

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

**Course Number:** SW 387R36

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Assistant Dean for Health Affairs  
Pronouns: she, her, hers

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**Semester:** Fall 2023

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**Meeting Time/Place:** T 2:30-5:30 p.m.  
SW 2.112

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**TA:** Jeeyeon Hong

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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 work 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:

1. Demonstrate an understanding of the historical significance of social work in medical settings and explore the current range of opportunities for practice.
2. Demonstrate an understanding of contemporary health care issues related to societal, political and organizational changes in health care.

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

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

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

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

7. 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.

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

9. Develop a reflective awareness of the practitioner's experiences of health and illness and the importance of self-care.

### **III. TEACHING METHODS**

This course is taught using a Compassionate Pedagogy approach. To use the words of the University of Manitoba's Centre for the Advancement of Teaching and Learning, "A well-designed curriculum was not enough to create the space that the students needed, nor to overcome their learned belief that the enrichment of their minds was to be paid for by the suffering of their bodies and spirits, that, in other words, being 'successful' in university meant to drive the self into ill health. We needed to develop a compassionate pedagogy that would help students—and ourselves—to claim our right to be well". Dickson & Summerville, 2018, p. 25 Retrieved from: <https://umanitoba.ca/centre-advancement-teaching-learning/support/contexts/compassionate-pedagogy> Aligning with this approach, I utilize a variety of teaching methods to foster a stimulating, creative and collaborative learning environment. These methods intentionally draw on diverse pedagogical approaches to be inclusive of a variety of learning styles. Activities include readings, writings, small group discussions, role-play, lectures, videos, experiential exercises, and self-reflection. Experiential learning that builds upon various concepts and practice skills in healthcare settings will be emphasized.

For a meaningful experience in this class, you are encouraged to actively participate, take risks, stretch your creativity, apply your critical thinking skills, and attend class regularly. This course will highlight diverse perspectives of thought and will encourage you to engage in new ways of thinking that may be represented by speakers, the professor, and classmates from diverse backgrounds. You are encouraged to ask questions, raise issues, provide the instructor with feedback, and meet with me individually as needed to enhance your learning.

## **Accessibility statement**

I also strive to create a learning experience that is as inclusive in accessibility as possible. If you anticipate any issues related to format, materials, or requirements for this course, please schedule a time to meet with me so can explore potential options. Students with disabilities may also wish to work with the Office of Accessible Education and Student Support to discuss a range of options to removing barriers in this course, including official accommodations. You can visit their website for contact and additional information: <https://diversity.utexas.edu/disability/>. If you have already been approved for accommodations through the Office of Disability and Access, please meet with me so we can develop an implementation plan together.

## **IV. REQUIRED TEXT AND MATERIALS**

**Optional Texts (All chapters from the texts will be made available on Canvas.)**

Allen, K.M. & Spitzer, W.J. (2016). *Social work practice in healthcare: Advanced approaches and emerging trends*. Sage.

Dziegielewski, S.F. & Holliman, D. (2020). *The changing face of health care social work: Opportunities and challenges for professional practice*. Springer.

All additional readings will be available on Canvas.

## **V. COURSE REQUIREMENTS**

In this section you will find a list of all course assignments. Detailed learning objectives and instructions, including rubrics to guide demonstration of content mastery and skill development will be provided on Canvas. We will discuss all assignments in detail in class and you are encouraged to meet with me should you have any questions about the assignments.

### **Class Engagement**

Due to the format and content of the course, regular and punctual attendance is very important. The class experience is co-constructed, and students are expected to attend class regularly and participate in an interactive framework between collegiate students and professor. Students are expected to complete the assigned activities (readings, videos, etc.) prior to class and should be well prepared to participate in discussions and experiential learning assignments. Class attendance and demonstration of thorough comprehension of assigned materials will be considered in assigning each student's final grade. Class will begin promptly at 2:30 pm to allow time for all planned activities. When possible, please communicate with the instructor prior to class regarding any anticipated absences.

