



# SWK-S 693 Practice with Individuals, Families, & Communities in Healthcare Settings (3 cr.)

## Course Information

<b>Semester:</b>	XXXXXX		<b>Instructor:</b>	XXXXXX
<b>Section:</b>	XXXXXX		<b>Office:</b>	XXXXXX
<b>Location:</b>	XXXXXX		<b>Email:</b>	XXXXXX
<b>Day:</b>	XXXXXX		<b>Phone:</b>	XXXXXX
<b>Time:</b>	XXXXXX		<b>Office Hours:</b>	XXXXXX

## Course Description

This course examines the impact of illness from the medical, psychosocial and environmental perspectives. Areas, such as coping with chronic illness, caregiver stress, grieving and loss, medical ethics and violence as a healthcare issue, are examined. The needs of at-risk populations (i.e., children, survivors of sexual assault and domestic violence, frail elderly, individuals living with HIV/AIDS, etc.) are also examined.

This is a specialty level course, which builds upon MSW foundation level courses. This course will prepare students to be professional social workers in various healthcare agencies and organizations (i.e., acute care hospitals, clinics, nursing homes, renal dialysis centers, adult daycare centers, etc.). The Council on Social Work Education (CSWE), the accrediting body for schools of social work, requires social work programs to demonstrate how each course in the curriculum helps students to develop competencies expected of all who seek entry into the profession. This course is required for all students in the Health Specialty.

## Course Competencies

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

### Primary

- 6: Engage with individuals, families, groups, organizations and communities  
Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies (CSWE, 2015 EPAS, p.8).
- 7: Assess individuals, families, groups, organizations and communities  
Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies (CSWE, 2015 EPAS, p. 9).

### Secondary

- 2: Engage diversity and difference in practice
- 8: Intervene with individuals, families, groups, organizations and communities



- 9: Evaluate practice with individuals, families, groups, organizations and communities

## Course Objectives

- S693-01** Create and implement strategies to address the healthcare needs of vulnerable patient populations, including but not limited to people-of-color, women, gay/lesbian individuals, older adults, chronically ill, etc.
- S693-02** Evaluate research on best-practice methods for various patient populations and integrate those methods into working with those patient populations.
- S693-03** Analyze societal values in terms of how those values can oppress vulnerable populations and advocate on behalf of those populations to promote social, economic and environmental justice.
- S693-04** Articulate and integrate social work values and ethics within the context of an interdisciplinary healthcare setting.
- S693-05** Evaluate one's values and how those values can inform practice within a healthcare setting.
- S693-06** Create and implement strategies to evaluate the effectiveness of one's practice within a healthcare setting.

## Required Texts

McCoyd, J. L., Kerson, T. S. & Associates. (2016). *Social work in health settings: Practice in context* (4<sup>th</sup> Ed.). New York: Routledge.

Allen, K. M. & Spitzer, W. J. (Eds). (2016). *Social work practice in healthcare: Advanced approaches and emerging trends*. Thousand Oaks, CA: SAGE Publications.

## Recommended Texts

American Psychological Association. (2009). *Publication Manual of the American Psychological Association* (6<sup>th</sup> ed). American Psychological Association.

Egan, M. (2010). *Evidence-based interventions for social work in health care*. New York: Routledge.

## Course Content

This course trains students to engage, assess and intervene with various size patient systems within myriad healthcare settings. The course analyzes factors that sustain and/or impede health and well-being. A major focus of the course is working with and advocating for vulnerable patient populations. The major evaluation of students' progress in accomplishing the learning objectives of this course is through the following assignments:

## Course Outline

### Module 1: Introduction to the course

#### Overview

- A. Introduction.
- B. Orientation to the course.



