

**The University of Texas at Austin
Steve Hicks School of Social Work**

Course Number: SW 387R36

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Semester: Summer 2018

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SOCIAL WORK IN HEALTH CARE

I. STANDARDIZED COURSE DESCRIPTION

This elective practice course is designed to explore aspects of social work practice in healthcare settings with a biopsychosocial and family-centered perspective. The foundation of the course is social work values and ethical decision-making process as illuminated in the NASW code of ethics. Practice issues to be explored include: the subjective experience and reactions to living with illness, change and adaptation, grief and loss, trauma and its connection to pain and chronic conditions, values and ethical dilemmas, economic justice and access issues in health care, disenfranchised populations and cultural humility and awareness. The complexities of health care social will be examined in various settings including: inpatient, outpatient, clinics, home care agencies, hospice and community-based centers. The current shifting role of social work in the interdisciplinary medical setting will be discussed. Students will be encouraged to think about their roles in facilitating health and wellness to individuals, families and communities. The role of individual differences (i.e. gender, race/ethnicity, spirituality, etc.) and societal/cultural beliefs in relation to situations involving illness will be highlighted. Skill development will focus upon all phases of the helping process, including attention to the unique aspects of termination with clients coping with illness. Examination of personal attitudes and experiences involving grief and loss will facilitate increased self-awareness.

II. STANDARDIZED COURSE OBJECTIVES

By the end of the semester, students should be able to:

Demonstrate an understanding of the historical significance of social work in medical settings and explore the current range of opportunities for practice.

Demonstrate an understanding of contemporary health care issues related to societal, political and organizational changes in health care.

Demonstrate an understanding of the impact and meaning of illness, life-threatening conditions, grief and bereavement for children, adults and families.

Demonstrate an understanding of the common psychosocial and spiritual challenges faced by individuals, families and communities confronting illness.

Demonstrate an understanding of the cultural factors at work in the clinical interface with individuals in medical settings.

Demonstrate an understanding of the Adult Childhood Experiences (ACE) Study and the link between childhood trauma and the risk of chronic health conditions, including chronic pain.

Demonstrate an understanding of the health care issues as they relate to cultural diversity, social justice, and disenfranchised populations.

Demonstrate an understanding of the nature of illness, its multidimensional aspects and the interrelationship between environmental, social, psychological, and biological factors in its cause, course and outcome.

Demonstrate an understanding of the clinical dimensions of clinical practice in the context of health care and multidisciplinary practice.

Develop a reflective awareness of the practitioner's experiences of health and illness and the importance of selfcare.

III. TEACHING METHODS

This course is designed to include a variety of teaching methodologies to achieve the expectation of student mastery of theoretically-grounded advanced practice skill competencies in the group work method, with emphasis on children, adolescents, and families. Learning activities may include readings, writings, discussions, lectures, guest speakers, social media, in-class group activities, student presentations, self-reflection, community experience, and experiential exercises.

IV. REQUIRED TEXT AND MATERIALS

Required Text

Allen, K.M. & Spitzer, W.J. (2016). *Social Work Practice in Healthcare: Advanced Approaches and Emerging Trends*. Sage.

All additional readings will be available on Canvas.

V. COURSE REQUIREMENTS

Class Attendance and Contribution

10 pts

Class contribution grade will be determined in two ways:

First, due to the format and content of the course, regular and punctual attendance is imperative. The class experience is co-constructed and students are expected to attend class regularly and to participate in an interactive framework between collegiate students and professor. Students are expected to complete the readings prior to class and should be well prepared to participate in discussions and experiential learning assignments. Failure to attend class and demonstrate the thorough discussions that one had comprehended the readings will be considered in assigning the final grade. Punctuality is an important professional practice. Class will begin promptly at 2:00 pm. Students will be allowed one unexcused absence. If a student misses more than the allotted excused absence, the professor reserves the right to lower that student's grade by one point for each class missed beyond the one allowed.