### **Navigating Suicide Risk Assessment in Healthcare Settings**

Recommended Due Date: 10/3

The purpose of this assignment is to engage in active learning of suicide risk assessments commonly used in healthcare settings, including critical analysis of the cultural sensitivity/responsiveness of standardized assessment tools, understanding when a patient

screens positive for high risk, and next steps to access appropriate mental health treatment with patients. It is vital that all social workers in the healthcare field have the skills to assess patients for suicidality and optimize health care resources by directing people to an appropriate level of care. Students will be provided with a brief patient scenario and questions to guide their assessment and care coordination for a patient exhibiting high risk for self-harm in a healthcare setting.

\*See Canvas for assignment description and grading rubric.

### **Ethnographic Interview**

Recommended Due Date: 10/24

Social work in healthcare often involves the care and treatment of individuals living with chronic illness. The purpose of the interview is to understand what it means to “live with” a chronic or serious illness from the perspective of the person, also known as the informant, who is living with a chronic or serious illness or is a primary caregiver of someone living with a chronic/serious 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 their experience and to identify what they think is important for you to learn about the daily life of one who is living with a chronic, disabling, and/or terminal illness.

#### **Part A: The Interview**

Select an informant who is NOT well known to you and is currently experiencing a chronic, disabling and/or terminal physical illness or is the care partner for someone who is living with a chronic, disabling, and/or terminal illness. You may interview a family member if they are not part of your immediate family and if you have not explored this topic with them in the past. 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 their world in the context of the illness

Confidentiality must be upheld and discussed with the informant before the interview occurs. Assure the informant that their name will not be used in any way in your verbal or written work. Please use informant initials or simply the word “informant” in your written or oral report to protect confidentiality.

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 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. 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 their 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 and/or spiritual beliefs impact their illness experience?
- How do they 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 their experience of accessing health care and of interactions with health care providers?

### **Part B: Written Report 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 or submit a detailed recorded video that provides an oral report of your interview with your informant, including at least 3 direct quotes from the informant, and 3 relevant citations from the social work literature (2000-2023) 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 their viewpoint. How do they cope with the illness/what strategies do they 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, are there areas 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 or to your recorded oral report and submit both to the professor on Canvas.

\*See Canvas for an assignment rubric.

### **A Real-World Challenge Assignment: Reducing Health Disparities & Inequities in Your Community**

Recommended Due Date for Canvas Submission: for 11/28 (last day of class)

\*Presentations (PowerPoint, infographic, other) are due in class on assigned days.

The goal of this assignment is to increase student awareness of how local or statewide solution-focused ideas can make a positive impact on an identified health disparity.

Teams will be formed within the class to research and choose a health disparity/inequity for their classroom presentation. The challenge involves convincing fellow classmates (in their role as community members) to consider the solution proposed by the group to reduce the identified health disparity/inequity. Possible areas include, but are not limited to: COVID19, HIV/AIDS, cancer, access to healthcare, infant birth weight, maternal

mortality, infant mortality, life expectancy, depression, environmental disparities, suicide rates and heart disease. This goal will be achieved by demonstrating the adverse impact of the disparity/inequity on both specific groups and the community as a whole. Research the related statistics for at least one marginalized, oppressed, and/or disadvantaged group. Examine the impact on the groups and the community as a whole. Think about the specific populations your group has researched and what could realistically work. Be sure to research what has been done before.

#### PROJECT DATES:

9/12– Students will submit their topic or area of interest to the class TA via Canvas for the purpose of group placement.

9/19 – Project groups will be announced by course instructor, with 3-4 members each.