## Module 2: Practice Frameworks and Health Settings

### Overview

- A. Frameworks of social work practice in health settings
- B. Theoretical models
- C. Practice skills and competencies
- D. Biopsychosocial assessment

### Assignments

#### Readings

1. Kerson, T.S., McCoyd, J.L.M & Lee, J.E. (2016). Ch. 1: Practice in context: The Framework. In McCoyd & Kerson. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 1-22). New York: Routledge.
2. Allen, K.M. & Ruffolo, M. (2016). Ch. 4 Healthcare social work practice skills and competencies. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 95-121). Thousand Oaks, CA: SAGE Publications.
3. Borrell-Carrio, F., Suchman, A.L., Epstein, R.M. (2004). The Biopsychosocial model 25 years later. *Annals of Family Medicine*, 2:576-582. (available on Canvas).
4. O'Donnell, P. (2016). Ch. 5 Values and ethics of healthcare social work. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 127-144). Thousand Oaks, CA: SAGE Publications.

#### Recommended Readings

5. Allen, K.M. & Ruffolo, M. (2016). Ch. 3 Knowledge and theoretical foundations of healthcare social work practice. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 69-94). Thousand Oaks, CA: SAGE Publications.

## Module 3: Working with Individuals and Families, Patient/Client-Centered Care

### Overview

- A. Working with individuals
- B. Working with families
- C. Patient/Client-centered care
- D. Social work values and ethics
- E. Medical ethics

### Assignments

#### Readings

##### Required Readings for this Week

1. McCoyd, J.L.M. & Kerson, T.S. (2016). Ch. 2 Primer on micro practice in social work in health care: Context, skills, interventions and best practices. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 25-35). New York: Routledge.
2. Craig, S., Betancourt, I., Muskat, B. (2015). Thinking big, supporting families and enabling coping: The Value of social work in patient and family-centered health care. *Social Work in Health Care*. 54(5): 422-443.



Read (at least) ONE of the following:

1. Stewart, L. (2016). Ch. 5. Getting there: Decision-making in the NICU. In McCoyd, J.L.M. & Kerson, T.S. Social work in health settings (4<sup>th</sup> Ed.). (pp. 64-75). New York: Routledge.
2. Birmingham, J.E. et al. (2016). Ch. 6 Working with families with HIV-Positive Children. In McCoyd, J.L.M. & Kerson, T.S. Social work in health settings (4<sup>th</sup> Ed.). (pp. 79-89). New York: Routledge.
3. Wener-Lin, A. & Merrill, S.A. (2016). Ch. 9. Genetic testing following a pediatric cancer diagnosis: A Role for direct practice social workers in helping families with Li-Fraumeni syndrome. In McCoyd, J.L.M. & Kerson, T.S. Social work in health settings (4<sup>th</sup> Ed.). (pp. 113-125). New York: Routledge.
4. Hahn, A. (2016). Ch. 10 Family-focused care of an adolescent with a burn: A Multi-disciplinary approach. In McCoyd, J.L.M. & Kerson, T.S. Social work in health settings (4<sup>th</sup> Ed.). (pp. 126-136). New York: Routledge.

## Module 4: Social Determinants of Health, Social Conditions

### Overview

- A. Social determinants of health
- B. Social conditions:
- C. Poverty
- D. Oppression
- E. Homelessness
- F. Violence

### Assignments

#### Readings

Required Readings for this Week:

1. Braveman, P., Egerter, S. & Williams, D.R. (2011). The Social determinants of health: Coming of age. Annual Review of Public Health, 32: 381-398. (Available on Canvas).
2. Barker, A. (2016). Ch. 29. Following her lead: A Measured approach to working with homeless adults. In McCoyd, J.L.M. & Kerson, T.S. Social work in health settings (4<sup>th</sup> Ed.). (pp. 359-370). New York: Routledge.
3. Unnatural Causes: Is Inequality Making Us Sick? California Newsreel, Directed by James Rutenbeck. Streaming available via IU Library (log in for remote access): [http://search.alexanderstreet.com.proxy.ulib.uits.iu.edu/view/work/bibliographic\\_entity%7Cvideo\\_work%7C2677862](http://search.alexanderstreet.com.proxy.ulib.uits.iu.edu/view/work/bibliographic_entity%7Cvideo_work%7C2677862). (See "Clips" for Episode links)

Episode 1: In Sickness and in Wealth

Episode 2: When the Bough Breaks

Watch ONE of the following episodes:

Place Matters: Physical Environment and Health

Becoming American: Social Support and Latino Immigrants



## Bad Sugar: Diabetes in Native American Communities

### Individual Assignment

1. Film reaction paper due.

## Module 5: Current Health Priorities, Likely-to-Persist Health Problems, Chronic Conditions

### Overview

- A. Likely-to-persist health problems
- B. Leading causes of death— noncommunicable diseases
- C. Chronic conditions

### Assignments

#### Readings

1. Dhooper, S.S. (2012). Excerpt “Likely-to-Persist Health and Health-Related Problems.” In Dhooper, S.S. *Social work in health care*. (pp. 29-38). Los Angeles: SAGE. (Available on Canvas)
2. Hunter, D.J. & Reddy, K.S. (2013). Noncommunicable diseases. *New England Journal of Medicine*, 369: 1336-1343.
- 3.
4. Read (at least) ONE of the following:
5. Ciporen, H. (2016). Ch. 26. *Social work in the pediatric endocrinology and diabetes setting*. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings (4<sup>th</sup> Ed.)*. (pp. 325-336). New York: Routledge.
6. Boyd, L. & Kerson, T.S. (2016). Ch. 27 *Managing asthma from a social work perspective in a center for children with special needs*. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings (4<sup>th</sup> Ed.)*. (pp. 337-348). New York: Routledge.
7. Moulton, A. Ch. 14. *Woman to woman: A Hospital-based support program for women with gynecologic cancer and their families*. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings (4<sup>th</sup> Ed.)*. (pp. 175-186). New York: Routledge.

#### Recommended Reading:

1. Schmall, S. & Schmidt, A. (2016). Ch. 7 *Chronic illness: Issues and interventions*. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 175-207). Thousand Oaks, CA: SAGE Publications.
2. Findley, P.A. (2014). *Social work practice in the chronic care model: Chronic illness and disability care*. *Journal of Social Work*. 11(1). (Available on Canvas)
3. Egan, M. (2010). *Hypertension*. In Egan, M. *Evidence-Based Interventions for Social Work in Health Care*. (pp. 60-79). New York: Routledge.
4. Egan, M. (2010). *Diabetes*. In Egan, M. *Evidence-Based Interventions for Social Work in Health Care*. (pp.33-58). New York: Routledge.
5. Egan, M. (2010). *Obesity*. In Egan, M. *Evidence-Based Interventions for Social Work in Health Care*. (pp. 80-102). New York: Routledge.



### Individual Assignment

1. Biopsychosocial Assessment Assignment due.

## Module 6: Cross-Cultural Practice, Working with Vulnerable Populations

### Overview

- A. Cross-cultural practice
- B. Cultural humility
- C. Vulnerable populations

### Assignments

#### Readings

1. Allen, K.M. & Spitzer, W.J. (2016). Ch. 15 Cultural Competence in Healthcare Social Work. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 413-436). Thousand Oaks, CA: SAGE Publications.
2. Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9 (2), 117-125. (Available via Canvas).

Read (at least) ONE of the following:

1. Wilkenfeld, B.F. (2016). Ch. 8. Assistive technology and developmental disability: Helping Gina find her voice. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 102-112). New York: Routledge.
2. Healy, R. (2016). Ch. 12 The Role of the Social Worker in Transgender Healthcare. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 149-160). New York: Routledge.
3. Ray, K. & Condon, R.E. (2016). Ch. 16 Returning veterans, constrictive bronchiolitis, and Veterans Administration services: A War-related illness and injury study center. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 199-209). New York: Routledge.
4. Findley, P.A. (2016). Ch. 17 Work with Undocumented Immigrants: When Serious Illness Intersects with No Insurance. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 210-220). New York: Routledge.

## Module 7: Group work

### Overview

- A. Students will meet in their teams to work on the Team Health Presentation Assignment.
- B. There will be no class session.

### Assignments

#### Group Assignment

1. Team progress report due.



## Module 8: Acute Care, Emergency Settings and Crisis Intervention

### Overview

- A. Crisis intervention
- B. Acute care
- C. Emergency departments

### Assignments

#### Readings

1. Dhooper, S.S. (2012). Ch. 4 Social work in acute care. In Dhooper, S.S. *Social work in health care*. (pp. 117-143). Los Angeles: SAGE.
2. Auerbach, C. & Mason, S.E. (2010). The Value of the presence of social work in emergency departments. *Social Work in Health Care*, 49(4).
3. Moore, M. et al. (2016). The Role of social work in providing mental health services and care coordination in an urban trauma center emergency department. 67(12): 1348-1354.
4. Miller, R. & Addis, S. (2016). Ch. 15. Liver transplant 2015. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings (4<sup>th</sup> Ed.)*. (pp. 187-198). New York: Routledge.

