Term:
Day/Time:
Instructor:
Office:
Phone:
Email:
Office Hours:

I.   CATALOG COURSE DESCRIPTION

Theories and skills of direct clinical practice are applied at an advanced level for individuals, families, and groups in healthcare settings. Crisis intervention skills, case management, and professional training as part of an interdisciplinary team are addressed.

II.   COURSE OVERVIEW

This course aims to help students develop knowledge and skills with the full range of social work skills used in health care social work. A model of practice is introduced that suggests that social workers need to be simultaneously attuned to the psychosocial problems confronting people with major health problems at the same time as they recognize and work to alleviate the structural or systemic roots of many health problems. The model introduced here builds on generalist practice presented in the first year of study and approaches to advanced intervention. In submitting this approach, significant attention is paid to the unique needs of people with health problems, the nature of the healthcare organizations that render care, and social work's role as one of the health professions.

Given the ongoing change in healthcare financing, organization, and delivery, especially the advent of managed care, attention will be paid to the opportunities and threats posed by emerging developments and the adaptation of skills needed to respond to this changing environment.

Focus is on 1) working with people who are experiencing extensive, often long-term health problems; 2) working with people of different ethnic and minority groups, people with diverse sexual orientations, and especially vulnerable people, including poor people, older adults, and people with disabilities; 3) work carried out in the fast-paced context of crisis and time constraints; 4) the tools needed to function in complex health care systems, and 5) consideration of the principles and skills of interdisciplinary practice. There will also be some attention to the healthcare practitioner's role in effecting institutional change.

As students read through this syllabus, they should also remember to closely review the School-Wide Syllabus in Canvas or the Student Handbook to find information on the School of Social Work mission statement and learning goals, school-wide policies (including
Revised: May 2024, JBL

academic integrity policies and the standardized attendance policy), and student resources and supports.

III.   P̲L̲A̲C̲E̲ ̲O̲F̲ ̲T̲H̲E̲ ̲C̲O̲U̲R̲S̲E̲ ̲I̲N̲ ̲T̲H̲E̲ ̲P̲R̲O̲G̲R̲A̲M̲

This elective (distribution requirement) in the Advanced Practice Year is **targeted primarily at students interested in health care**. However, the material covered may be helpful to students interested in other practice fields. A prerequisite is satisfactory completion of the Professional Foundation Year.

IV.   P̲R̲O̲G̲R̲A̲M̲-̲L̲E̲V̲E̲L̲ ̲L̲E̲A̲R̲N̲I̲N̲G̲ ̲G̲O̲A̲L̲S̲ ̲A̲N̲D̲ ̲T̲H̲E̲ ̲C̲O̲U̲N̲C̲I̲L̲ ̲O̲F̲ ̲S̲O̲C̲I̲A̲L̲ ̲   W̲O̲R̲K̲ ̲E̲D̲U̲C̲A̲T̲I̲O̲N̲'̲S̲ ̲S̲O̲C̲I̲A̲L̲ ̲W̲O̲R̲K̲ ̲C̲O̲M̲P̲E̲T̲E̲N̲C̲I̲E̲S̲

The MSW (Master of Social Work) Program at Rutgers is accredited by the Council on Social Work Education (CSWE). Students are welcome to review CSWE's accreditation standards at www.cswe.org.

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. These competencies serve as program-level Learning Goals for the MSW Program and include the following. In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. These competencies serve as program-level Learning Goals for the MSW Program and include the following. Upon completion of their MSW education, students will be able to *demonstrate ethical and professional behavior; engage diversity and difference in practice; advance human rights and social, economic, and environmental justice; engage in practice-informed research and research-informed practice; engage with individuals, families, groups organizations and communities; intervene with individuals, families, groups, organizations, and communities; and evaluate practice with individuals, families, groups, organizations, and communities.*

This course will assist students in developing the following competencies:

Competency 1: Demonstrate Ethical and Professional Behavior

Practitioners in clinical social work recognize the importance of the therapeutic relationship, person-in-environment and strengths perspectives, professional use of self, and adherence to ethical and value guidelines for professional practice. Clinical social workers differentially utilize theories, research, and clinical skills and integrate them with a commitment to human rights, anti-racist practices, diversity, equity, and inclusion to enhance the well-being of individuals, families, and communities in an ethical manner. Clinical social work practitioners acknowledge the complexities involved in their practice, including the need to navigate ethical issues in an organizational context, and use clinical supervision to ensure that their practices are congruent with social work values and ethics. Extending and enhancing ethical and professional practice from the foundation level requires that clinical social workers reflect on their own family of origin to assess how it impacts their clinical work. Advanced-level practitioners must manage complex systems while understanding how cultural and developmental aspects of self

Revised: *May 2024, JBL*

and their clients influence their work. Clinical social workers recognize their own strengths and weaknesses in developing, managing, and maintaining therapeutic relationships

Practitioners in clinical social work:

- Make ethical decisions by applying the standards of the National Association of Social Workers Code of Ethics, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics within the profession as appropriate of the context.
- Demonstrate professional behavior; appearance; oral, written and electronic communication.
- Use technology ethically and appropriately to facilitate practice outcomes; and
- Use supervision and consultation to guide professional judgement and behavior

This competency will be assessed using the course's final assignment (Review Essay).

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

Clinical social workers understand the importance of the assessment process and recognize that it is ongoing and directly informs their interventions. Clinical social workers value holistic assessment and therefore use the bio-psycho-social-spiritual assessment process as well as analysis of clients' strengths and resiliencies, their coping skills, and their adaptation to traumatic and stressful life events in a full assessment. Practitioners of clinical social work understand how their personal experiences may impact the assessment process. Clinical social workers recognize the power of intergenerational family patterns on individuals and explain these to clients while avoiding deterministic approaches to identifying such patterns. Clinical social workers also recognize that traumatic and stressful events can be precipitated by human rights violations, racism, and other forms of oppression. When applicable, clinical social workers rely on the *Diagnostic and Statistical Manual of Mental Disorders* to enhance their assessment, to conduct differential diagnosis, and to communicate with other healthcare providers about clients' presenting problems and symptomatology. Clinical social workers elicit client feedback about their experience of the assessment process, reflect upon varied meanings of the assessment, and share these assessment outcomes with clients.

Practitioners in clinical social work:

- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems— poverty, community violence, racism, sexism, religious or ideological bias, homophobia, transphobia, ableism, and other social injustices—and incorporate this understanding into their assessments.
- Select, modify, adapt, and evaluate clinical assessment tools and approaches depending on the needs and social locations of clients and current empirical evidence.
- Assess how issues of racism and other forms of oppression, social injustice, and inequities in access to resources play a role in client difficulties and how they affect the assessment process, including assisting the client in voicing

Revised: **May 2024, JBL**

concerns to the entire treatment team.

- Consider sharing the ways trauma and other stressors (including those related to racism, homophobia, transphobia, and other forms of oppression) affect health and behavior in order to assist colleagues in promoting empathy for clients in regard to the assessed factors, especially in host settings (e.g., health, criminal justice, and educational environments).
- Reflect on their own issues of power and privilege and how they impact the therapeutic relationship.

This competency will be assessed using the course's final assignment (Review Essay).

Explore the entire set of 2022 CSWE competencies.

V.   COURSE LEVEL LEARNING GOALS

Course-level learning goals primarily relate to the competencies/program-level learning goals as the course addresses theoretical underpinnings of healthcare and skills for effective practice in healthcare settings. Upon completion of this course, students will be able to:

1. Develop the advanced skills and knowledge required to adapt social work skills to the fast-paced and changing healthcare environment while emphasizing social work values and ethics.

2. Develop the requisite knowledge and skills to work effectively with diverse vulnerable and oppressed populations, minority persons, people from different ethnic groups, and the immigrant groups found in large numbers in New Jersey, women, people of varying sexual orientation, the elderly, and people with disabilities.

3. Build on the theories and skills introduced in Social Work Practice I & II and advanced direct intervention. Student familiarity with institutional change strategies is also an aim.

4. Deepen practice knowledge and skills, emphasizing those especially applicable to health care social work practice, such as crisis intervention and grief therapy approaches found effective with people experiencing profound health problems.

5. Develop an understanding of the complex nature of healthcare delivery systems and skills in interdisciplinary team collaboration and practice.

VII. REQUIRED TEXTS AND READINGS

Revised: *May 2024, JBL*

PLEASE NOTE THAT THESE ARE EDITED VOLUMES, AND ALL CHAPTERS SHOULD BE CITED BY THEIR AUTHOR'S NAME AND "IN" THESE TEXTS AS PER APA (AMERICAN PSYCHOLOGICAL ASSOCIATION) 7 (SEE EXAMPLE IN ASSIGNMENTS).

Gehlert, S., & Browne T. A. (Eds.) (2019). *Handbook of Health Social Work* (3rd edition)*.* John Wiley & Sons, Inc.