9/26 – In order to avoid duplicate areas of research, groups will submit to Professor Sloan via Canvas two health disparity topics they wish to investigate and propose a solution for. Project proposals will be confirmed by 10/3

11/28 – Final presentations are due. The format of the presentation is entirely up to the group. PowerPoints are not required and creativity is encouraged. Presentations should be a total of 30 minutes, including time for questions and answers. Proposals should include:

- Statistics to support your case about the health disparity
- A clear explanation of the impact to the people and community affected
- A workable solution, idea, or program to reduce or end the health disparity

\*See Canvas for a grading rubric.

In alignment with the compassionate pedagogical approach to this course, I have adopted an ungrading practice to assessment. This means that individual assignments will not earn traditional points or letter grades. Instead, you will receive analytic feedback in the form of questions and comments to support your continued learning. You will receive rubrics and guidelines to help guide your work on each assignment. You will use these rubrics to indicate your own evaluation on learning for each assignment. At the end of the semester, you will assign yourself a letter grade based on your work and continued conversations around the feedback you have received throughout the semester. This letter grade will be supported by a short narrative statement. The goal of ungrading is to provide a learning space where you feel free to set your own intentions, to take risks, to reframe failure, to understand how you learn best, and to prioritize care.

## VI. GRADES

### Grading Percentages

Attendance and Contribution	20 %
Columbia Suicide Severity Rating Scale	20 %
Ethnographic Interview	30 %
Health Disparity Assignment	30 %

**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

### ATTENDANCE AND PARTICIPATION

Students are expected to attend class regularly and to participate in an interactive framework between collegiate students, professor and invited guest speakers. Full attendance and active participation are ideal for a comprehensive learning experience. Classroom exercises, discussions, role-plays, guest speakers and other class experiential exercises are essential for your professional learning and continued development of self-awareness. I realize that extenuating circumstances arise and that everyone is juggling many responsibilities. If you are unable to attend a class, please email me prior to that class. If it is a last-minute absence, please contact me as soon as possible. **If circumstances make you miss more than two classes, you may be overextended, so be sure to reach out to me.** If you must miss a class, please contact a peer to review what you missed. In addition, you can always schedule a time to meet with me to discuss the missed content in more detail.

### ASSIGNMENTS

There is flexibility in how you submit most assignments. Whether you chose to submit a paper, a video, or a PowerPoint, the standards remain the same. I will be reviewing the content as well as the style in which it is presented. Think of the assignments as components of a professional portfolio and think about how you'd like to present your knowledge to potential employers. Be sure to cite your sources and references in a bibliography regardless of the type of submission, to abide by university plagiarism policies. You may use the American Psychological Association (APA – 7<sup>th</sup> edition) guidelines for references and citations or another preferred professional format.

### TIME MANAGEMENT

The due dates on the syllabus and on Canvas are designed to keep you on track throughout the semester. This steady flow of submissions allows for you to receive continuous feedback so you can incorporate changes and adjustments into your practice. There are no penalties for late assignments in this course. When you feel like you need additional time to complete the work, email me ahead of time

and indicate a targeted date for submission. This process allows you the flexibility to complete all work in a timeframe that works with your schedule, while still acknowledging of the importance of timely feedback. If concerns arise about submissions, I will request a meeting with you to address the barriers to timely completion.

## **USE OF COMPUTERS/CELL PHONES IN THE CLASSROOM**

Social Work in Health Care is a practice-oriented course, and class participation is essential to successful learning. In today's world, learning occurs both in the virtual space as well as in the real physical space. Please be respectful with your use of cell phones and personal messages during class time. Some classes may rely on the use of Canvas or other online resources during class. Be sure to bring a device with you to class, if possible. You are free to have your laptops open and available throughout class to take notes and to access materials unless an experiential exercise specifically the use of technology.

## **USE OF CANVAS IN CLASS**

In this class, I use Canvas Web based course management system with password protected access at <http://canvas.utexas.edu> to distribute course materials, to communicate and collaborate online, to provide feedback, to submit assignments, and to give you online quizzes and surveys. You can find support in using Canvas at the ITS Help Desk. For more information go to <http://www.utexas.edu/its/helpdesk/>

## **FEEDBACK**

You will be asked to provide feedback on your learning and my teaching strategies in informal as well as formal ways. It is very important for me to know your reactions to what is taking place in class, ensuring that together we can create a dynamic and effective learning community. You are also encouraged to provide ongoing feedback to me during class and office visits.