## Module 9: Pediatric Health Care, Working with Children and Adolescents

### Overview

- A. Pediatric health
- B. Children with special health care needs
- C. Needs of children
- D. Needs of adolescents

### Assignments

#### Readings

1. Power, S. & Gronon, M. (2016). Ch. 12 Pediatric healthcare social work practice. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 315-356). Thousand Oaks, CA: SAGE Publications.
2. Fenstermacher, J. (2016). Ch. 7. Social Work in a Pediatric Hospital: Managing a Medically Complex Patient. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings (4<sup>th</sup> Ed.)*. (pp. 90-101). New York: Routledge.

Read (at least) ONE of the following:

1. Wike, T. et al. (2016). Ch. 24. Social work practice in an adolescent parenting program. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings (4<sup>th</sup> Ed.)*. (pp. 301-312). New York: Routledge.
2. Livingston, S. et al. (2016). Ch. 28. Camp Achieve: A Week-long overnight camp for children and teens with epilepsy. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings (4<sup>th</sup> Ed.)*. (pp. 349-358). New York: Routledge.
3. Fisher, B. (2016). Ch. 30. Pediatric Public Health: Educating Professionals and Communities about Children's Health and Environmental Exposures. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings (4<sup>th</sup> Ed.)*. (pp. 371-382). New York: Routledge.





## Module 10: Gerontological Health Care and Long-Term Care

### Overview

- A. Aging
- B. Gerontological health care
- C. Needs of older adults
- D. Long-term care

### Assignments

#### Readings

1. Spitzer, W.J. (2016). Ch. 11 Gerontological Healthcare Social Work Practice. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 287-311). Thousand Oaks, CA: SAGE Publications.
2. Cunningham, R.C. (2016). Ch. 19 In-home support for Junior: A Study of collaboration, boundaries, and use of self. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 237-248). New York: Routledge.
3. Maus, S. & Kerson, T.S. (2016). Ch. 20. Geriatric social work in a community hospital: High-touch, low-tech work in a high-tech, low-touch environment. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 249-259). New York: Routledge.
4. Harris, P.B. & Durkin, K.C. (2016). Ch. 21. A Framework for working with people with early stage dementia. In Kerson, T.S. & McCoyd, J.L.M. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 260-272). New York: Routledge.
5. Allen, K.M. (2016). Ch. 8 Transitional planning across the continuum of care. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 213-238). Thousand Oaks, CA: SAGE Publications.

## Module 11: End-of-Life Care

### Overview

- A. End-of-life care
- B. Palliative care
- C. Hospice care

### Assignments

#### Readings

1. Brooke, M.K. & McCoyd, J.L.M. (2016). Ch. 22. The Future of End-of-life Care: As Palliative Care Gains Momentum, What is the Future of Hospice Care? In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 273-283). New York: Routledge.
2. Ziserman, S., Millison, M.B., Carolan-McNulty, B. (2010). Ch. 33. Hospice care for a widowed mother of six children. In Kerson, T.S. & McCoyd, J.L.M. *Social work in health settings* (3<sup>rd</sup> Ed.). (pp. 669-684). New York: Routledge.
3. Hedlund, S. (2016). Ch. 9 Social work practice in oncology, palliative, and end-of-life care. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 239-255). Thousand Oaks, CA: SAGE Publications.





