi: 10.1017/S003329170700102X 34. Dotson, V. M., Zonderman, A. B., Kraut, M. A., & Resnick, S. M. (2013). Temporal relationships between depressive symptoms and white matter hyperintensities in older men and women. International journal of geriatric psychiatry, 28(1), 66-74. 35. Depression and risk for Alzheimer disease: systematic review, meta-analysis, and metaregression analysis. Ownby RL, Crocco E, Acevedo A, John V, Loewenstein D. Arch Gen Psychiatry. 2006 May;63(5):530-8.PMID: 16651510 36. How late-life depression affects cognition: neural mechanisms. Crocco EA, Castro K, Loewenstein DA. Curr Psychiatry Rep. 2010 Feb;12(1):34-8. Review.PMID: 20425308

Week	*Readings*
8	**Stress-diathesis models of cognitive aging: Sample case of post-operative cognitive dysfunction** 37. Post operative cognitive disorders. Price, C. C., Tanner, J., Monk, T. G. In G. Mashour (Ed), Neuroscientific Foundations of Anesthesiology, Oxford University Press.(in press). 38. Defining postoperative cognitive dysfunction. Rasmussen LS. Eur J Anaesthesiol. 1998 Nov;15(6):761-4. PMID: 9884870 39. Detection of postoperative cognitive decline after coronary artery bypass graft surgery is affected by the number of neuropsychological tests in the assessment battery. Lewis MS, Maruff P, Silbert BS, Evered LA, Scott DA. Ann Thorac Surg. 2006 Jun;81(6):2097-104. PMID: 16731137 40. Predictors of cognitive dysfunction after major noncardiac surgery. Monk TG, Weldon BC, Garvan CW, Dede DE, van der Aa MT, Heilman KM, Gravenstein JS. Anesthesiology. 2008 Jan;108(1):18-30. PMID: 18156878 41. Interactive effects of stress and aging on structural plasticity in the prefrontal cortex. Bloss EB, Janssen WG, McEwen BS, Morrison JH. J Neurosci. 2010 May 12;30(19):6726-31. PMID: 20463234 42. Cognitive reserve.Stern Y. Neuropsychologia. 2009 Aug;47(10):2015-28. Epub 2009 Mar 13. PMID: 19467352
9	**Cardiovascular function and stroke** 47. American Heart Association. Heart Disease and Stroke Statistics — 2016 Update 43. Cognitive profiles in heart failure: A cluster analytic approach. doi: 10.1080/13803395.2012.663344 By Miller, Lindsay A.; Spitznagel, Mary Beth; Alosco, Michael L.; Cohen, Ronald A.; Raz, Naftali; Sweet, Lawrence H.; Colbert, Lisa; Josephson, Richard; Hughes, Joel; Rosneck, Jim; Gunstad, John Journal of Clinical and Experimental Neuropsychology, Vol 34(5), Jun 2012, 509-520. 44. Obesity is associated with reduced white matter integrity in otherwise healthy adults. doi: 10.1038/oby.2010.312 By Stanek, Kelly M.; Grieve, Stuart M.; Brickman, Adam M.; Korgaonkar, Mayuresh S.; Paul, Robert H.; Cohen, Ronald A.; Gunstad, John J. Obesity, Vol 19(3), Mar 2011, 500-504. 46. The Relationship Between Frontal Gray Matter Volume and Cognition Varies Across the Healthy Adult Lifespan. doi: 10.1097/01.JGP.0000238502.40963.ac By Zimmerman, Molly E.; Brickman, Adam M.; Paul, Robert H.; Grieve, Stuart M.; Tate, David F.; Gunstad, John; Cohen, Ronald A.; Aloia, Mark S.; Williams, Leanne M.; Clark, C. Richard; Whitford, Thomas J.; Gordon, Evian The American Journal of Geriatric Psychiatry, Vol 14(10), Oct 2006, 823-833. 48. Review of longer-term problems after disabling stroke John Young, Jenni Murray and Anne Forster Reviews in Clinical Gerontology / Volume 13 / Issue 01, pp 55 -65 DOI:10.1017/S0959259803013157 (About DOI) 50. Ankolekar, S., Renton, C., Sare, G., Ellender, S., Sprigg, N., Wardlaw, J. M., ... & ENOS Trial Investigators. (2014). Relationship between poststroke cognition, baseline factors, and functional outcome: data from “efficacy of nitric oxide in stroke” trial. Journal of Stroke and Cerebrovascular Diseases, 23(7), 1821-1829.

