



Health and Behavioral Health Care in a Global Context (3 cr.) Interprofessional Collaboration Practice

Course Information

Semester Year: May 2018	Instructor: XXXXXXXX
Section Number: XXXXX	Office: XXXXXX
Location: IUPUI and South Korea	Email: XXXXXXX
Day: XXXXXXXX	Phone: XXXXXXXX
Time: XXXXXXXX	Office Hours: by appointment

Course Description

This course will discuss health and behavioral health care through interprofessional collaborative practice in a global context. With an increasing attention towards the globalization of health care issues and the importance of interprofessional collaborative practices in health care, it is important for future health care professionals to expand their understanding and knowledge about health care programs beyond the U.S.

This course is designed to: 1) enhance students’ knowledge and understanding about diverse health and behavioral health care programs and interprofessional collaborative practices implemented in health care in an international context and 2) enable them to conduct a cross-cultural comparison of health care programs between the U.S. and South Korea. Throughout the course, students will be involved in a variety of learning activities, while exploring and experiencing health and behavioral healthcare models and interprofessional collaborative practices in diverse settings in South Korea.

Course Competencies

Council on Social Work Education (CWSE) 2015 EPAS Competencies addressed by this course.

Primary

- Competency 2 Engage Diversity and Difference in Practice

Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. They also understand that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. (CSWE, 2015 EPAS, p. 7)

Secondary

- Competency 1 Demonstrate Ethical and Professional Behavior
- Competency 5 Engage in Policy Practice

Course Objectives

- S600-01** Understand different health and behavioral care program in diverse settings.
- S600-02** Develop and understanding about the collaboration with diverse professionals in health and behavioral health care.



- S600-03** Demonstrate an awareness of the influence of culture on the role of health care professionals and collaborative approaches in health and behavioral health care.
- S600-04** Conduct cross-cultural comparisons on health care programs and collaborative practice models between the U.S. and South Korea.
- S600-05** Increase cultural competence to serve individuals with diverse cultural backgrounds and practice in a global community.

Required Readings

- Buchmueller, T.C, Levinson, Z. M., Levy, H. G., & Wolfe, B. L. (2016). Effect of the Affordable Care Act on racial and ethnic disparities in health insurance coverage. *American Journal of Public Health, 106*(8), 1416-1421.
- Cuff, P., Schmitt, M., Zierler, B., Cox, M., De Maeseneer, J., Maine, L. L., & ... Thibault, G. E. (2014). Interprofessional education for collaborative practice: views from a global forum workshop. *Journal of Interprofessional Care, 28*(1), 2-4. doi:10.3109/13561820.2013.828910
- French, M. T., Homer, J., Gumus, G., & Hickling, L. (2016). Key provisions of the patient protection and affordable Care Act (ACA): A systematic review and presentation of early research findings. *Health Services Research, 51*(5), 1735-1771.
- Jenkins, R., Baingana, F., Ahmad, R., McDavid, M., & Atun, R. (2011). How can mental health be integrated in health system strengthening? *Mental Health in Family Medicine, 8*, 115- 117.
- Kahng, S., & Kim, H. (2010). A developmental overview of mental health system in Korea. *Social Work in Public Health, 25*, 158-175.
- Kaiser Family Foundation (Producer). (Nov. 18, 2015). *Health of Healthcare System* [Video file]. Retrieved from [youtube.com/watch?v=kIR7TCPQh0c](https://www.youtube.com/watch?v=kIR7TCPQh0c)
- Kim, D. (2010). Introduction: Health of the health care system in Korea. *Social Work in Public Health, 25*, 127-141.
- Lee, Y. H., Ahn, D., Moon, J., & Han, K. (2014). Perception of interprofessional conflicts and interprofessional education by doctors and nurses. *Korean Journal of Medical Education, 26*, 257-264. [dx.doi.org/10.3946/kjme.2014.26.4.257](https://doi.org/10.3946/kjme.2014.26.4.257)
- Oelke, N. D., Thurston, W. E., & Arthur, N. (2013). Intersections between interprofessional practice, cultural competency and primary healthcare. *Journal of Interprofessional Care, 27*(5), 367-372. doi:10.3109/13561820.2013.785502
- Seo, J. (2010). Public long-term care insurance for the elderly in Korea: design, characteristics, and tasks. *Social Work in Public Health, 25*, 185-209.
- Woolf, S., & Aron, L. (2013). *U.S. Health in International Perspectives: Shorter Lives, Poorer Health*. Washington, D.C.: Institute of Medicine of the National Academies.
- Han, K., & Jo, S. (2012). Does culture matter? A cross-national investigation of women's responses to cancer prevention campaign. *Health Care for Women International, 33*, 75-94. doi:10.1080/07399332.2011.630117
- Kwon, H., Yoon, L., Joormann, J., & Kwon, J. (2013). Cultural and gender differences in emotion regulation: Relation to depression. *Cognition and Emotion, 27*, 769-782. [dx.doi.org/10.1080/02699931.2013.792244](https://doi.org/10.1080/02699931.2013.792244)
- Mitchell, R., Parker, V., & Giles, M. (2011). When do interprofessional teams succeed? Investigating the moderating roles of team and professional identify in interprofessional effectiveness. *Human Relations, 64*, 1321-1343. doi: 10.1177/0018726711416872