4. NASW. (2010). Social workers in hospice and palliative care. NASW Center for Workforce Studies. [NASW Social Workers in Hospice and Palliative Care PDF link.](#)

## Module 12: Substance Use and Medicalized Social Problems

### Overview

- A. Addiction
- B. Substance use
- C. Medicalized social problems

### Assignments

#### Readings

1. Allen, K.M. (2016). Ch. 13 Co-occurring Psychiatric and Substance abuse Disorders in Medical Patients. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends.* (pp. 357-379). Thousand Oaks, CA: SAGE Publications.
2. Debonis, J.A., De Saxe Zerden, L., Jones, A.C. (2016). Ch. 18 An Integrated health care approach to promote smoking cessation for persons with serious mental illness. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 221-234). New York: Routledge.
3. Draper, J.C. & McCance-Katz, E.F. (2005). Medical illness and comorbidities in drug users: Implications for addiction pharmacotherapy treatment. *Substance Use and Misuse*, 40(13-14), 1899-1921.
4. Johann Hari, Everything you think about addiction is wrong. TEDtalk. [TedTalks website](#)

## Module 13: Mental Health in Healthcare Settings

### Overview

- A. Mental illness and health disparities
- B. Severe mental illness
- C. Mind-body connection

### Assignments

#### Readings

1. Allen, K.M. (2016). Ch. 13 Co-occurring Psychiatric and Substance abuse Disorders in Medical Patients. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends.* (pp. 357-379). Thousand Oaks, CA: SAGE Publications.
2. Galon, P. & Graor, C.H. (2012). Engagement in primary care treatment by persons with severe and persistent mental illness. *Archives of Psychiatric Nursing.*
3. Debonis, J.A., De Saxe Zerden, L., Jones, A.C. (2016). Ch. 18 An Integrated health care approach to promote smoking cessation for persons with serious mental illness. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 221-234). New York: Routledge.
4. Schlup, D. (2016). Ch. 3. Barriers for a mentally ill mother's adoption plan. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 39-51). New York: Routledge.



## Module 14: Public Health, Community Health and Global Health

### Overview

- A. Public health social work
- B. Health promotion
- C. Community health
- D. Global health

### Assignments

#### Readings

1. Kerson, T.S. & Lee, J.E. (2016). Ch. 23 Public Health Primer. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 287-298). New York: Routledge.
2. Siefert, K. & Shelton, D. (2016). Ch. 10 Community Health & Health Promotion. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 259-284). Thousand Oaks, CA: SAGE Publications.
3. Lee, J. E. & Subedi, P. (2016). Ch. 31. Community-based Health and Social Services for Bhutanese Refugees. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 385-396). New York: Routledge.
4. Griffith, D.M., Campbell, B., Allen, J.O., Robinson, K.J. & Stewart, S.K. (2012). YOUR Blessed Health: An HIV-Prevention Program Bridging Faith and Public Health Communities. *Public Health Reports*, 125:4-11.

## Module 15: Future of Social Work Practice in Health Settings

### Overview

- A. Team presentations
- B. Future of social work in health settings
- C. Future needs of health care

### Assignments

#### Readings

1. Spitzer, W.J. (2016). Ch. 16 The Future of healthcare and social work practice. In Allen, K. M. & Spitzer, W. J. *Social work practice in healthcare: Advanced approaches and emerging trends*. (pp. 439-460). Thousand Oaks, CA: SAGE Publications.
2. McCoyd, J.L.M. & Kerson, T.S. (2016). Ch. 33 Conclusion. In McCoyd, J.L.M. & Kerson, T.S. *Social work in health settings* (4<sup>th</sup> Ed.). (pp. 411-420). New York: Routledge.
3. Dziegielewski, S.F. (2013). Ch. 2. The Evolution of the “new” health care social work. In Dziegielewski, S.F. The Changing face of health care social work, New York: Springer Publishing. (Available on Canvas)

#### Group Assignment

1. Team Health Presentation Powerpoint due.
2. In-class Team Health Presentations and handout.



## 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 word processor (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.)

### Assignments

Biopsychosocial Assessment Assignment:.....	25%
Team Health Presentation: .....	25%
Student Outreach Clinic Assignment: .....	20%
Article Discussion Exercise:.....	10%
Practice in Context Discussion Exercise: .....	10%
Class Participation and Attendance: .....	10%

### Biopsychosocial Assessment (25%)

Students are required to complete one comprehensive biopsychosocial assessment on a case from their (present or past) field practica or other volunteer experiences. If a student does not have a case to draw upon, the instructor will provide a case vignette. Assignment details will be available on Canvas.