Second, to support informed class interaction, students will be divided into small groups with each group asked to prepare two or three questions from the readings for at least one class during the semester. The question should address some issue or concern raised by the readings for that week that may be of special interest to the students or perhaps an issue that seems unclear. The questions need to be typed and double spaced, and the small group will present the question and lead a brief class discussion concerning the issue during the scheduled portion of their assigned class. The questions will then be turned in to the instructor. Grades on a scale of 1-10 will be given for the questions and will be determined by both the quality of the questions, and the ability to elicit informed involvement of the class.

All three of these aspects of class contribution: attendance and punctuality, questions prepared for class and on-going participation and interactions during class will factor into the 10 points for attendance and contribution.

Columbia Suicide Severity Rating Scale

30 pts

The purpose of this assignment is for students to engage in active learning of suicide assessments. It is vital that all social workers in the health care field have the skill to assess patients for suicidality and optimize healthcare resources by directing people to the right level of care. Students will participate in an online training on learning to assess for suicide ideations by familiarizing themselves with the Columbia Suicide Severity Rating Scale (CSSRS). The CSSR Scale is a tool used in healthcare settings to assess the severity of suicidality and better identify those at risk. Students will complete two online trainings and write a one-page paper reflecting on their experience using the scale and answer the following question: *Is the Columbia Suicide Severity Rating Scale culturally sensitive? Please explain your answer.*

Instructions:

Browse the website <http://cssrs.columbia.edu>.

After browsing around website to get familiar with the CSSRS, click on 'Training' and then 'Training for Communities and Healthcare'.

Scroll all the way down to the bottom of the page where there is a link for 'certificates'. Click on 'Training Campus'.

Please follow instructions to register for the website.

Please complete the following two trainings and print or screen shot your certificate: RFMG-Z01-Administration Training for the C-SSRS-Screener Version and RFMH-101-The Suicide Scale C-SSR-English-USA.

Write a one-page reflection paper on your experience with the training in addition to answering the question: Is the Columbia Suicide Severity Rating Scale culturally sensitive? Please explain your answer.

Important: Please turn copies of the certificate to receive credit for the assignment along with your one-page reflection paper.

Ethnographic Interview

40 pts

Social work in health care often involves the care and treatment of individuals with chronic diseases. The purpose of the interview is to understand what it means to “live with” a chronic or serious physical illness from the perspective of the person, also known as the informant, who has a chronic or serious illness or is a primary caregiver of someone with a chronic/serious physical illness. In ethnography, since informants are living day-to-day with the illness, they are considered the “experts”, and you should approach the interview from the position of a naïve learner. It is important to let the informant teach you about his/her experience and to identify what he/she thinks is important for you to learn about the daily life of one who is living with a chronic, disabling or terminal illness.

Part A: The Interview

Select an informant who is NOT related to you and is currently experiencing a chronic, disabling or terminal physical illness or is the primary caregiver or significant other of someone who has a chronic/serious physical illness.

Unlike a clinical interview which focuses on gaining information for assessment and intervention, the ethnographic interview approach focuses on three main dimensions from the informant’s viewpoint:

- The meaning of the illness

- The types of strategies used to cope with the illness;

- The way in which the informant organizes his/her world in the context of the illness

Confidentiality must be upheld and discussed with the informant before the interview occurs; assure the informant that her/his name will not be used in any way in your verbal or written work.

Interviews are generally 1 to 2 hours long; you may take detailed handwritten notes during the session IF agreeable to the informant, BUT you may not tape record the interview. The interview should be fairly open yet focused enough so that you can develop an understanding of what it’s like to live with the person’s illness/disability/or terminal illness.

Acquaint yourself with the informant’s illness PRIOR to the interview. 6. Develop an

interview guide to help you during the interview. The following are suggestions for what you might want to cover/include in your interview guide:

- How did the informant first notice that something was wrong or experience symptoms?
- What were the informant's initial feelings/response to symptoms and/or diagnosis and what did those mean for the informant?
- How did the informant make sense of his/her illness (i.e., what kinds of explanations/theories about "why me?")
- How does the informant's culture, ethnicity, age, gender, race, socioeconomic class, sexual orientation, gender identity, philosophical or religious beliefs affect his/her illness experience?
- How does she/he cope with the illness on a daily basis?
- What is the impact of the illness and of receiving medical treatment oneself, family life, work, career plans, social relationships, etc.?
- What is his/her experience of accessing health care and of interactions with health care providers?