- Available electronically (e-book) through Rutgers Library. https://bit.ly/2YuDsgj
- Print version is available in the R.U. Library on all three campuses.

McCoyd, J. L. M., Kerson, T. S., & Associates (Eds.) (2016). *Social work in health settings: Practice in Context* (4th edition). Routledge.

- Available electronically (e-book) through Rutgers Library. https://bit.ly/37Vt18O
- Print version is available in the R.U. Library on all three campuses.

Note: Per RUL re: e-books: **Students *should only try downloading some* books. It may be treated as a checkout, blocking other users for a period.** There are workarounds, however. Students should Either read the chapters online or download individual chapters. See the table of contents for the book. In one session, there may be a limit on how many pages students can download, but if they close their browsers, open it, and log in again, they usually can download more pages/chapters. Alternatively, students can open a different browser or return the next day to download more chapters. When you download chapters, you get a PDF file that does not expire. You can search the text and copy passages for use, etc.

Supplemental Readings

Unless specifically listed as "supplemental," all readings must be completed in preparation for the corresponding module activities. Additional required readings may be assigned at the discretion of the instructor.

"Supplemental" (recommended, not required) readings will help your understanding of course material, assignments, and field practice. You are expected to read a generous selection of supplemental readings and incorporate them into your course assignments (as appropriate).

> *Note: Most required readings are available in Canvas via the "Reading List" link.*
> ***The instructor cannot respond to technical questions.***
> ***Refer Canvas questions to:***
> ***email: help@oit.rutgers.edu***
> ***ph: 833-648-4357***
>
> Other required readings (separate from the textbook) are available through the Rutgers University Library "Reading List" integrated into your Canvas course. To find your assignments:

Revised: *May 2024, JBL*

Click on the "Reading List" tab in the Canvas navigation bar on the left-hand side of the course. Please note: this list contains links to articles and other required readings separate from the textbook (if applicable). Please follow each module's syllabus and Canvas Readings and Resources page for more specific readings and resources necessary for each week (including textbook/media).
For further instructions, please click here for a video tutorial.

Library Help:
Please refer all Rutgers library-related and electronic reserve questions to the Social Work Librarian, **Julia Maxwell,** jam1148@libraries.rutgers.edu, *or* to any librarian via the RUL Ask A Librarian service: copy and paste the entire link into your browser: http://www.libraries.rutgers.edu/help -- library link is also available within Canvas.

You can also copy and paste the resource into the QuickSearch Function of the Rutgers Library website and follow the links to the resource.

VI.   COURSE ATTENDANCE AND PARTICIPATION POLICIES AND REQUIREMENTS

Attendance
Please refer to the school-wide syllabus for the standard attendance policy for classes in on-the-ground (traditional) program, intensive weekend program (IWP), and asynchronous online program.

To gain the most from their educational experience, MSW students are expected to attend class regularly. You should arrive at class on time and stay for the entire class. More than *three late arrivals or early departures will result in grade deductions*.

Because of the amount of instruction students would miss, *for this course in particular*, students who miss more than one class may receive a 15 point deduction in their participation grade. Students who miss more than two classes are at risk of failing this course. In addition, students are expected to take leadership roles in class discussions and exercises and come to class having completed any readings and assignments. Please see the assignments overview section for the criteria for the attendance and participation portion of the grade.

Late Work
Late assignments will <u>not</u> be accepted, unless the student has made arrangements prior to the assignment due date. The instructor reserves the right to reduce the letter grade for late assignments.

Methods of Instruction

Revised: *May 2024, JBL*

The format for the class may include lectures, discussions, videos, small group exercises, panels, role play, and guest speakers. It is designed for maximum student participation and sharing experiences and insights to facilitate integrating theory and practice in healthcare settings.

Canvas will be used to manage the course. Canvas is a learning management system (LMS) designed to aid in communicating and disseminating course information and materials. Students must ensure they have access to a working computer with a camera and microphone and a reliable Internet broadband connection.

- Students are expected to check Canvas course "Announcements" frequently, as this is the instructor's primary method of communication with the class. Entering Canvas online from your computer/device is ideal as it will give you full functionality (as opposed to the mobile phone APP).

- Students are expected to set up notification preferences in Canvas to receive timely notifications of correspondence items, including but not limited to Announcements, Discussion thread posts - to see your classmates and Instructor's comments and weekly discussions (as necessary), and Grades comments. To receive prompt correspondence from me/classmates, you should also set your 'preferred email' so that your Canvas Email will be forwarded to your most frequently used email address (e.g., Gmail). Otherwise, you will need to check your Canvas Inbox (Email) daily manually/proactively.

  This link (that links to an external site) provides information about how students can set up notifications - https://community.canvaslms.com/docs/DOC-10624.

- It is expected and is good course technology practice that students will download and organize all relevant items, including assignment due dates, the first week of the semester (e.g., syllabus, handouts, pdfs of readings (from the Reading List on the left of Canvas) onto their computer/device in the event of a power outage or hacker problems. Moreover, these materials are essential to creating your "professional library," you will find them valuable resources post-graduation.

- The instructor cannot respond to technical questions. Refer Canvas questions to:
  email: help@oit.rutgers.edu   ph.: 833-648-4357

Instructor and Student Roles
The instructor plays an active part in the learning process. Students can expect that the professor will convey clear, specific information about theory, advanced social work practice, and social work values and ethics. Assignments have been developed to encourage learning and provide the instructor with a means to evaluate the student. *The student plays an active part in the learning process.* As with all social work classes, participating in the process of the educational experience is vital. Students are expected to attend all classes, come to class prepared to discuss the topic, and complete assignments on time. Students will demonstrate, in-class sessions and in assignments, that they have read the readings (and a generous selection of supplemental readings), can relate lessons and class material to their field experiences, and have sought out

Revised: May 2024, JBL

empirical evidence for the validity of various theories and the effectiveness of different intervention approaches.

Throughout all formats in this course (e.g., on-the-ground, and online class verbal discussions; written discussion posts, written and oral assignments):

- Confidentiality (omission or significant modification of sensitive information) and anonymity (omission of identifying information: e.g., person, organization, geographic locale, dates), as defined by NASW (National Association of Social Workers) Code of Ethics, is expected regarding clients and class colleagues. As is the case for all social work courses, especially clinical ones, students (and the professor) are expected to respectfully treat information (client and personal) discussed in the modules and presented in papers.

- Anonymity must be protected (e.g., use pseudonyms in place of actual names of persons and organizations and geographic locations; omit the use of proper names [and do *not* use actual/real initials] and use the descriptive or role label, such as "the patient's mom/ her dad/their maternal grandmother/his brother/her sibling;" or descriptive terms such as acute care medical hospital vs. hospital name; or continent vs. the name of country); omit dates.

- The instructor cannot control what is discussed outside of the module activities; therefore, students must use discretion as to what information they choose to reveal.

- It has been my experience that some students are attracted to courses like this out of personal interest; they have experienced physical illness, disability, death/loss, or family situations surrounding topics in this course that can evoke emotional reactions. These experiences are valuable and essential and will give you important insight. The decision of whether they can also help guide students to appropriate resources on campus if they are to talk about their individual experiences in the class is your decision – I do not require or expect students to disclose personal information; I feel that everyone, regardless of their expertise, has valuable insights to contribute. *Personal disclosures should relate to the learning goals and the course material.* Sometimes, students feel regret or concern when they talk about individual experiences. I encourage you to think carefully about what you share and to discuss it privately with me if you feel that would be helpful. I can also help guide students to appropriate resources on campus if they are upset or distressed.

- In the spirit of mindfulness practice and to create a 'soundscape' conducive to teaching and learning -- a classroom milieu free from extraneous noise and distractions.

- Behavior in this course must also comply with the University's code of conduct (http://studentconduct.rutgers.edu/university-code-of-student-conduct).
Revised: *May 2024, JBL*

- Failure to comply with course policies will result in in-class participation (and assignment) point deductions at the instructor's discretion or other appropriate action.

VII.   OVERVIEW OF ASSIGNMENTS

Written assignments are due at the specified date/time. Turn-it-In is enabled, and plagiarism will be caught- so please ensure that you follow the APA citation forms and NASW ethics. **Late papers/assignments/exams will be accepted only in unusual and compelling circumstances and if cleared with the instructor <u>in advance</u>**. No make-up opportunities will be granted unless the student provides written documentation of extenuating events. Late papers/assignments not arranged in advance may receive a grade of zero (0.0). In this era of technology, technical difficulties are not deemed a compelling reason for the late submission of assignments. A failure on any assignment may make it challenging to complete the course successfully.