## **VIII. UNIVERSITY POLICIES**

**COVID-19 RELATED INFORMATION.** The University's policies and practices related to the pandemic may be accessed at: <https://protect.utexas.edu/>

**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.

**ACCESSIBLE/COMPLIANT STATEMENT:** If you are a student with a disability, or think you may have a disability, and need accommodations please contact Disability and Access (D&A). You may refer to D&A's website for contact and more information: <http://diversity.utexas.edu/disability/>. If you are already registered with D&A, please touch base with your instructor to discuss your Accommodation Letter as early as possible in the semester so your approved accommodations can be implemented.



**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 race, 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. This atmosphere includes working intentionally to recognize and dismantle racism, sexism, heterosexism, and ableism in the classroom. 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 (e.g., Facebook, Twitter, Instagram) and other forms of electronic communication (e.g., blogs) 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 ACADEMIC INTEGRITY.** Students who violate University rules on academic 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 academic dishonesty will be strictly enforced. For further information, please visit the Student Conduct and Academic Integrity website at: <http://deanofstudents.utexas.edu/conduct>.

**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.

**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.

**UNIVERSITY ELECTRONIC MAIL STUDENT NOTIFICATION.** Electronic mail (email), like postal mail, is a mechanism for official University communication to students. The University will exercise the right to send email communications to all students, and the University will expect that email communications will be received and read in a timely manner. Students can find UT Austin's policies and instructions for updating their e-mail address at <https://it.utexas.edu/policies/university-electronic-mail-student-notification-policy>.

**RELIGIOUS HOLY DAYS.** A student who misses classes or other required activities, including examinations, for the observance of a religious holy day should inform the instructor as far in advance of the absence as possible so that arrangements can be made to complete an assignment within a reasonable period after the absence. A reasonable accommodation does not include substantial modification to academic standards, or adjustments of requirements essential to any program of instruction. Students and instructors who have questions or concerns about academic accommodations for religious observance or religious beliefs may contact the [Office for Inclusion and Equity](#). The University does not maintain a list of religious holy days.

**TITLE IX DISCLOSURE.** Beginning January 1, 2020, Texas Education Code, Section 51.252 (formerly known as Senate Bill 212) requires all employees of Texas universities, including faculty, to report to the [Title IX Office](#) any information regarding incidents of sexual harassment, sexual assault, dating violence, or stalking that is disclosed to them. Texas law requires that all employees who witness or receive information about incidents of this type (including, but not limited to, written forms, applications, one-on-one conversations, class assignments, class discussions, or third-party reports) must report it to the Title IX Coordinator. Before talking with me, or with any faculty or staff member about a Title IX-related incident, please remember that I will be required to report this information.

Faculty, staff, graduate assistants, teaching assistants, and graduate research assistants are [mandatory reporters](#) under federal Title IX regulations and are required to report [a wide range of behaviors we refer to as sexual misconduct](#), including the types of misconduct covered under Texas Education Code, Section 51.252. Title IX of the Education Amendments of 1972 is a federal civil rights law that prohibits discrimination on the basis of sex – including pregnancy and parental status – in educational programs and activities. The Title IX Office has developed supportive ways and compiled campus resources to support all impacted by a Title IX matter.

If you would like to speak with a case manager, who can provide support, resources, or academic accommodations, in the Title IX Office, please email: [supportandresources@austin.utexas.edu](mailto:supportandresources@austin.utexas.edu). Case managers can also provide support, resources, and accommodations for pregnant, nursing, and parenting students.