Part B: Written assignment of the Interview

Summarize the informant's experience of being chronically ill as you uncovered/discovered/understood it from your interview. Write a 5 page paper (using APA 6th edition), including at least 3 direct quotes from the informant, and 3 relevant citations from the social work literature (1996-2015) that addresses **ALL** the questions below:

1. What is your understanding of the condition/illness/disease of the informant?
 - a. List sources you utilized to gain that understanding
2. Discuss the impact on the psychosocial life of the informant from his/her viewpoint. How does she/he cope with the illness/what strategies does he/she use to cope with/adapt to the illness?
3. What was the most compelling thing you learned about the informant's experience from an insider's perspective? How will you incorporate this learning in your practice as a professional social worker?
4. In retrospect, in general, how well do you think you elicited information from the informant about his/her illness experience/role as caregiver? Looking back, what areas do you wish you had covered in the interview but did not?
5. How "connected" did you feel to the informant and why, and what part of the interview was the most difficult for you to "stay with" and why?
6. How was the health care service delivery system/provider/agency/managed care system barriers and/or resources for the informant and/or family? Analyze how these systems enhanced, challenged, or were neutral influences on the well-being of the consumer and family.
7. Attach your interview guide to your paper and submit both in to the professor.

Cultural Heritage Paper

20 pts

As we have discussed in class, health and illness are socially and culturally constructed. In order to assist you in your ability to learn about, understand and respect cultures other than your own,

this assignment will allow you to go deeply into the experiences of a cultural group different than your own.

The goals of the assignment are:

To encourage you to seek information about issues related to illness, health, and loss in a culture different from your own.

To encourage all of us to remember that our cultural background can influence our perception of other cultures' experience of illness, health, and loss. Our cultural beliefs can influence our interactions with clients, our assessment, intervention planning and evaluation of interventions, and our participation in interprofessional teams.

Identify a population of interest that differs from your own background (i.e., different racial or ethnic heritage; different religious or spiritual background).

Write a 5-8 page paper (using APA 6th edition) that addresses the following:

Demographic and Geographic data

Traditional health beliefs

Definition of illness

Definition of health

Overall health attitude

Beliefs about causes/sources of illness

Methods of maintaining, protecting and restoring health

Visits and use of M.D. or other health care resources

Health care resources such as neighborhood health centers

Anyone else in the community who looks after people such as traditional healers

Child-bearing and child-rearing beliefs and practices

Rituals and beliefs surrounding death and dying

Views of social work intervention

Current literature discussing common issues and concerns for this community in terms of health care access, delivery and social work services.

VI. GRADES

Grading Scale

Attendance and Contribution	10 %
Columbia Suicide Severity Rating Scale	30 %
Ethnographic Interview	40 %
Cultural Heritage Paper	20 %

TOTAL **100 %**

The following scale will be used to determine your final letter grade:

94.0 and above	A
90.0 to 93.999	A-
87.0 to 89.999	B+

84.0 to 86.999	B
80.0 to 83.999	B-
77.0 to 79.999	C+
74.0 to 76.999	C
70.0 to 73.999	C-
67.0 to 69.999	D+
64.0 to 66.999	D
60.0 to 63.999	D-
Below 60.0	F

VII. CLASS POLICIES

Class Participation: Students are expected to attend class regularly and to participate in an interactive framework between collegiate students, professor and invited guest speakers. Students are expected to complete the readings prior to class and should be well prepared to participate in discussions and experiential learning assignments. Failure to attend class and demonstrate through discussions that one has comprehended (or attempted to understand) the readings will be considered in assigning the final grade.

Attendance: Punctuality is one of the many important standards of professional behavior. Class will begin promptly at 11:30 and end at 2:30. A student is considered absent if they arrive more than 10 minutes late to class, leave early, or are unable to come to class. Absences may result in a reduction by one letter grade. If a student is going to be absent, efforts should be made to contact the professor in advance. Students are responsible for any material missed due to absence.

Late Assignments: Except in the case of extended emergencies, and then only with the permission of the professor, **late assignments will not be accepted without penalty.** Students are expected to turn in all required assignments on the agreed upon due date **at the beginning of class.** Assignments turned in after class begins will be considered late. If accepted, late assignments will be assessed point penalties at the rate of three (3) points each day late. If the due date is a problem, the student can see the professor and negotiate another due date well in advance.