Patel, V. (2012). Global mental health: From science to action. *Harvard Review of Psychiatry*, 20, 6-12.
doi:10.3109/10673229.2012.649108

Shin, P., & Regenstein, M. (2016). After the Affordable Care Act: Health reform and the safety net. *Journal of Law, Medicine, & Ethics*, 44(4), 585-588.

Course Content

South Korea has been providing universal health care for its population since 1977. Life expectancy in South Korea was among the highest in developed countries at 81 years in 2015, but health care expenditure was at 7.6 percent of the GDP in 2012 as opposed to 16.9 percent in the United States. Throughout the course, students will gain an in-depth understanding about quality health and behavioral health care in South Korea and furthermore, develop critical and analytical perspectives by comparing and contrasting health care services between the U.S. and South Korea. During their stay in South Korea, students will visit multiple local agencies that implement a variety of health and behavioral health care programs, utilizing interprofessional collaborative practices. Furthermore, through collaboration with a local university, students will have an opportunity to interact with local students, which will facilitate their learning about health care as well as to promote cultural understanding about South Korea. A number of enriching cultural excursions will be also offered to enhance students' cultural competence.

Be mindful that academic and experiential content in social work courses may trigger an emotional response, especially in individuals who have prior trauma history. As social workers, it is our responsibility to be present for clients who have experienced trauma; therefore, it is necessary to cultivate compassionate self-awareness and address our personal histories in a timely manner for competent social work practice. If you are triggered in the classroom, your priority is self-care as well as continuing to gain knowledge for practice. You may need to seek consultation from faculty as to your readiness for practice and/or how to better prepare for social work practice.

Resources

- Canvas email will also be used as a method of communication between instructors and students. You are expected to check the course announcements on Canvas before each class.
- Additional readings will be assigned throughout the semester and be posted on Canvas (Resource tab).

Course Outline

Module 1: On-campus seminars (5 hours each day).

Student should attend all four pre-departure sessions prior to departing for South Korea.

Seminar Day 1

1. Overview of the health and behavioral health care in the U.S.
 - a. Overview of health care system: structure and its delivery system
 - b. Changes in the health care system through the implementation of the Patient Protection and Affordable Care Act
 - c. Review of nationwide health indicators
 - d. Disparities in health and health care system



2. Overview of the health and behavioral health care in South Korea
 - a. Overview of health care system: structure and its delivery system
 - b. Review of nationwide health indicators
 - c. Disparities in health and health care system

Seminar Day 2

1. Overview of behavioral health care
2. Overview of interprofessional collaboration in health and behavioral health care

Seminar Day 3

1. Health and behavioral health care in a global context
2. Comparative analysis of international health care policies

Group Assignment

On-campus session assignment: As a group, students are required to select a country and present on the overall health care systems of the country. The following components could be included, but are not limited to: role of government, implementation of universal health care, health care indicators, recent major health care innovations/reforms, and topics for class discussion.