For more information about reporting options and resources, please visit: <https://titleix.utexas.edu>, contact the Title IX Office via email at: [titleix@austin.utexas.edu](mailto:titleix@austin.utexas.edu), or call 512-471-0419.

**CAMPUS CARRY POLICY.** The University's policy on campus carry may be found here: <https://campuscarry.utexas.edu>.

**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 and COVID-19 ADVICE LINE (BCCAL).** If students have concerns about their behavioral health, or if they are concerned about the behavioral health of someone else, students may use the Behavior Concerns and COVID-19 Advice Line to discuss by phone their concerns. 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 <https://safety.utexas.edu/behavior-concerns-advice-line>. The Behavior Concerns and COVID-19 Advice Line has been expanded to support The University of Texas at Austin community during the COVID-19 pandemic. By calling 512-232-5050 - Option 2 for COVID-19, students, faculty, and staff can be assisted in English and Spanish with COVID-19 support.

**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 may be added onto Canvas throughout the semester. Students are expected to always check the Canvas modules for additionally assigned and optional materials.**

Date	Topic	Assignments Due	Materials
8/24	<p>Overview of course syllabus, assignments, expectations, etc.</p> <p><b>Knowledge/Practice Skills:</b>            -Brief History of HC SW and impacts of COVID19</p> <p>-HC SW Roles</p>	<p><b>No Assignments Due</b></p>	<p>All Materials for each week are located in the Modules section of the class CANVAS page.</p>
8/29	<p><b>Knowledge/Practice Skills:</b>            -Addressing Health Disparities and Social Determinants of Health</p> <p>-Evidence Informed Intervention through Public/Community and Population Health Management</p> <p><b>Setting(s):</b>            Disease Specific Agencies, Administrative/Research settings, Nonprofits supporting health education and initiatives</p>		
9/5	<p><b>Knowledge/Practice Skills:</b>            -Providing Person-Centered, Culturally Responsive, Identity Affirming Care</p>		

	<p>-Assessing and Fostering Spirituality in Healthcare Settings</p> <p><b>Setting(s):</b> Primary Care/Community Health Clinics</p>		
9/12	<p><b>Knowledge/Practice Skills:</b></p> <p>-Engagement in Health Interprofessional and Transdisciplinary Teams</p> <p>-Managing Values, Ethical Dilemmas, Role Conflicts, and Confidentiality in Health Care Settings: Advocating for the Social Work Role</p>	<p><b>Submit your topic or area of interest for the “Real World Challenge Assignment” to the class TA via Canvas.</b></p>	
9/19	<p><b>Knowledge/Practice Skills:</b></p> <p>-Applying Social Work Theories and Evidence Informed Clinical Interventions</p> <p>-Applying Social Work Theories and Evidence Informed Clinical Interventions</p>		
9/26	<p><b>Knowledge/Practice Skills:</b></p> <p>-Applying Acute/Emergency Health Care Social Work Practice Interventions</p> <p>-Conducting Suicide and Self Harm Risk Assessment &amp; Treatment Planning</p> <p><b>Setting(s):</b> Hospital Emergency Department (ED), Dialysis Care,</p>	<p><b>“Real World Challenge Assignment Groups” will be announced on Canvas - based on areas of interest (groups of 3-4 students)</b></p>	