Writing Assignments: The ability to write in a professional manner is very important for social workers, particularly in settings where they work as members of interdisciplinary teams. Written work must be typed, edited for grammatical, spelling and typographical errors. Work will be graded based on the American Psychological Association (APA – 5th edition) guidelines for references and citations, unless otherwise stated in the guidelines for the assignment.

Class Performance: If students have concerns about their class performance, the professor is more than willing to work with them to help improve their understanding of the class material of the assignments *prior to the end of the semester.* **Final grades assigned in the course are not negotiable.**

VIII. UNIVERSITY POLICIES

THE UNIVERSITY OF TEXAS HONOR CODE. The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

PROFESSIONAL CONDUCT AND CIVILITY IN THE CLASSROOM. The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. A course brings together a group of diverse individuals with various backgrounds. Students are influenced and shaped by such factors as ethnicity, gender, sex, physical abilities, religious and political beliefs, national origins, and sexual orientations, among others. We expect to learn from each other in an atmosphere of positive engagement and mutual respect. Social Work also deals with complex and controversial issues. These issues may be challenging and uncomfortable, and it would be impossible to offer a substantive classroom experience that did not include potentially difficult conversations relating to challenging issues. In this environment we will be exposed to diverse ideas and opinions, and sometimes we will not agree with the ideas expressed by others. Nevertheless, the professor requires that students engage one another with civility, respect, and professionalism.

UNANTICIPATED DISTRESS. Students may experience unexpected and/or distressing reactions to course readings, videos, conversations, and assignments. If so, students are encouraged to inform the professor. The professor can be responsive and supportive regarding students' participation in course assignments and activities, but students are responsible for communicating clearly what kind of support is desired. If counseling is needed, students may contact a service provider of their choosing, including the UT Counseling Center at 512-471-3515 or online at <https://cmhc.utexas.edu/>.

POLICY ON SOCIAL MEDIA AND PROFESSIONAL COMMUNICATION. Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If social work students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to, commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Social work students who use social media (i.e. Facebook, Twitter, etc.) and other forms of electronic communication (i.e. blogs, etc.) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Social work students are expected to make every effort to minimize material which could be considered inappropriate for a professional social worker in training. Because of this, social work students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image.

Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media, including *any* information that might lead to the identification of a client or compromise client confidentiality in *any* way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics.

Social work students should consider that they will be representing professional social work practice as well as The University of Texas at Austin School of Social Work program while in the classroom, the university community, and the broader area communities.

POLICY ON SCHOLASTIC DISHONESTY. Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students: <http://deanofstudents.utexas.edu/sjs/>.

USE OF COURSE MATERIALS. The materials used in this course, including, but not limited to exams, quizzes, and homework assignments, are copyright protected works. Any unauthorized duplication of the course materials is a violation of federal law and may result in disciplinary action being taken against the student. Additionally, the sharing of course materials without the specific, express approval of the professor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This sharing includes, among other things, uploading class materials to websites for the purpose of distributing those materials to other current or future students.

DOCUMENTED DISABILITY STATEMENT. Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471- 6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). A student should present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed and followed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit: <http://diversity.utexas.edu/disability/>.

RELIGIOUS HOLIDAYS. By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, examination, work assignment, or project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

TITLE IX REPORTING. In accordance with Title IX of the Education Amendments of 1972, the University of Texas at Austin is committed to maintaining a learning environment that is free from discriminatory conduct based on gender. Faculty, instructors, agency-based field

instructors, staff, and/or teaching assistants in their supervisory roles are mandated reporters of incidents of sex discrimination, sexual harassment, sexual violence, or sexual misconduct. Students who report such incidents will be informed of University resources. Incidents will be reported to the University's Title IX Coordinator and/or the Title IX Deputy for the SSW, Professor Tanya Voss. Students, faculty and staff may contact Professor Voss to report incidents or to obtain information. Further information, including student resources related to Title IX, may also be found at <http://socialwork.utexas.edu/dl/files/academic-programs/other/qrg-sexualharassment.pdf>.