Please be advised that waiting until the last minute to complete and submit an assignment (hard copy or electronic) may leave you vulnerable to technical problems, resulting in a failing grade for that assignment (and the course). It can take approximately 15 minutes for a submitted assignment to be uploaded and time-stamped in Canvas (items need to be uploaded). Thus, plan to submit well before the due time as the instructor will use only the verified documentation/timestamp (Eastern Time/E.T.) in Canvas instead of when students submit.

Unless otherwise specified by the instructor, written assignments must be typed, **double-spaced, using one-inch margins, 12-point font, numbered pages, formal English, and the *American. Psychological Association (7th ed.)* style of documentation and referencing.** You may refer to yourself in the first person ("I" is okay), and you should try to avoid passive voice. Typographical errors, poor grammar or syntax, misspellings, incorrect word choice, poor organization, and other problems that impede communication clarity will result in lower grades. Students who fail to follow instructions will be penalized. Plagiarism, cheating, sabotage, or any other violation of academic or professional standards for ethical behavior will not be tolerated, and you will fail the assignment and course. All assignments for this class must reflect social work values and ethics, including awareness of diversity issues and economic and social injustice.

For all Assignments, appropriate citation of the text readings is required. Our texts are edited volumes. Therefore, a typical citation format will be as follows:

Rolland, J. S. (2019). Families, health, and illness. In S. Gehlert & T. A. Browne (Eds.),
    Handbook of Health Social Work (3rd edition), (pp. 331-357). John Wiley & Sons, Inc.

The full description of each assignment (and its rubric/s) can be found at the end of this syllabus and in the course shell.

1. Interview Paper (100 points). <mark>Due Week # 6</mark>

Revised: **May 2024, JBL**

This assignment builds towards the final essay paper. The student will interview a social worker, nurse, or other health providers who know a particular disease trajectory significantly and will record the interview, then write a response paper. This will also include the 10 points for the Essay Planning Response paper, due week 3.

2. IPE (Interprofessional Education) Event (100 points) Due by Week # 14

Attend one of the IPE events.
Schedule: https://rutgers.ca1.qualtrics.com/jfe/form/SV_eyg0irbAUtd1b3U

The IPE allows the student to engage actively with other medical, nursing, pharmacy, and social work students. A written response paper is required after the event. If the student has any questions regarding IPE schedules, please have the student report to the SSW (School of Social Work) IPE office: ipe@ssw.rutgers.edu and IPE coordinator: Mary Beth Ali ma930@rutgers.edu to inquire about additional IPE events for this semester. Students must include their professor in the email to affirm registration, attendance, and confirmation of IPE experience.

3. Review Essay (100 points) Due Week # 13
       PowerPoint Presentation: Sessions 14 & 15

This essay (term paper) allows students to investigate a physical medical condition of their interest. They will explore issues like: What is the current state of knowledge compared to historical understandings? What medical and social "truths" have changed, and how has practice evolved to meet new understandings? What debates in the field (social work and interdisciplinary) have emerged? How have research directions changed? To what extent does the Literature and research in this area incorporate race, class, gender, and other structured inequalities? Are there significant health disparities, and how are social workers working to remedy them? How is the condition viewed cross-culturally/nationally?

4. Attendance and Participation (100 points) *

Students will be responsible for *presenting some aspects related to the class material during the term (sign-up attendance roster will be available on Class #1).* For example, a student may elect to present information about a health-related bio-psychosocial experience in another culture or religious tradition on the class day devoted to Culture. Students can work individually to:

- Describe a particular type of bio-psychosocial health issue and its effects during a specific life phase.
- Discuss at least one new research-based article that is incorporated into the presentation to the class.
- Present the material in class incorporating at least one case example or video clip.
- Use at least one discussion question to start a class discussion and engage the class.

Revised: *May 2024, JBL*

Attendance*

- Students are expected to attend all classes in-person and online and arrive on time, preferably with cameras on for remote classes.
- Students are expected to notify the instructor *before* each missed class.
- Consistent lateness (three or more) will result in a 10-point deduction.
- The instructor will excuse an absence (no deduction) only for compelling reasons (student's illness, emergency, and other extenuating circumstances to be determined by the instructor). Notification of absence does not automatically indicate an excused absence.
- Unexcused absences will result in point deductions.
- Absences may occur due to unforeseen extenuating circumstances; however, more than three absences for any reason (including illness and compelling circumstances yet excluding religious observance as per university policy) will result in course failure. [Instructor reserves the right to appraise any exceptions to this course policy.]
- Students are responsible for obtaining class notes, handouts, and announcements provided during the missed session from a fellow student.

  0 absence = 100
  One unexcused absence = 85
  Two unexcused absences = 0 (course failure)

Class Participation*

- Active engagement in discussing class material and engaging in case discussions
- Examples of in-class participation include asking relevant questions, contributing thoughtful comments, active involvement in small/extensive group exercises, presentation of case material, helping others to understand the material, bringing (or sending) to class relevant articles/newspaper clippings/media/current events information
- Class participation also includes citizenship and professionally conducting oneself (e.g., respect for others, refraining from using electronic devices aside from the service for class attendance, avoiding eating on camera).

  Outstanding = 100
  Very Good = 85
  Good = 80
  Poor = 70
  Failing = 50 (Unable to judge learning from classroom interaction)

Revised: *May 2024, JBL*

* The two scores will be added together and divided by two.

VIII.   GRADING

Grade Statement and Rubrics
Grades are increasingly contentious. They have also been broadly inflated, and standards are held in different classes. This is supplied to understand how this professor assesses student work.

Students are not graded "on a curve," which would require that the majority get a C (average under the normal bell curve) and the other 20% are above that and 20%+- below that. That said, there is some comparison in *that those who go beyond the bare requirements, write well and clearly, and integrate excellent analysis and creativity will earn A's.*

Those who meet the required assignment, indicating solid engagement with the material and adequate writing and analysis, will receive B's. Conversely, those who fail to meet some of the assignment requirements or who have poor syntax, multiple writing errors, and minimal analysis should not expect to get any higher than a C.

The assignments for this course will involve an integration of the class readings, lectures, and discussions. These assignments and evaluating students' attendance/class participation and involvement on the Discussion Boards will make up the course grade.

Interview Paper ....100 points (20%)
IPE Involvement ....100 points (20%)
Review Essay and Presentation ....100 points (50%)
Attendance/Participation...100 points (10%)

IX.   COURSE OUTLINE

*REMINDER: TEXTBOOK COURSE READINGS ARE CITED HERE FOR EASE, NOT FOLLOWING APA 7 CITATION STYLE, WHICH IS REQUIRED IN YOUR PAPERS.

NOTE: BOTH "ON THE GROUND" (I.E., IN-PERSON LOCATED AT THE BRICK & MORTAR ON- CAMPUS CLASSROOM) AND "SYNCHRONOUS-ONLINE" (I.E., VIA THE ZOOM CLASSROOM) CLASS FORMATS WILL MEET FOR 2 HOURS AND 40 MINUTES, WITH A BRIEF BREAK TO BE DETERMINED BY THE INSTRUCTOR.

NOTE: REQUIRED ASSIGNMENTS AND READINGS ARE EXPECTED TO BE COMPLETED BEFORE CLASS TIME

Revised: *May 2024, JBL*

Module 1: Week # 1: (DATE)

Complete Required Readings:

- Gehlert & Browne- Foreword, Introduction
  Chapter 1 "Conceptual underpinnings of social work in health care"

- McCoyd, Kerson & Associates
  Chapter 1 "Practice in context: the framework"

- Craig, R. W. (2007). A day in the life of a hospital social worker: Presenting our role through the personal narrative. *Qualitative Social Work, 6,* 431-446.
  https://doi.org/10.1177/1473325007083355

- Williams, D.R., & Cooper, L.A. (2020, June 23/30). COVID-19 and health equity—A new kind of "Herd Immunity." *JAMA, 323*(24), 2478-2479. https://doi.org/10.1001/jama.2020.8051

- Otis-Green, S. (2013). Health care social work. In *Encyclopedia of Social Work* (pp. 1-6). (20th ed.). New York, NY: National Association of Social Workers Press & Oxford University Press. https://doi.org/10.1093/acrefore/9780199975839.013.176

Supplemental

NASW Center for Workforce Studies (2006). Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Special report: Social work services in health care settings. NASW: Washington, DC.