Week	*Readings*
10	**Parkinson's disease: Cognitive sequelae** 53. Cognitive dysfunction in Parkinson's disease: the role of frontostriatal circuitry. Owen AM. Neuroscientist. 2004 Dec;10(6):525-37. Review.PMID: 15534038 54. The progression of Parkinson disease: a hypothesis.Lang AE.Neurology. 2007 Mar 20;68(12):948-52.PMID: 17372132 55. The distinct cognitive syndromes of Parkinson's disease: 5 year follow-up of the CamPaIGN cohort. Williams-Gray CH, Evans JR, Goris A, Foltynie T, Ban M, Robbins TW, Brayne C, Kolachana BS, Weinberger DR, Sawcer SJ, Barker RA. Brain. 2009 Nov;132(Pt 11):2958-69. Epub 2009 Oct 7.PMID: 19812213 56. DLB and PDD boundary issues: diagnosis, treatment, molecular pathology, and biomarkers. Lippa CF, Duda JE, Grossman M, Hurtig HI, Aarsland D, Boeve BF, Brooks DJ, Dickson DW, Dubois B, Emre M, Fahn S, Farmer JM, Galasko D, Galvin JE, Goetz CG, Growdon JH, Gwinn-Hardy KA, Hardy J, Heutink P, Iwatsubo T, Kosaka K, Lee VM, Leverenz JB, Masliah E, McKeith IG, Nussbaum RL, Olanow CW, Ravina BM, Singleton AB, Tanner CM, Trojanowski JQ, Wszolek ZK; DLB/PDD Working Group. Neurology. 2007 Mar 13;68(11):812-9. PMID: 17353469 57. Deep Brain Stimulation and the Role of the Neuropsychologist. By Okun, Michael S.; Rodriguez, Ramon L.; Mikos, Ania; Miller, Kimberly; Kellison, Ida; Kirsch-Darrow, Lindsey; Wint, Dylan P.; Springer, Utaka; Fernandez, Hubert H.; Foote, Kelly D.; Crucian, Gregory; Bowers, Dawn The Clinical Neuropsychologist, Vol 21(1), Jan 2007, 162-189. doi: 10.1080/13825580601025940 58. Pigott, K., Rick, J., Xie, S. X., Hurtig, H., Chen-Plotkin, A., Duda, J. E., ... & Siderowf, A. (2015). Longitudinal study of normal cognition in Parkinson disease. Neurology, 85(15), 1276-1282.
11	**Interventions 1** 59. Fitness Effects on the Cognitive Function of Older Adults : A Meta-Analytic Study By Stanley Colcombe and Arthur F. Kramer Psychological Science 2003 14: 125, DOI: 10.1111/1467-9280.t01-1-01430 60. Neurocognitive aging and cardiovascular fitness: recent findings and future directions. Colcombe SJ, Kramer AF, McAuley E, Erickson KI, Scalf P. J Mol Neurosci. 2004;24(1):9-14. Review.PMID: 15314244 61. Hayes, S. M., Hayes, J. P., Cadden, M., & Verfaellie, M. (2013). A review of cardiorespiratory fitness-related neuroplasticity in the aging brain. Frontiers in aging neuroscience, 5, 31. 62. Chapman, S. B., Aslan, S., Spence, J. S., Keebler, M. W., DeFina, L. F., Didehbani, N., ... & D'Esposito, M. (2016). Distinct Brain and Behavioral Benefits from Cognitive vs. Physical Training: A Randomized Trial in Aging Adults. Frontiers in Human Neuroscience, 10. 63. Voss, M. W., Weng, T. B., Burzynska, A. Z., Wong, C. N., Cooke, G. E., Clark, R., ... & McAuley, E. (2016). Fitness, but not physical activity, is related to functional integrity of brain networks associated with aging. NeuroImage, 131, 113-125.