	Intensive Care Unit (ICU); Neonatal Intensive Care Unit (NICU)		
10/3	<p><b>Knowledge/Practice Skills:</b> -Providing Person-Centered Coordination of Care and Discharge Planning</p> <p>-Incorporating Effective Family Involvement and Facilitating Family Meetings</p> <p><b>Settings:</b> Restorative Care: Long-Term Acute Care Hospital (LTACH); Inpatient Rehab Hospital (IRH); Short-term Skilled Nursing Facility (SNF) stay; Home Health</p>	<p><b>Recommended Due Date:</b></p> <p><b>In order to avoid duplicate areas of research, “Real World Challenge” assignment groups will submit (via Canvas) two health disparity topics they wish to investigate and propose a solution for.</b></p>	
10/10	<p><b>Knowledge/Practice Skills:</b> -Supporting Patient Navigation and Advocacy in Maternal and Reproductive Health Care</p> <p><b>Settings:</b> obstetric &amp; gynecological settings; reproductive health care community clinics</p>	<p><b>Recommended Due Date:</b> Navigating Suicide Risk Assessment in Healthcare Settings</p> <p><b>“Real World Challenge Assignment” groups topics will be confirmed by Professor Sloan</b></p>	
10/17	<p><b>Knowledge/Practice Skills:</b> -Understanding and engaging with health insurance systems: Introduction to Medicare, Medicaid, SSDI, MAP, &amp; private coverage.</p>	<p><b>Online Quiz to assess understanding: no point value</b></p>	

	-Increasing Health Care Access through Tele-Health & Mental Health		
10/24	<p><b>Knowledge/Practice Skills:</b></p> <p>-Engaging in Substance Use Treatment within Health Care Settings</p> <p>-Practicing Patient-centered Documentation and Record Keeping in the Healthcare Setting</p> <p><b>Settings:</b> Integrated Behavioral Health (IBH); Inpatient Psychiatric Facility (IPF); Intensive Outpatient Programs (IOP); Partial Hospitalization Programs (PHP); Residential Treatment Centers (RTC)</p>		
10/31	<p><b>Knowledge/Practice Skills:</b></p> <p>-Facilitating Self Determination in Health Care: Activating Advance Care Planning &amp; Honoring Choices</p> <p>-Intervening and Advocating with Persons Living with Chronic Illness</p> <p>-Evidence Informed Care of Children and Families/Health Care Issues for Adolescents and Young Adults</p> <p><b>Settings:</b> Pediatric Units; Dialysis Clinics; Specialty Care settings (Neurology; Oncology;</p>	<b>Recommended Due Date:</b> Ethnographic Interview	

	Osteology/Orthopedics; Pulmonology; ect.)		
11/7	<p><b>Knowledge/Practice Skills:</b> -Empowering Patients and Caregivers Receiving Long-Term Care</p> <p>-Evidence Informed Care of Older Adults</p> <p>-Supporting Persons Living with Dementia &amp; their Care Partners</p> <p><b>Settings:</b> Assisted Living (AL), Memory Care, Skilled Nursing Facilities (SNF); Respite Care; Personal Care Homes (PCH)</p>		
11/14	<p><b>Knowledge/Practice Skills:</b> -Advocating within and Facilitating Palliative &amp; End of Life Care</p> <p>-Communicating Effectively with Seriously Ill Patients</p> <p><b>Settings:</b> In-patient and home-based hospice care; hospital and community based palliative care programs</p>		
11/21	<b>Week Off</b>		No assigned activities
11/28	<p>A Real-World Challenge, Health Disparity/Inequity Presentations</p> <p>Celebration!!!</p>	<p><b>In-class Presentations</b></p> <p><b>Recommended Due Date:</b></p>	No assigned activities



		<b>“Real World Challenge Assignment”: Canvas Submissions</b>	
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## X. BIBLIOGRAPHY

Allen, K. & Spitzer, W. (2016). *Social work practice in health care: Advanced approaches and emerging trends*. Los Angeles, CA: Sage Publishing.

Barros, C. (2012). Notes for the new hospice social worker, *Journal of Social Work in End-of-Life & Palliative Care*, 8(3), pages 207-210.

Davenport, L. & Schopp, G. (2011). Breaking bad news: Communication skills for difficult conversations. *JAAPA: Journal of the American Academy of Physician Assistants*, 24 (2), 46-50.

Dickson, L., & Summerville, T. (2018). “The Truth About Stories”: Coming to Compassionate Pedagogy in a First-Year Program. *Journal of Perspectives in Academic Practice*, 6(3), 24–29.