Module 2: Week # 2: (DATE)

Complete Required Readings

- Gehlert & Browne
  Chapter 2 "Social work roles and health-care settings"
  Chapter 15, "Families, health, and illness"

- McCoyd, Kerson & Associates
  Chapter 2- "Primer on Micro practice"

- Beddoe, L. (2011). Health social work: Professional identity and knowledge. *Qualitative Social Work, 12*(1), 24-40. https://doi.org/10.1177/1473325011415455

- Dane, B. O., & Simon, B. L. (1991). Resident guests: Social workers in host settings. *Social Work, 36*(3), 208-213. https://doi.org/10.1093/sw/36.3.208

Revised: May 2024, JBL

- Fraser, M. W., Lombardi, B. M., Wu, S., Zerden, L. d. S., Richman, E. L., & Fraher, E. P. (2018). Integrated primary care and social work: A systematic review. *Journal of the Society for Social Work and Research, 9*(2), 175- 215. https://doi.org/10.1086/697567

- Kelly, P. L., Heyman, J. C., Tice-Brown, D., & White-Ryan, L. (2020). Interprofessional practice: Social work students' perspectives on collaboration. *Social Work in Health Care, 59*(2), 108-121. https://doi.org/10.1080/00981389.2020.1719565

    Supplemental
- *Gehlert & Browne*
    Chapter 4, "Public health and social work"
    Chapter 5 "Health policy and social work"

- *McCoyd, Kerson & Associates*
    Chapter 23- "Public health S.W. primer"
    Chapter 32- "Research for Health Efforts in the West Bank, Palestine"
Abramson, J., (1993). Orienting social work employees in interdisciplinary settings: Shaping professional and organizational perspectives. Social Work, 38(2), 152-157.

Dziegielewski, S. F. (2013). The changing face of health care social work: Opportunities and challenges for professional practice (3rd ed.). New York: Springer.
    [Ch. 3: The evolution of social work practice in health care, Table 3.1 "Core Services Provided by Health Care Social Workers" p. 65]

Gibbons, J., & Plath, D. (2009). Single contacts with hospital social workers: The clients' experiences. Social Work in Health Care, 48(8), 721-735.

Judd, R. G., & Sheffield, S. (2010). Hospital social work: Contemporary roles and professional activities. Social Work in Health Care, 49(9), 856-871.
    https://doi.org/10.1080/00981389.2010.499825

Keefe, B., Geron, S. M., & Enguidanos, S. (2009). Integrating social workers into primary care: physician and nurse perceptions of roles, benefits, and challenges. Social Work in Health Care, 48(6), 579-596.
    https://doi.org/10.1080/00981380902765592

Videka, L., Ohta, B. et al. (2018). We have integrated healthcare roles for social workers. In V. Stanhope & S. L. A. Straussner (Eds.), Social work and integrated health care (pp. 215-236). Oxford University Press. [Ch. 14]

Module 3: Week 3: (DATE)

Complete Required Readings

- Gehlert & Browne
    Chapter 12, "Communication in Health Care"

Revised: May 2024, JBL

Chapter 15- "Families, Health, and Illness" *[This is assigned a second time to ensure it is fully read as it is such a critical reading.]*

- <u>McCoyd, Kerson & Associates</u>
  Chapter 16 Returning veterans, constrictive bronchiolitis, and Veterans' Affairs: a WRIISC

- Abramson, J., & Mizrahi, T. (1996). When social workers and physicians collaborate: Positive and negative interdisciplinary experiences. *Social Work, 41*(3), 270-281.

- Cumming, S., Fitzpatrick, E., McAuliffe, D., McKain, S., Martin, C., & Tonge, A. (2007). Raising the *Titanic*: Rescuing social work documentation from the sea of ethical risk. *Australian Social Work, 60*(2), 239-257.

- Dziegielewski, S. F. (2013). *The changing face of health care social work: Opportunities and challenges for professional practice* (3rd ed.). New York: Springer.
  [Ch. 7: Documentation and record-keeping in the health care setting, p. 163-194]

- Maramaldi, P., et al. (2014). Interdisciplinary medical social work: A working taxonomy. *Social Work in Health Care, 53*(6), 532-551.
  https://doi.org/10.1080/00981389.2014.905817

- Umberson, D., & Thomeer, M. B. (2020). Family matters: Research on family ties and health, 2010 to 2020. *Journal of Marriage and Family, 82*(1), 404-419.
  https://doi.org/10.1111/jomf.12640

Supplemental

McCoyd, Kerson & Associates
Chapter 10 "Family-focused care of an adolescent with a burn: A multidisciplinary approach"

Lynch, S. (2014). Social workers in pediatric primary care: Communication, gender, and scope of practice. Social Work in Health Care, 53(2), 115-134.
    https://doi.org/10.1080/00981389.2013.851141

McKinney, K. G., Kempson, D. A. (2012). Losing touch in social work practice. Social Work, 57(2), 189.

Munch, S. (2004). Gender-biased diagnosing of women's medical complaints: Contributions of feminist thought, 1970-1995. Women and Health, 40(1), 101-121.
https://doi.org/10.1300/J013v40n01_06

Zimmerman, J., & Dabelko, H. I. (2007). Collaborative models of patient care: new opportunities for hospital social workers. Social Work in Health Care, 44(4), 33-47.

Module 4: Week # 4: (DATE)

Revised*: *May 2024, JBL

Complete Required Readings

- Gehlert & Browne
  Chapter 3 "Ethics and social work in health care"
  - McCoyd, Kerson & Associates
  Chapter 5 "Getting there: Decision-making in the NICU."
  Chapter 29- "Following her lead: a measured approach to working with homeless adults.

- Cooper, L. A., Beach, M. C., & Williams, D. R. (2019). Confronting bias and discrimination in health care—When silence is not golden. *JAMA Internal Medicine, 179*(12), 1686-1687. https://doi.org/10.1001/jamainternmed.2019.4100

- Csikai, E. (1998). The emerging social work role on hospital ethics committees: A comparison of social worker and chair perspectives. *Social Work, 43*(3), 233-242. https://doi.org/10.1093/sw/43.3.233

- Kusmaul, N., Bern-Klug, M., & Bonifas, R. (2017). Ethical issues in long-term care: A human rights perspective. *Journal of Human Rights and Social Work, 2*(3), 86-97. https://doi.org/10.1007/s41134-017-0035-2

- FitzGerald, C., & Hurst, S. (2017). Implicit bias in health-care professionals: a systematic review. *BMC Medical Ethics, 18*(1), 19. https://doi.org/10.1186/s12910-017-0179-8

Supplemental

Davenport, J. (1997, Summer). Ethical principles in clinical practice. The Permanente Journal, 1(1), 21-24. https://www.thepermanentejournal.org/issues/1997/summer.html

Healy, T.C. (2004). Levels of directiveness: A contextual analysis. Social Work in Health Care, 40(1), 71-91. https://doi.org/10.1300/J010v40n01_05

Peterson, K. J. (2012). Shared decision making in health settings: A role for social work. Social Work in Health Care, 51(10), 894-908. https://doi.org/10.1080/00981389.2012.714448

Module 5: Week # 5: (DATE)

Complete Required Readings

- Gehlert & Browne
  Chapter 7, "Theories of health behavior"
  Chapter 10, "Social work practice and disability issues"
  Chapter 13 "Religion, belief, and spirituality in health care"

  - McCoyd, Kerson, and Associates
  Chapter 26 "Social work in the pediatric endocrinology and diabetes setting"

Revised: *May 2024, JBL*

- Kattari, S. K., Olzman, M., & Hanna, M. D. (2018). "You look fine!": Ableist experiences by people with invisible disabilities. *Affilia: Journal of Women and Social Work, 33*(4), 477-492. https://doi.org/10.1177/0886109918778073

- Keast, K. (2012). A toolkit for single-session groups in acute care settings. *Social Work in Health Care, 51*(8), 710-724. https://doi.org/10.1080/00981389.2012.699024

Supplemental
  Gehlert & Browne
  Chapter 8, "Community and Health"
  *Chapter 20 "Chronic disease and social work: Diabetes, heart disease, and
       HIV/AIDS"*

  McCoyd, Kerson & Associates
*Chapter 11- "The Young Woman's Program: A health and wellness model to empower adolescents
    with physical disabilities in a hospital-based setting."*
*Chapter 14- Woman to Woman: A Hospital-based support program for Women with gynecologic
    cancer and Their Families*
Chapter 31- "Community-based health and social services for Bhutanese refugees"

*Doka, K. J. (2011). Religion and spirituality: Assessment and intervention. Journal of Social Work
    in End-of-Life & Palliative Care, 7(1), 99-109.
    https://doi.org/10.1080/15524256.2011.548049*

*Levick, J., Quinn, M., & Vennema, C. (2014). NICU parent-to-parent partnerships: A
    comprehensive approach. Neonatal Network: The Journal of Neonatal Nursing, 33(2), 66-73.
    https://doi.org/10.1891/0730-0832.33.2.66*

*Munch, S., & Levick, J. (2001). "I'm Special, too": Promoting sibling adjustment in the neonatal
    intensive care unit. Health & Social Work, 26(1), 58-64.
    https://doi.org/10.1093/hsw/26.1.58*

Module 6: Week # 6: (DATE)

Complete Required Readings:

- Gehlert & Browne
  Chapter 9, "The implementation of integrated behavioral health models"

  - McCoyd, Kerson & Associates
  Chapter 3 "Barriers for a mentally ill mother's adoption plan"