Seminar Day 4

1. Understanding Korean culture
 - a. Cultural engagement activities
2. Learning basic Korean language
3. Learning cultural contexts in professional behavior, appearance, and communication
4. How to interact with clients and service providers of health care facilities and programs as well as local Korean students to be paired up with our students

Individual Assignment

On-campus session assignment: Each student is required to select a topic about Korean culture and present it in class. Students can use a variety of materials such as handouts, video clips, etc. Be creative!!

Module 2: In-country sessions

All field visits and attendance to lectures are mandatory. Students will have the opportunity to attend guest lectures and participate in facilitated discussions. Students will also be able to observe and interact with agency staff and clients during site visits at the organizations listed below during summer of 2018.

Health Policy

- A. National Health Insurance Corporation that manages the national health care in South Korea
- B. Health Insurance Review Agency that evaluates health care bills

Program Development/Evaluation

- A. Community Chest of Korea that is equivalent to United Way of America in the U.S.
- B. Korean Association for Children with Leukemia and Cancer (KACLC), a family self-help organization for children with leukemia and cancer



Service Delivery

These agencies provide health and behavioral health care programs through interprofessional collaborations:

- A. City hospital that delivers diverse health care services
- B. Community center for older adults that serve diverse needs of older adults in the community
- C. Community center for people with disability that serve diverse needs of people with disability in the community
- D. Hospice service

Community-based Collaboration Model

- A. Community Health Center
- B. Community Mental Health Center
- C. Center for Prevention of Suicide
- D. Dementia Center
- E. Community Welfare Center

Daily Schedule

Day 1

Arrival: afternoon/check in hotel and group dinner

Day 2

7:30am: Morning briefing

8am to 10am: Travel to Weonju

10am to 1pm: National Health Insurance Services

2pm to 4pm: Health Insurance Review Agency

4pm to 6pm: Travel time to hotel

7pm: Reflection/debriefing

Day 3

9am: Morning debriefing

10am to 4pm: Korean Association for Children with Leukemia and Cancer

5pm: Reflection/debriefing

Day 4

Cultural excursion: Seoul City Tour

Group dinner

Day 5

Cultural excursion: DMZ

7pm: Reflection/debriefing

Day 6

8:30am: Morning debriefing

10am to 12pm: Hospice

2pm to 6pm: Ewha Womens University (Campus tour and Mini-symposium)

7 pm: Reflection/debriefing

**Day 7**

8:30am: Morning debriefing

10am to 5pm: Mapo Community Welfare Center for Older Adults

7pm: Reflection/debriefing

Day 8

8am: Morning debriefing

9:30am to 12pm: Seoul Bukbu Hospital (Citi hospital)

2pm to 5pm: Private hospital

7pm: Reflection/debriefing

Day 9

8:30am: Morning debriefing

10am to 1pm: Community Chest of Korea

2pm to 5 pm: Group project

7pm to 9:30 pm: Concert in Chang Kyung Goong Palace

Day 10

8:30 am: Morning debriefing

10am to 3pm: Health Network: City of Gwangmyeong (Healthy City designated by the WHO) -Haan Community Welfare Center

4pm to 6pm: Local tour at City of Gwangmyeong

7pm: Reflection/debriefing

Day 11

9am to 12pm: Group project

1pm to 6pm: Cultural excursion: Bongeunsa temple and Coex (Convention & Exhibition center)

7 pm: Reflection/debriefing

Day 12

9am to 12pm: Group project

1pm to 5pm: Museum tours

7pm: Group dinner

Day 13:

7:30 am: Morning debriefing

9:30am to 5 pm: Health Network: City of Gwangmyeong (Healthy City designated by the WHO)

- Community health center
- Community mental health center
- Center for prevention of suicide
- Dementia center

7pm: Reflection/debriefing

Day 14:

9:30am to 2pm: Final presentation and reflection (at Ewha Womens University)

5pm: Group dinner



Day 15:

Departure

Assignments

Individual Assignments

1. Travel Journal: Students are required to write in a travel journal at least twice per week. It includes daily critical reflections on assigned readings, videos, individual and guest lecturers/presentation, active learning experiences and site visits to governmental and non-governmental organizations. More information about the structure and content of this assignment will be shared during the last seminar.
2. Reflection Paper: One reflection paper will be required for each student attending this study abroad course (the paper should be no more than five (5) pages/double-spaced). For this reflection, students will be asked to use the DEAL model and reflect on their readings, personal experiences, and learning from guest lecturers, facilitated discussions, observation and experiences from agency visits, and students and faculty from Ewha Womans University. In preparation for this paper, students are asked to take stock of their experiences (through travel journal) so that the information is detailed and precise to the argument one might make. Please note that we will be including a review of the DEAL, CRITICAL THINKING Model during our last seminar.

Group Assignments

1. Final Project and Presentation: Students will select a topic area and develop an interprofessional collaborative practice model for their final project. Students can include, but are not limited to the following components: description of the topic area selected, prevalence in the U.S. and development of an interprofessional collaborative practice model based on the experiences of this course to better serve the client population in the U.S.
2. Digital Storytelling: Students will be required to create digital storytelling that will capture ONE theme that has impacted them on a personal and professional level. Students should utilize research and reading assignments to support their storytelling, while using their critical thinking skills to apply its relevance to health care practice.

Assignments and Grading

More specific instructions for each assignment will be posted on Canvas. Instructor also will discuss details or answer any questions related to assignment during the class and office hours. All assignments should be produced on a wordprocessor (or typed), double spaced, with one-inch margins on all sides, carefully edited and proofed, using no smaller than a 12 point font, and conforming to APA style (6th ed.).

Course requirements with weights toward the final grade are as follows: Individual Grade (I), Group Grade (G)

Assignments

1. On-campus seminar assignment (G)
 - a. DUE:May 16, 2018
 - b. Final Grade:10
2. On-campus seminar assignment (I)



- a. DUE:May 17, 2018
- b. Final Grade:10
- 3. Travel Journal (I)
 - a. DUE:June 6, 2018
 - b. Final Grade:20
- 4. Reflection Paper (I)
 - a. DUE:June 12, 2018
 - b. Final Grade:25
- 5. Final Project and Presentation (G)
 - a. DUE:June 5, 2018
 - b. Final Grade:25
- 6. Class Participation
 - a. DUE:On going
 - b. Final Grade:10
- 7. Digital Storytelling
 - a. DUE:June 5, 2018
 - b. Final Grade:30

Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students’ work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough receive a B, prize it as evidence of the professional quality of your work.

Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the “good,” “the high quality,” “the competent,” or the “satisfactory.” They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.



Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the good and the excellent. We expect that most MSW students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

Grading scale

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

Course Policies

Assignment

Students are expected to submit all assignments on time. If you need to extend a deadline you **MUST** speak to instructor prior to the due date to get an approval and an agreement will be reached. Late submission (except by prior agreement) will be marked down 5% for every day late. IU has a subscription with the Turnitin plagiarism detection service, and faculty members have the right to submit student papers to the service to check for originality. Turnitin.com service will be used for all student papers in this course.



Attendance and participation

Students are expected to attend and participate in all class sessions. Students should complete readings and homework as assigned and come to class prepared for discussion and questions. Because of the nature of this course and group assignments, regular attendance is required and extremely important. Class attendance and active participation in class activities are considered essential for the satisfactory completion of the course objectives. If you are absent, it is your responsibility to get notes from other students regarding materials covered during your absence. If you are absent on the day an assignment is due, you need to submit your assignment before the beginning of the class. Missing more than two of the scheduled classes will result in a letter-grade deduction for the course. Late arrivals and early departures will also lead to course point deductions. It is up to the instructor's discretion to decide the deduction points. If you miss five or more classes you will fail the course.