Week	***Readings***
12	**<u>Interventions 2</u>** 64. Kueider AM, Parisi JM, Gross AL, Rebok GW (2012) Computerized Cognitive Training with Older Adults: A Systematic Review. PLoS ONE 7(7): e40588. doi:10.1371/journal.pone.0040588 65. IOM (Institute of Medicine). (2015). RISK AND PROTECTIVE FACTORS AND INTERVENTIONS: GENERAL COGNITIVE AGING INTERVENTIONS AND NEXT STEPS. In Dan G. Blazer, Kristine Yaffe, and Catharyn T. Liverman, (Editors). Cognitive Aging: Progress in Understanding and Opportunities for Action (pp. 187-208). Washington, DC: The National Academies Press 66. IOM (Institute of Medicine). (2015). RISK AND PROTECTIVE FACTORS AND INTERVENTIONS: LIFESTYLE AND PHYSICAL ENVIRONMENT. In Dan G. Blazer, Kristine Yaffe, and Catharyn T. Liverman, (Editors). Cognitive Aging: Progress in Understanding and Opportunities for Action (pp. 109-148). Washington, DC: The National Academies Press 67. IOM (Institute of Medicine). (2015). PUBLIC EDUCATION AND KEY MESSAGES. In Dan G. Blazer, Kristine Yaffe, and Catharyn T. Liverman, (Editors). Cognitive Aging: Progress in Understanding and Opportunities for Action (pp. 257-294). Washington, DC: The National Academies Press

Appendix Two: Acceptable Collaboration

On Collaboration

What constitutes acceptable levels of collaboration in this class? Please just treat this as "continuing education". It is here for your reference, but if (after reading this) you feel like you may have gone beyond acceptable and want to discuss it, please get in touch with me or one of the teaching assistants at your convenience.

The short answer about how much collaboration is acceptable is "As specified in the syllabus, and in the UF Honor Code". Let's review those items quickly, and then go a little deeper.

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1. UF Honor Code:

A key phrase in this honor code relates to "ambiguity": "It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized. ". This is taken from the UF regulations website.

Key phrasing with regard to collaboration:

(a) Plagiarism. A student shall not represent as the student's own work all or any portion of the work of another. Plagiarism includes but is not limited to:

1. Quoting oral or written materials including but not limited to those found on the internet, whether published or unpublished, without proper attribution.

2. Submitting a document or assignment which in whole or in part is identical or substantially identical to a document or assignment not authored by the student.

(b) Unauthorized Use of Materials or Resources ("Cheating"). A student shall not use unauthorized materials or resources in an academic activity. Unauthorized materials or resources shall include:

1. Any paper or project authored by the student and presented by the student for the satisfaction of any academic requirement if the student previously submitted substantially the same paper or project to satisfy an academic requirement and did not receive express authorization to resubmit the paper or project.

2. Any materials or resources prepared by another student and used without the other student's express consent or without proper attribution to the other student.

3. Any materials or resources which the faculty member has notified the student or the class are prohibited.

4. Use of a cheat sheet when not authorized to do so or use of any other resources or materials during an examination, quiz, or other academic activity without the express permission of the faculty member, whether access to such resource or materials is through a cell phone, PDA, other electronic device, or any other means.

(c) Prohibited Collaboration or Consultation. A student shall not collaborate or consult with another person on any academic activity unless the student has the express authorization from the faculty member.

1. Prohibited collaboration or consultation shall include but is not limited to:

a. Collaborating when not authorized to do so on an examination, take-home test, writing project, assignment, or course work.

b. Collaborating or consulting in any other academic or co-curricular activity after receiving notice that such conduct is prohibited.

c. Looking at another student's examination or quiz during the time an examination or quiz is given. Communication by any means during that time, including but not limited to communication through text messaging, telephone, e-mail, other writing or verbally, is prohibited unless expressly authorized.

2. It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized.

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2. Syllabus:

The syllabus says:

"On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

"On my honor, I have neither given nor received unauthorized aid in doing this assignment".

It is desirable and expected that take home assignments will stimulate conversation among classmates, and that classmates may actually mentor one another in the work. Students are also likely to discuss elements of the assignment with the instructor. It is expected, however, that **submitted** work will **solely** reflect the student's own efforts. Students are expected not to collaborate in thinking through slides, outlining slides, sharing slides, or preparing slides. The instructors will regularly check for "unusual congruence" in answers, and will discuss concerning instances with students involved. Where collaboration has been found, a zero grade will be assigned."

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If you feel, based on the foregoing, that you are engaging in excessive levels of collaboration, and you believe this is because what you REALLY need is more instructional support, please let us know.

Please be aware that excessive collaboration can trigger a process that none of us wants to trigger! I'm copying a link below. In the interests of self-protection, we urge each of you to draw a clear firewall between YOUR work, and the work of other students in the class. Details of the UF process may be found at the Student Conduct and Conflict Resolution website.