- Dattilio, F. M., Davis, E. A., & Goisman, R. M. (2007). The crisis with medical patients. In F. M. Dattilio & A. Freeman (Eds.), *Cognitive-behavioral strategies in crisis intervention* (3rd Ed.) (pp. 199-219). New York: The Guilford Press. [Ch. 8]

Revised: May 2024, JBL

- Shulman, N. M. (2015). A model of crisis intervention in critical and intensive care units of general hospitals. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 658-677). Oxford University Press. [Ch. 24]   https://bit.ly/38AzJkH

- Webb, N. B. (2015). Family and community contexts of children and adolescents facing crisis or trauma. In N. B. Webb & L. C. Terr (Eds.), *Play therapy with children and adolescents in crisis* (4th ed.) (pp. 3-21). The Guilford Press. [Ch. 1]   https://bit.ly/3e1odjl

- Yeager, K. R., & Roberts, A. R. (2015). Bridging the past and present to the future of crisis intervention and crisis management. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 3-35). Oxford University Press. [Ch. 1] https://bit.ly/38AzJkH

- Yeager, K. R., Burgess, A. W., & Roberts, A. R. (2015). Crisis intervention for persons diagnosed with clinical disorders based on the stress-crisis continuum. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 128-150). Oxford University Press. [Ch. 5] https://bit.ly/38AzJkH

Supplemental

Eaton-Stull, Y., & Miller, M. (2015). Models for effective crisis intervention. In K. R. Yeager (Ed.), Crisis intervention handbook (4th Ed.) (pp. 681-693). Oxford University Press. [Ch. 25] https://bit.ly/38AzJkH

Greene, G., & Lee, M. (2015). How to work with clients' strengths in crisis intervention: A solution-focused approach. In K. R. Yeager (Ed.), Crisis intervention handbook (4th Ed.) (pp. 69-98). Oxford University Press. [Ch. 3]   https://bit.ly/38AzJkH

Nader, K. (2015). Differential diagnosis in assessing children and adolescents after crises and traumatic events. In N. B. Webb & L. C. Terr (Eds.), Play therapy with children and adolescents in crisis (4th ed.) (pp. 22-49). The Guilford Press. [Ch. 2] https://bit.ly/3e1odjl

Sadock, B. J., & Sadock, V. A. (2007). Kaplan & Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (10th Ed.). Philadelphia: Wolter Kluwer/Lippincott Williams & Wilkins. Pp. 232-242: excerpt of Ch. 7: mental status examination.

Spencer, P.C., & Munch, S. (2003). Client violence toward social workers: The role of agency management in community mental health programs. Social Work, 48(4), 532-544. https://doi.org/10.1093/sw/48.4.532

Webb, N. B., & Baggerly, J. (2015). Play therapy to help symptomatic children and adolescents after crisis and trauma. In N. B. Webb & L. C. Terr (Eds.), Play therapy with children and adolescents in crisis (4th ed.) (pp. 50-78). The Guilford Press. [Ch. 3] https://bit.ly/3e1odjl

Wenzel, A., Brown, G. K., & Beck, A. T. (2009). Cognitive therapy for suicidal patients: Scientific and clinical applications. Washington, DC: American Psychological Association.
*   Chapter 1: Classification and assessment of suicide ideation and suicidal acts*
*   Chapter 2: Correlates of and risk factors for suicidal acts*

Revised*: *May 2024, JBL

Chapter 7: Cognitive case conceptualization of suicidal acts

==**Module 7: Week # 7: (DATE)**==

Complete Required Readings:

- McCoyd, Kerson & Associates
  Chapter 4 "Fetal Surgery"
  Chapter 5 "Getting there: Decision-making in the NICU
  Chapter 25 "Screening for perinatal depression in an inner-city prenatal setting"

- Alhusen, J. L., Ray, E., Sharps, P., & Bullock, L. (2015). Intimate partner violence during pregnancy: Maternal and neonatal outcomes. *Journal of Women's Health, 24*(1), 100-106. https://doi.org/10.1089/jwh.2014.4872

- Cacciatore, J. (2010). Stillbirth: patient-centered psychosocial care. *Clinical Obstetrics & Gynecology, 53*(3), 691-9. https://doi.org/10.1097/GRF.0b013e3181eba1c6

- Marty, C. M., & Carter, B. S. (2018). Ethics and palliative care in the perinatal world. *Seminars in Fetal & Neonatal Medicine, 23,* 35-38. https://doi.org/10.1016/j.siny.2017.09.001

- McCoyd, J. L. M., Munch, S., & Curran, L. (2018). On being mother and patient: Dialectical struggles during a medically high-risk pregnancy. *Infant Mental Health Journal, 39*(6), 674-686.

- Prather, C., Fuller, T. R., Jeffries IV, W. L., Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American women, and their sexual and reproductive health: a review of historical and contemporary evidence and implications for health equity. *Health Equity, 2*(1), 249-259. https://doi.org/10.1089/heq.2017.0045

- Rutman, D., Hubberstey, C., Poole, N. Schmidt, R.A. & van Bibber, M. (2020) Multi-service prevention programs for pregnant and parenting women with substance use and multiple vulnerabilities: Program structure and clients' perspectives on wraparound programming. *BMC Pregnancy Childbirth 20*, 441. https://doi.org/10.1186/s12884-020-03109-1

__Supplemental__

Brownlee, K., & Oikonen, J. (2004). Toward a theoretical framework for perinatal bereavement. British Journal of Social Work, 34, 517-529.
http://login.proxy.libraries.rutgers.edu/login?url=http://dx.doi.org/10.1093/bjsw/bch063

Cha, S. & Masho, S. W. (2014). Intimate partner violence and utilization of prenatal care in the United States. Journal of Interpersonal Violence, 29(5), 911-927.

Damskey, M. D. (1997). No one died here. In K. M. Mahmoudi & B. W. Parlin (Eds.), Sociological inquiry: A humanistic perspective (6th Ed.) (pp. 115-126). Dubuque, Iowa: Kendall/Hunt.

***Revised**: May 2024, JBL*

Davies, B., & Limbo, R. (2010). The grief of siblings. In. N. B. Webb (Ed.), Helping bereaved children: A handbook for practitioners (3rd Ed.) (pp. 69-90). New York: The Guilford Press. [Ch. 4]

Hrelic, D. A. (2019). Intimate partner violence in pregnancy: Screening, assessment, and intervention. American Nurse Today, 14(8), 6-9.

Levick, J., Fannon, J., Bodemann, J., & Munch, S. (2017). NICU bereavement care and follow-up support for families and staff. Advances in Neonatal Care, 17(6), 451-460. https://doi.org/10.1097/ANC.0000000000000435

Levick, J., Quinn, M., Holder, A., Nyberg, A., Beaumont, E., & Munch, S. (2010). Support for siblings of NICU patients: An interdisciplinary approach. Social Work in Health Care, 49(10), 919-933. https://doi.org/10.1080/00981389.2010.511054

McCoyd, J. M., Koller, J., & Walter, C. A. (2021). Grief and loss across the lifespan: A biopsychosocial perspective. New York, NY: Springer Publishing Company LLC. Chapter 2 "Grief and Loss in the Context of Perinatal Attachment and Loss" https://ebookcentral-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/reader.action?docID=6414179&ppg=1

Munch, S. (2000). A qualitative analysis of physician humanism: Women's experiences with hyperemesis gravidarum. Journal of Perinatology, 20, 540-547. http://www.nature.com.proxy.libraries.rutgers.edu/jp/journal/v20/n8/abs/7200464a.html

Price, S. K. (2008). Women and reproductive loss: Client-worker dialogues designed to break the silence. Social Work, 53(4), 367-376. http://login.proxy.libraries.rutgers.edu/login?url=http://search.proquest.com.proxy.libraries.rutgers.edu/docview/215270087?accountid=13626

Shay-Zapien, G., & Bullock, L. (2010). Impact of intimate partner violence on maternal-child health. MCN, American Journal of Maternal Child Nursing, 35(4), 206-212. https://login.proxy.libraries.rutgers.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010717917&site=eds-live

The TEARS Foundation, New Jersey Chapter https://thetearsfoundation.org/newjersey/

Module 8: Week # 8: (DATE)

Complete Required Readings:

- Gehlert & Browne
  Chapter 16 "Social work with children and adolescents with medical conditions"

- McCoyd, Kerson & Associates
  Chapter 7- "S.W. in a pediatric hospital: managing a medically complex patient."