CAMPUS CARRY POLICY. The University's policy on concealed fire arms may be found here: <https://campuscarry.utexas.edu>. You also may find this information by accessing the Quick Links menu on the School's website.

CLASSROOM CONFIDENTIALITY. Information shared in class about agencies, clients, and personal matters is considered confidential per the NASW Code of Ethics on educational supervision and is protected by regulations of the Family Educational Rights and Privacy Act (FERPA) as well. As such, sharing this information with individuals outside of the educational context is not permitted. Violations of confidentiality could result in actions taken according to the policies and procedure for review of academic performance located in sections 3.0, 3.1, and 3.2 of the Standards for Social Work Education.

USE OF E-MAIL FOR OFFICIAL CORRESPONDENCE TO STUDENTS. Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible for keeping the university informed about a change of e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time-sensitive. Students can find UT Austin's policies and instructions for updating their e-mail address at <http://www.utexas.edu/its/policies/emailnotify.php>.

SAFETY. As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

BEHAVIOR CONCERNS ADVICE LINE (BCAL). If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual's behavior. This service is provided through a partnership between the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>.

EMERGENCY EVACUATION POLICY. Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors in the classroom and the building. Remember that the nearest exit door may not be the one you used when entering the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor's instructions.
- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

IX. COURSE SCHEDULE

Other methods of teaching, such as TED talks and videos will be added onto Canvas throughout the semester. Students are expected to check the Canvas modules for additionally assigned material.

*****Please note that all assignments will be posted on Canvas with requirements and instructions.**

Date	Topic	Assignment Due	Readings
June 7	<p>Overview of course syllabus, assignments, expectations, etc.</p> <p>NASW Health Care Standards</p> <p>What IS healthcare social work?</p>		<p>Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i>. Los Angeles, CA: Sage Publishing. (Pages 7-25 and 46-62). (It is not necessary to read the case studies.)</p> <p>NASW Healthcare Standards pages 5-16</p>
June 12	<p>Recognizing Social Determinants of Health</p> <p>Recognizing Health Disparities</p> <p>Interventions</p> <p>Healthcare Social Work Theories</p>		<p>Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i>. Los Angeles, CA: Sage Publishing. (Pages 69-79).</p> <p>National Academies of Sciences, Engineering, and Medicine (2017). <i>Communities in action: Pathways to health equity</i>. Washington, D.C: The National Academies Press. Doi: 10.177226/24624. (pages57-88; 99-164).</p>

			<p>Video: “Unnatural Causes: In Sickness and In Wealth”</p>
June 14	<p>Evidence Informed Interventions Related To:</p> <ul style="list-style-type: none"> • Working with diverse patients • How to use an interpreter • How to use cultural inquiry, humility and spirituality <p>The Influence of Spirituality in Healthcare</p>		<p>NASW Healthcare pages 22-24</p> <p>Rice, S. (2014). Hospitals often ignore policies on using qualified medical interpreters. <i>Modern Healthcare</i>. Retrieved from: http://www.modernhealthcare.com/article/2014-830/MAGAZINE/308309945.</p> <p>Weinstein-Moser, E. (2008). Spirituality in social work – the journey from fringe to mainstream. <i>Social Work Today</i>, vol. 8(2), pg.32. Retrieved from: www.socialworktoday.com/archive/marapr2008p32.shtml.</p>
June 19	<p>Evidence Informed Care of Children and Families:</p> <ul style="list-style-type: none"> • Perinatal Care • Practice Issues in the Care of Children and Families • Assessment • History Gathering • How to Incorporate Effective Family Involvement • Child Abuse, Rights of Minors <p>The Value of Interprofessional Simulations in Healthcare Education</p>		<p>Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i>. Los Angeles, CA: Sage Publishing. (Pages 315 – 324, 350 – 351).</p>