Dingfield & Kayser. (2017). Integrating Advance Care Planning into Practice. *Chest*, 151 (6), 1387-1393.

Drolet, Marwaha, Hyatt, Blazar, & Lifchez. (2017). Electronic communication of protected health information: Privacy, security and HIPAA compliance. *Journal of Hand Surgery*, 42 (6), 411-416.

Dziegielewski, S.F. & Holliman, D. (2020). *The changing face of health care social work: Opportunities and challenges for professional practice*. Springer.

Emmons, K. (2001). Motivational Interviewing in Health Care Settings: Opportunities and limitations. *American Journal of Preventative Medicine*, 20(1), 68-74.

Fogg, N., Lauver, L., & Badgett, V. (2013). The Pediatric Bill of Rights. *Society of Pediatric Nurses*, 1-2.

Hudson, Quinn, O’Hanlon, and Aranda (2015). Family meetings for patients with advanced disease: Multidisciplinary clinical practice. Centre for Palliative Care, St. Vincent’s Hospital Melbourne and Collaborating Centre of The University of Melbourne. Retrieved from: [https://engonetpc.blob.core.windows.net/assets/uploads/files/Family\\_Meetings\\_Clinical\\_Practice\\_Guidelines\\_v2.pdf.pdf](https://engonetpc.blob.core.windows.net/assets/uploads/files/Family_Meetings_Clinical_Practice_Guidelines_v2.pdf.pdf)

- M., McCoy Judith L, and Toba Schwarber Kerson. *Social Work in Health Settings: Practice in Context*. Routledge, 2016.
- McGovern, J. (2015). Living Better With Dementia: Strengths-Based Social Work Practice and Dementia Care. *Social Work in Health Care*, 54, pages 408–421.
- Moody, H. (2004). Hospital Discharge Planning. *Journal of Gerontological Social Work*, 43 (1), 107-118.
- NASW Healthcare Standards. Retrieved from: <https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3D&portalid=0>.
- National Academies of Sciences, Engineering, and Medicine (2017). *Communities in action: Pathways to health equity*. Washington, D.C: The National Academies Press. Doi: 10.177226/24624, pages 57-88; 99-164.
- Peitzmeier, S.M., Potter, J. (2017). Patients and Their Bodies: The Physical Exam. In: Eckstrand, K., Potter, J. (eds) *Trauma, Resilience, and Health Promotion in LGBT Patients*. Springer, Cham. [https://doi.org/10.1007/978-3-319-54509-7\\_16](https://doi.org/10.1007/978-3-319-54509-7_16)
- 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. *American Journal of Psychiatry*, 168 (12), 1266-1277.
- Rice, S. (2014). Hospitals often ignore policies on using qualified medical interpreters. *Modern Healthcare*. Retrieved from: <http://www.modernhealthcare.com/article/2014-830/MAGAZINE/308309945>.
- Saguil, A. & Phelps, K. (2012). *The Spiritual Assessment*. American Academy of Family Physicians. Retrieved from: [www.aafp.org/afp](http://www.aafp.org/afp).
- Searight H.R. (2019) Why Is There Such Diversity in Preferences for End-of-Life Care? Explanations and Narratives. In: *Ethical Challenges in Multi-Cultural Patient Care*. SpringerBriefs in Ethics. Springer, Cham.
- Texas Children’s Hospital (2015). *Guide to Communicating with Patients and Families*. Baylor College of Medicine. Retrieved on May 22<sup>nd</sup>, 2022 from: <https://www.bcm.edu/sites/default/files/2015/13/pcg-v21.pdf>
- Weinstein-Moser, E. (2008). Spirituality in social work – the journey from fringe to mainstream. *Social Work Today*, vol. 8(2), pg.32. Retrieved from: [www.socialworktoday.com/archive/marapr2008p32.shtml](http://www.socialworktoday.com/archive/marapr2008p32.shtml).
- 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. *Journal of Gerontological Social Work*, 55 (5), pages 444-461.