Revised: May 2024, JBL

- Christie, D., & Wilson, C. (2005). CBT (Cognitive Behavioral Therapy) in pediatric and adolescent health settings: A review of practice-based evidence. *Pediatric Rehabilitation, 8*(4), 241-247. https://doi.org/10.1080/13638490500066622

- McCoyd, L. M., Akincigil, A., & Paek, E. K. (2010). Pediatric disability and caregiver separation. *Journal of Family Social Work, 13*(3), 251-268. https://doi.org/10.1080/10522151003716353

- Van Schoors, M., De Mol, J., et al. (2018). Parents' perspectives of changes within the family functioning after a pediatric cancer diagnosis: A multi-family member interview analysis. *Qualitative Health Research, 28*(8), 1229-1241. https://doi.org/10.1177/1049732317753587

Supplemental
Gehlert & Browne
   Chapter 7, "Community and Health"

 McCoyd, Kerson & Associates
Chapter 6- "Working with families of HIV-positive children."

 Goodman, R. F. (2007). Living beyond the crisis of childhood cancer. In N.B. Webb (Ed.), Play therapy with children in crisis (3rd ed.) (pp. 197-227). New York: The Guilford Press. [Ch. 10]

Hurwitz, C. A., Duncan, J., & Wolfe, J. (2004). She was caring for a child with cancer at the close of life. JAMA, 292(17), 2141-2149.

Institute of Medicine, National Research Council. (2014). Confronting commercial sexual exploitation and sex trafficking of minors in the United States: A guide for the health care sector. Washington, DC: National Academies Press.
https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/243838.pdf

O'Halloran, M.S., Inela, A. M., & Copeland, E. (2005). Crisis intervention with early adolescents who have suffered a significant loss. In. A. R. Roberts (Ed.), Crisis intervention handbook (3rd Ed.) (pp. 362-394). New York: Oxford University Press. [Ch. 16]

Webb, N. B. (2010). The child and death. In. N. B. Webb (Ed.), Helping bereaved children: A handbook for practitioners (3rd Ed.) (pp. 3-21). New York: The Guilford Press. [Ch. 1]

Webb, N. B. (2010). Assessment of the bereaved child. In. N. B. Webb (Ed.), Helping bereaved children: A handbook for practitioners (3rd Ed.) (pp. 22-47). New York: The Guilford Press. [Ch. 2]

Module 9: Week # 9: (DATE)

Complete Required Readings:

*Revised***: *May 2024, JBL*

- Gehlert & Browne
  Chapter 20 "Chronic disease: Diabetes, heart disease, and HIV/AIDS"

- McCoyd, Kerson & Associates
  Chapter 19- "In-home support for Junior: a study of collaboration and own use of boundaries"

- Fallowfield, L., & Jenkins, V. (2004). Communicating sad, bad, and difficult news in medicine. *The Lancet, 363,* 312-319. https://doi.org/10.1016/S0140-6736(03)15392-5

- Harrison, M. E., & Walling, A. (2010). What do we know about giving bad news? A review. *Clinical Pediatrics, 49*(7), 619-626. https://doi.org/10.1177/0009922810361380

- McManimen, S., McClellan, D., Stoothoff, J., Gleason, K., & Jason, L. A. (2019). Dismissing chronic illness: A qualitative analysis of negative health care experiences. *Health Care for Women International, 40*(3), 241-258. https://doi.org/10.1080/07399332.2018.1521811

  Supplemental
  Gehlert & Browne
  Chapter 14 "Developing a shared understanding: When medical patients use complementary and alternative approaches."

  McCoyd, Kerson & Associates
  Chapter 20- "Geriatric S.W. in a community hospital: High touch, low tech work in a high tech, low touch environment"
  Chapter 21 "A framework for working with people with early-stage dementia: a relationship-focused approach to counseling."

DeVries, H. M., & Ogland-Hand, S. M. (2007). Crisis with older adults. F. M. Dattilio & A. Freeman (Eds.), Cognitive-behavioral strategies in crisis intervention (3ʳᵈ Ed.) (377-396). New York: The Guilford Press. [Ch. 15]

Docherty, D., & McColl, M. A. (2003). Illness stories. Social Work in Health Care, 37(1), 19-39. https://doi.org/10.1300/J010v37n01_02

Module 10: Week #10: (DATE)

Complete Required Readings:

- Gehlert & Browne
  Chapter 19 "Oncology Social Work"

- McCoyd, Kerson & Associates
  Chapter 9- "Genetic testing following a pediatric cancer diagnosis: A role for direct practice social workers in helping families with Li-Fraumeni syndrome."

Revised: May 2024, JBL

Chapter 17- "Work with undocumented immigrants when serious illness intersects with no insurance."

- Billson, A., & Tyrrell, J. (2003). How to break bad news. *Current Pediatrics, 13,* 284-287. https://doi.org/10.3322/canjclin.56.4.197

- Christ, G. H., & Christ, A. E. (2006). Current approaches to helping children cope with a parent's terminal illness. *CA: A Cancer Journal for Clinicians, 56,* 197-212. https://doi.org/10.3322/canjclin.56.4.197

- Kaul, R. (2001). Coordinating the death notification process: the roles of the emergency room social worker and physician following a sudden death. *Brief Treatment and Crisis Intervention, 1*(2), 101-114. http://triggered.stanford.clockss.org/ServeContent?url=http://btci.stanford.clockss.org%2Fcgi%2Freprint%2F1%2F2%2F101.pdf

- Teo, I., Krishnan, A., & Lee, G. L. (2018). Psychosocial interventions for advanced cancer patients: A systematic review. *Psycho-Oncology, 28*(7), 1394-1407. https://doi.org/10.1002/pon.5103

- Wheeler, M., de Bourmont, S., Paul-Emile, K., Pfeffinger, A., McMullen, A., Critchfield, J. M., & Fernandez, A. (2019). Physician and trainee experiences with patient bias. JAMA Internal Medicine, 179(12), 1678-1685. https://doi.org/10.1001/jamainternmed.2019.4122

Supplemental:

Gehlert & Browne
Chapter 16 "Social work with older adults in health-care settings"

Baker, L. (2012, Winter). Easing the difficult situation: "We need to talk." National Association of Perinatal Social Workers (NAPSW) Forum, 10-11. (Available from the Education Committee Chair at http://www.napsw.org/)

Bell, S. A., Bern-Klug, M., Kramer, K. W. O., & Saunders, J. B. (2010). Most nursing home social service directors lack training working with lesbian, gay, and bisexual residents. Social Work in Health Care, 49(9), 814-831.

Module 11: Week # 11: (DATE)

Complete Required Readings

- Gehlert & Browne
  Chapter 23 "End-of-life-care"
  Chapter 22 "Pain management and palliative care"

Revised: May 2024, JBL

- McCoyd, Kerson & Associates
  Chapter 22 "The future of end-of-life care: As palliative care gains momentum, what is the future of hospice?"

- Bern-Klug, M. (2009). A framework for categorizing social interactions related to end-of-life care in nursing homes. *The Gerontologist, 49*(4), 495-507. https://doi.org/10.1093/geront/gnp098

- Chapple, A., & Ziebland, S. (2010). Viewing the body after bereavement due to a traumatic death: Qualitative study in the U.K. *BMJ: British Medical Journal, 340,* c2032. http://login.proxy.libraries.rutgers.edu/login?url=http://www.jstor.org/stable/40702726

- Goldblatt, H., Granot, M., & Zarbiv, E. (2018). "Death lay here on the sofa": Reflections of young adults on their experience as caregivers of parents who died of cancer at home. *Qualitative Health Research, 29*(4), 533-544. https://doi.org/10.1177/1049732318800676

Supplemental Readings:

Christ, G. H., Siegel, K, & Christ, A. E. (2002). Adolescent grief: "It never really hit me...until it happened". JAMA (Journal of the American Medical Association), 288(10), 1269-1279. https://doi.org/10.1001/jama.288.10.1269

Hurwitz, C. A., Duncan, J., & Wolfe, J. (2004). Caring for a child with cancer at the close of life. JAMA, 292(17), 2141-2149. https://doi.org/10.1001/jama.292.17.2141

McCoyd, J. L. M., Walter, C. A., & Levers, L. L. (2012). Issues of loss and grief. In L. L. Levers (Ed.), Trauma Counseling: Theories and interventions (pp. 77-97). Springer.