June 21	NO CLASS TODAY		
June 26	<p>Health Care Issues for Young Adults</p> <p>Suicide Assessments and Planning</p> <p>Substance Use and Abuse</p>	<p><i>Columbia Suicide Severity Rating Scale Assignment Due</i></p>	<p>Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i>. Los Angeles, CA: Sage Publishing. (Pages 358 - 377).</p> <p>Posner, K., Brown, G.K., Stanley, B., et al (2011). The Columbia-Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. <i>American Journal of Psychiatry</i>, 168 (12), 1266-1277.</p>
June 28	<p>Motivational Interviewing</p> <p>Crisis Intervention</p>		<p>Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i>. Los Angeles, CA: Sage Publishing. (Pages 82 – 86 and 362 – 365).</p> <p>Emmons, K. (2001). Motivational Interviewing in Health Care Settings: Opportunities and limitations. <i>American Journal of Preventative Medicine</i>, 20(1), 68-74.</p> <p>Video: “Unnatural Causes: when the Bough Breaks”</p>

July 3	<p>Hospital Based Social Work Practice/Emergency Department Social Work Interventions</p> <ul style="list-style-type: none"> • Care coordination • Biopsychosocial assessments • Discharge planning • Interdisciplinary teams 		<p>Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i>. Los Angeles, CA: Sage Publishing. (Pages 223 – 234).</p> <p>Moody, H. (2004). Hospital Discharge Planning. <i>Journal of Gerontological Social Work</i>, 43 (1), 107-118.</p>
July 5	<p>Social Work Intervention in Primary Care</p> <p>Social Work Intervention with Chronic Health</p>		<p>Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i>. Los Angeles, CA: Sage Publishing. (Pages 175 – 208).</p> <p>Video: “Unnatural Causes: Bad Sugar”</p>
July 10	<p>Palliative Care</p> <p>Home Health</p> <p>End of Life Care (Hospice)</p> <p>Communicating with Seriously Ill Patients</p>		<p>Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i>. Los Angeles, CA: Sage Publishing. (Pages 239 – 257).</p> <p>Barros, C. (2012). Notes for the new hospice social worker, <i>Journal of Social Work in End-of-Life & Palliative Care</i>, 8(3), pages 207-210.</p> <p>Davenport, L. & Schopp, G. (2011). Breaking bad news: Communication skills for difficult conversations. <i>JAAPA: Journal of the American Academy of Physician Assistants</i>, 24 (2), 46-50.</p>

July 12	Gerontological Health Care Dementia	<i>Ethnographic Interview due</i>	Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i> . Los Angeles, CA: Sage Publishing. (Pages 287 – 311).
July 17	Self Determination in Health Care <ul style="list-style-type: none"> • Advance Care Planning – Honoring Choices • Do Not Resuscitate Orders • Guardianships • HIPAA 1996 – Health Information Portability & Accountability Act • Social Work Practice on an Ethics Committee 		Braun, K.L, Pietsch, J.H., & Blanchette, P.L. (2000). <i>Cultural Issues in End-of-Life Decision Making</i> , Los Angeles, CA: Sage Publication. Chapter 4, pages 37-54. Dingfield & Kayser. (2017). Integrating Advance Care Planning into Practice. <i>Chest</i> , 151 (6), 1387-1393. Drolet, Marwaha, Hyatt, Blazar, & Lifchez. (2017). Electronic Communication of Protected Health Information: Privacy, Security and HIPAA Compliance. <i>Journal of Hand Surgery</i> , 42 (6),411-416. Video: “Honoring Choices”
July 19	Social Work Practice in Long Term Care <ul style="list-style-type: none"> • Assisted Living • Skilled Nursing Facility • Social Security, Disability, Medicare and Medicaid 		Zimmerman, S., Connolly,R., Zlotnik, J.L., Bernklug, M., & Cohen, L. (2012). Psychosocial care in nursing homes in the era of the MDS 3.0: Perspectives of the experts. <i>Journal of Gerontological Social Work</i> , 55 (5), pages 444-461.
July 24	Social Work Practice in Integrated Behavioral Health Mental Health First Aid	<i>Cultural Heritage Paper due</i>	
July 26	Evidence Informed Interventions in Public/Community Health and Population Health Management		Allen, K. & Spitzer, W. (2016). <i>Social work practice in health care: Advanced approaches and emerging trends</i> . Los Angeles, CA: Sage Publishing. (Pages 259 – 283).

	The Future of Social Work Healthcare		
July 31	Telehealth – Preparing for the Future		Healthcare Simulation

X. BIBLIOGRAPHY

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