Related Course Objectives: S693-1, S693-5, S693-6

Related EPAS Competencies: 2, 6, 7, 8, 9

### Team Health Presentation (25%)

This assignment examines the needed skills and knowledge base to work effectively with diverse populations in various health settings. Students will work in teams to present on a population-based health topic—teams will select a specific population (e.g. children, women, older adults, prisoners, immigrants, etc.) and a health topic (e.g. cancer, palliative care, substance use, obesity, etc.) salient to the population. Students will analyze social work practice with the population in response to the health problem/priority/behavior and focus on health promotion.

Teams will give a presentation utilizing Powerpoint (or equivalent platform) in class and will also provide a handout that summarizes their presentation. Students will examine the interdependence between the medical and environmental realms. Class time will be allotted for group work on this assignment. A team progress report will be required during the semester and will be factored into the assignment grade. Assignment details will be available on Canvas.

Related Course Objectives: S693-1, S693-2, S693-3, S693-4, S693-5, S693-6

Related EPAS Competencies: 2, 6, 7, 8, 9

### Student Outreach Clinic Assignment (20%)

All students are required to volunteer at the IU Student Outreach Clinic on one Saturday during the semester. After completing a volunteer experience at the Student Outreach Clinic, students will write a 3-



4 page reflection paper highlighting key areas of learning considering relevant social justice, cultural, ethical, and practice-related implications. Students are permitted to write the reflection paper in teams. Assignment details will be available on Canvas.

Related Course Objectives: S693-1, S693-3, S693-4, S693-5

Related EPAS Competencies: 2, 6, 7, 8, 9

### Article Discussion Exercise (10%)

All students will lead one brief in-class discussion on a current (published within the last two years) news article, journal article, or policy brief related to a health issue. The in-class discussion should be about 15-20 minutes in length. Discussion leaders are expected to:

1. Present the main idea(s) of the article.
2. Discuss the health issue's relevance to social work and potential client populations.
3. Prepare two discussion questions for the class and lead a discussion/exercise.

The discussion dates will be determined during the first week of class. Students should post a link to their article to the Article Discussion Thread 24 hours prior to the day of their discussion exercise. Powerpoint or other materials are not required.

Related Course Objectives: S693-2, S693-3, S693-4

Related EPAS Competencies: 2, 7, 9

### Practice in Context Discussion Exercise (10%)

All students will lead one in-class discussion on a chapter from *Social Work in Health Settings: Practice in Context* by McCoyd & Kerson. The in-class discussion should be approximately 20-30 minutes in length. Discussion leaders are expected to:

1. Summarize the key elements of the Context and Decisions About Practice.
2. Lead the class in constructing a basic biopsychosocial assessment of the case.
3. Select one of the chapter's discussion questions and lead a class discussion/exercise.

The discussion dates will be determined during the first week of class. Powerpoint or other materials are not required.

Due: Rolling deadline. See Article/PiC Discussion Schedule under Files.

### Class Participation & Attendance (10%)

Students are expected to attend class sessions and to actively engage during class sessions and course activities. Please be in touch with the instructor regarding excused absences (religious observance, illness, family emergencies, etc.) that may be made up. Attendance, participation, involvement in discussions, activities, presentations and group assignments will determine the Class Participation and Attendance grade by the end of the semester.

Scholarly and professional participation is expected throughout the semester. Scholarly and professional participation is to include discussion that reflects the readings, critical thinking, and posing questions that reflect the same. Participation is to be professional and inclusive of other colleagues. *Professionalism* demonstrated in class is evaluated as follows: Class participation will take into account the manner and



extent to which a learner: a) attends regularly and is on-time; b) is prepared for the class discussion; c) shares experiences, viewpoints, and reactions; d) raises relevant questions and issues; e) participates in analysis of practices under discussion; and f) gives and uses feedback constructively. Professional class participation is essential.

## 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 me in advance of the due date to get an approval and an agreement will be reached. Late submission (except by prior agreement) will be marked down 5% per 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 when an assignment is due, you need to submit your assignment before the beginning of the class. Missing more than 2 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's up to instructor's discretion to decide the deduction points. If you miss five or more classes you will fail the course.