Sanders, S. Bullock, K., & Broussard, C. (2012). Exploring professional boundaries in end-of-life care: Considerations for hospice social workers and other team members. Journal of Social Work in End-of-Life & Palliative Care, 8(1), 10-28. https://doi.org/10.1080/15524256.2012.650671

Seligson, H. (2014, March 21). An online generation redefines mourning. The New York Times. Retrieved from http://www.nytimes.com/2014/03/23/fashion/an-online-generation-redefines-mourning.html?_r=2

Wiener, L., et al. (2012). Allowing adolescents and young adults to plan their end-of-life care. Pediatrics, 130(5), 897-905. https://doi.org/10.1542/peds.2012-0663

Van Loon, R. A. (1999). Desire to die in terminally ill people: A framework for assessment and intervention. Health & Social Work, 24(4), 260-268. https://doi.org/10.1093/hsw/24.4.260

Links:

Institute of Medicine (2014, September 17). Dying in America: Improving quality and honoring individual preferences near the end of life. Washington, D.C.: The National Academies Press. Retrieved from

Revised: May 2024, JBL

[*see various links to documents and the report release video link]

http://www.swhpn.org/ (Social Work Hospice and Palliative Care Network)

http://www.hospicefoundation.org/ (Hospice Foundation of America)

http://www.nhdd.org/ (National Healthcare Decisions Day)

http://www.polst.org/ (National POLST)

http://www.state.nj.us/health/advancedirective/polst.shtml (New Jersey POLST)

Module 12: Week # 12: (DATE)

Complete Required Readings:

- Gehlert & Browne
  Chapter 21- "Social work and genetics"

- McCoyd, Kerson & Associates
  Chapter 13- The social worker on the genetic counseling team: a new role in social work oncology"

- Werner-Lin, A., McCoyd, J. L. M., Doyle, M. H. & Gehlert, S. J. (2016). Leadership, literacy, and translational expertise in genomics: Challenges and opportunities for social work. *Health Social Work, 41*(3), 51-59. https://doi.org/10.1093/hsw/hlw022

- Werner- Lin, A., McCoyd, J. L. M., & Bernhardt, B. A. (2016). Balancing genetics (science) and counseling (art) in prenatal Chromosomal Microarray Testing. *Journal of Genetic Counseling, 25,* 855–867. https://doi.org/10.1007/s10897-016-9966-5

Read but scan*:*
- *Hillary, R.F., Stevenson, A.J., McCartney, D.L., Campbell, A., Walker, R.M., Howard, D.M., Ritchie, C.W., Horvath, S., Hayward, C., McIntosh, A.M., Porteous, D.J., Deary, I.J., Evans, K.L., & Marioni, R.E. (2020). Epigenetic measures of aging predict the prevalence and incidence of leading causes of death and disease burden. Clinical Epigenetics, 2,115. https://doi.org/10.1186/s13148-020-00905-6*

Module 13: Week # 13 (DATE)

Complete Required Readings:
   Revised*: May 2024, JBL*

- Gehlert & Browne
  Chapter 5- "Public Health Social Work"

- McCoyd, Kerson & Associates
  Chapter 12- "The role of the social worker in transgender health care"
  Chapter 18- "An integrated health care approach to promote smoking cessation for persons with serious mental illness."
  Chapter 30- "Pediatric public health: educating professionals and communities about children's health and environmental exposures."

- Craig, S. L., & Muskat, B. (2013). Bouncers, brokers, and glue: The self-described roles of social workers in urban hospitals. *Health & Social Work, 38*(1), 7-16. https://doi.org/10.1093/hsw/hls064

Supplementary:

Fuzzell, L., Fedesco, H. N., Alexander, S. C., Fortenberry, J. D., & Shields, C. G. (2016). "I just think that doctors need to ask more questions": Sexual minority and majority adolescents' experiences talking about sexuality with health-care providers. Patient Education and Counseling, 99(9), 1467-1472. https://doi.org/10.1016/j.pec.2016.06.004

Monterio, C., Arnold, J., Locke, S., Steinhorn, L. & Shanske, S. (2016). Social workers as care coordinators: Leaders in ensuring effective, compassionate care. Social Work in Health Care, 55(3), 195-213. https://doi.org/10.1080/00981389.2015.1093579

Nicholas, D. B., Zwaigenbaum, L., Muskat, B., Craig, W. R., Newton, A.S., Kilmer, C., Greenblatt, A., Roberts, W., & Cohen-Silver, J. (2016). Experiences of emergency department care from the perspective of families in which a child has autism spectrum disorder. Social Work in Health Care, 55(6), 409-426. https://doi.org/10.1080/00981389.2016.1178679

<mark>Module 14: Week # 14: (DATE)</mark>

Complete Required Readings:

- Badger, K., Royse, D., & Craig, C. (2008). Hospital social workers and indirect trauma exposure: an exploratory study of contributing factors. *Health and Social Work, 33*(1), 63-71. https://doi.org/10.1093/hsw/33.1.63

- Figley, C. (Ed.) (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* Bristol, PA: Brunner Mazel.

  Chapter 1: Figley, C. "Compassion Fatigue as Secondary Traumatic Stress Disorder: An Overview" pp. 1-20.
  Chapter 2: Valent, P. "Survival Strategies: A Framework for Understanding Secondary Traumatic Stress and Coping in Helpers" pp. 21-50.
  Chapter 9: Yassen, J. "Preventing Secondary Traumatic Stress Disorder" pp. 178-208.

Revised: May 2024, JBL

- Maschi, T., & Brown, D. (2010). Professional self-care and prevention of secondary trauma. In N. B. Webb (Ed.), *Helping bereaved children: A handbook for practitioners* (3rd Ed.) (pp. 345-373). New York: The Guilford Press. https://bit.ly/2BGlEWQ

- Willis, G. N., & Molina, V. (2019). Self-care and the social worker: Taking our place in the code. *Social Work, 64*(1), 83-85. https://doi.org/10.1093/sw/swy049

- Yeager, R. K. (2015). Trauma support services for health-care workers: The stress, trauma, and resilience (STAR) program. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 609-633). Oxford University Press. [Ch. 22] https://bit.ly/38AzJkH

Supplemental

Bride, B. (2007). Prevalence of secondary traumatic stress among social workers. Social Work, 52(1), 63-70. https://doi.org/10.1093/sw/52.1.63

Nelson, K., & Merighi, J. (2003). Emotional dissonance in medical social work practice. Social Work in Health Care, 36(3), 63-79. http://doi.org/10.1300/J010v36n03_04

Professional Quality of Life http://www.proqol.org/

Module 15: Week # 15: (DATE)

Complete Required Readings:

- <u>McCoyd, Kerson & Associates</u>
  Chapter 33- "Conclusion"

- Brosz, K. (March 2015). The privilege of medical social work. *The New Social Worker, two pages.* http://www.socialworker.com/extras/social-work-month-2015/the-privilege-of-medical-social-work/

- Gregorian, C. (2005). A career in hospital social work: Do you have what it takes? *Social Work in Health Care, 40*(3), 1-14. https://doi.org/10.1300/J010v40n03_01

- Pocket, R. (2003). Staying in hospital social work. *Social Work in Health Care, 36*(3), 1-23. https://doi.org/10.1300/J010v36n03_01

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Revised: May 2024, JBL

27

Reminder: Appropriate APA 7th ed. citation of the text readings is required for all assignments. Our texts are edited volumes. Therefore, a typical citation format will be as follows:

Rolland, J. S. (2019). Families, health, and illness. In S. Gehlert & T. A. Browne (Eds.), *Handbook of health social work* (3rd edition), (pp. 331-357). John Wiley & Sons, Inc.

- **Essay Planning Response Paper (worth 10 points of final Interview paper grade)** Due <mark>Class # 3:</mark>

  Describe the topic you plan to use for your final review essay, who you will/ did interview, and why (preferably a patient care provider, but a patient may be possible if approved). Share any concerns you have about your interview or your final essay topic. Include citations from at least four resources you might use for your final review essay.

- **Interview Analysis:** <mark>DUE Class # 6:</mark>
- **INTERVIEW PAPER & AUDIO RECORDING INSTRUCTIONS**
  Individuals who experience a medical/physical illness have typical and atypical trajectories of disease/ condition. Their families are also affected. This assignment allows students to interview a patient care provider (or patient if approved by the instructor) coping with a condition of their choosing. <mark>Your interview paper will integrate Rolland's Family Systems Illness model and the observations of the interviewee's discussion about the specific diagnosis.</mark>
  Your interview provides the data for drafting the final Essay paper that focuses on the medical/physical diagnosis and its impact on patients and families. Patients' information must be blinded for this assignment, and confidentiality must be observed. *Note: I strongly recommend you identify potential interviewees ASAP as the interview must be done and written up... Email me with any questions or set a time to discuss selecting your interviewee or any other concerns you may have.
  Task:
  Interview someone about the trajectory of illness a patient with the condition of interest typically experiences and how that commonly affects that person's family, using Rolland's Family Systems Illness Model. You must <mark>**audio record**</mark> the Interview and submit the audio recording, the Interview Authorization/Permission form and the Interview Paper in Canvas. You will submit these items in Canvas (paper will be submitted in the Paper Assignment, and the Authorization Form and Recording will be submitted in an separate space in Canvas).

  Preliminary Tasks:

Revised: *May 2024, JBL*

1.   Select a patient/ care provider (SW, RN, MD, etc.).
        Contact the potential interviewee and schedule at least a half-hour interview time.

2.   Explain to the potential interviewee: "My name is ___, and I am a graduate student at Rutgers University's School of Social Work. I am taking a course in health care and need to understand how people affected by _____ (diagnosis/ condition) typically experience their condition and treatment. I am interested in meeting with you to learn more about ____ (diagnosis), and I am grateful for any time you can give me to discuss this." ***Remember to have the person sign the Authorization/Permission form on the next page, allowing the audiotaping of the interview.***

3.   Interview the person about the experience of the disease/ condition, focusing on the Rolland concepts, especially Onset, Course, Outcome, Disability (uncertainty) stages, typical treatment experiences, and impacts on patients' family members. Typical questions **might** include:
- Please describe how a typical patient knows they are affected by this condition/ illness.
- What is most people's experience of diagnosis?
- Does the patient's age/ developmental stage matter?
- What symptoms are they most aware of, and which might they NOT be aware of?
- How are patients and family members affected by treatment requirements initially?
- How are patients and family members affected by treatment requirements over time?
- How does this condition typically progress and end?
- Are there aspects of the family response that typically help or hurt people with this condition?
- Please describe a case that stood out as an excellent example of a person/ family who coped well with this condition/ illness. What went well? What was challenging? (You may also ask about a case that did not go well.)

4.   Write an analysis that explicitly integrates course concepts as instructed below.

Instructions:
 • Papers will be 5-6 total pages, with approximately 4 "analysis" pages:
 - Cover page (page 1)
 - Analysis (~pages 2-5): Pages should be double-spaced, 12 pt. font, one-inch margins, and follow proper academic syntax. It is fine to use "I," and the Rolland chapter should be cited. No other citations are required.
 • Content should include:

Cover Page (Page 1):
 ~ Your name, course, and date due.
 ~ Identify the diagnosis/ condition you are focusing on and the type of interviewee (discipline of care provider/ patient).
 ~ To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading. Please type and mark on your cover page the following:
On my honor, I have neither received nor given any unauthorized assistance on this assignment.
Signed by _____. (Typed name is acceptable for electronic papers.)

Revised*: *May 2024, JBL

~ Ensure anonymity/confidentiality of your interviewee. If you use a pseudonym, include a footnote that an alias is used.

Analysis Pages (Pages 2-5):
 ~ This paper will view your chosen diagnosis and the experience of patients and families through the lens of course concepts primarily from our ==Gehlert & Browne textbook Chapter 15, "Families, Health and Illness" by John S. Rolland.== Explicitly integrate (cite) course concepts throughout your analysis. That is, avoid merely "telling the story" Of what happened during the interview; link information from the interview to specific Ch. 15 concepts. ***Use concepts throughout Chapter 15 in your discussion/analysis of the following:***

Introduction
Start with a brief introduction of who (not the person's name, but the type/ demographics/ discipline of the person) you interviewed and give a sense of how the interview went.

Section I - Psychosocial Types of Illness (p. 333)
a.   **Onset**
b.   **Course**
c.   **Outcome**
d.   **Disability**

Section II - Phases of Illness (p. 336; Table 15.1)
     Explain your analysis of the interviewee's description of the specific phases (**crisis, chronic, terminal**) and tasks (see Table 15.1) relevant to your group/diagnosis.

Section III – Family Assessment
What are typical (or some specific) beliefs, legacies of illness, developmental challenges, and cultural inputs that typically are present for this condition?

Summary
Briefly describe how the interview reflected the Rolland chapter material.

General Guidelines:
For the paper: It is essential that you protect the anonymity of others (e.g., use pseudonyms in place of actual names of persons and organizations and geographic locations); protect the confidentiality of others (omit any identifying or sensitive information that could link individuals and agencies with the content of this paper).

~ Excellent papers address relevant course concepts and are well-written and well-organized, use formal English, demonstrate an expert ability to analyze and integrate the interview information with clinical practice concepts learned in Ch. 15, use verbatim quotes, and paraphrase the interviewee to support your analysis; and show evidence of critical thinking and understanding of the process for that condition/ disorder while also recognizing patient/ family strengths.
 ~ First-person voice is preferred.

==**The Interview Paper is due Class # 6:**==
Interview Paper grading Rubric:

Revised: ***May 2024, JBL***

_____/10- Class 3 Response Paper
_____/10- Writing (Syntax, grammar, references all appropriate)
_____/20- Application of Psychosocial Illness concepts
_____/20- Application of Phase concepts
_____/20- Application of Family Assessment/ beliefs concepts
_____/20 – Capturing "flavor" of the experience of the illness and incorporating class concepts.

- **IPE Attendance & Assignment: Due on or Before Week # 14.** Interprofessional education opportunities are a way to develop comfort in sharing case discussions, problem-solving, and education about roles with other students preparing for professional roles. For this assignment, you will attend (virtually) case sessions FALL 2023 LINK: (https://rutgers.ca1.qualtrics.com/jfe/form/SV_eyg0irbAUtd1b3U). You will be expected to participate fully in the event and add your perceptions, clinical observations, and professional opinions. You will be outnumbered, just as you will be in health settings. Be professional but assertive; respectful but confident of your input's value.
Attend one of the IPE events offered in the FALL semester. Students must include their professor in the email to affirm registration, attendance, and confirmation of IPE experience.
After each event, you will write a reflection response paper about the experience.

  The Response Paper prompt asks you to Summarize your impression of the event. Briefly describe how each discipline responded to the case. What class concepts did you (or could you have) draw(n) upon to participate in the IPE discussion? What did you learn about the other disciplines and their approach to the cases generally? What do you wish you had said or contributed that you did not? What "take-away" lessons did you get from the IPE Event?
  IPE Grading Rubric
  _____/40   Participation in IPE event
  _____/ 60   Reflection Response paper about the IPE event

- **REVIEW ESSAY – Due Week # 13**
  (100 points: 60 points for the essay; 40 points for the presentation)

  This essay (term paper) allows students to investigate a *physical medical condition* that interests them and is relevant to clinical social work health practice. This paper is more than a primary research literature review. Students will describe the situation and map/track how their topic has evolved. Overarching issues to explore within each main outline heading (see below) include: What is the current state of knowledge compared to historical understandings? What medical and social "truths" have changed, and how has practice evolved to meet new understandings? What debates in the field (social work and interdisciplinary) have emerged? How have research directions changed? To what extent

does the Literature and research in this area incorporate race, class, gender, and other structured inequalities? Are there significant health disparities, and how are social workers working to remedy them? How is the condition viewed cross-culturally/nationally?

The essay will be 10 to 15 pages (not including references, cover page, appendix. A minimum of 7 external references (including supplemental course readings, outside readings, and professional websites) *and* three required course readings are expected (*note: more than the minimum is customary). The material from the interview should also be included (again, protect your interviewee's identity).

Generous use of 1) scholarly social work journals and books; 2) scholarly journals and books from other health care disciplines; 3) some contemporary popular culture (e.g., news and entertainment media); 4) required and supplemental course materials; and 5) legitimate internet sites for patient support and information are expected.

APA 7th edition citation style is required. *Reminder: Chapters within an edited text require a different format than those from an unedited book. Please see the APA guidance sheet available in the resources on the Canvas site.

First-person voice is preferred.

To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading. Please type and mark on your cover page the following:

***On my honor, I have neither received nor given any unauthorized assistance on this assignment* and signed *by* _____.** (Typed name is acceptable for electronic papers).

Excellent papers address each of the points in the outline described. They are also very well-written and well-organized, use formal English, demonstrate an expert ability to analyze/track/map the chosen field, integrate and apply practice concepts learned in class and learned during the literature review, and show evidence of critical thinking and awareness of client/ family strengths. [To support analytic depth, state/identify concepts, define cite, supply examples, and discuss/analyze how the example illustrates the idea, integrate course materials/external Literature—yet avoid stringing together quotes from the Literature.] I want to hear your voice and your analysis.

REVIEW ESSAY FORMAT

Revised: *May 2024, JBL*

Organize your paper using the following outline and include the main bolded headings. (However, to accommodate student writing and organizational creativity, flexibility in the order of the outline is permitted.):

A. Introduction: The Biological Dimensions of (1-2 pages)
Describe the condition. Include relevant pathophysiological, biological, genetic, and environmental aspects of the condition. How does it affect physical/mobility and other functional abilities?

B. Psychosocial Issues Common to People Experiencing (2-3 pages)
Identify and analyze individual, family, and societal influences on the condition. How do emotional, psychological, cognitive, and spiritual responses and issues relate to this health condition? What are common health beliefs? How do patient and provider perceptions of causal explanations/etiology differ? Do racial, ethnic, class, or health literacy issues interfere with coping?

C. Social Work Intervention Strategies (2-3 pages)
Delineate the most successful social work strategies and interventions for patients with this medical condition. Include Literature from other relevant disciplines (evidence-based practices). Also, discuss strategies that you think would be most helpful to the client system that should be considered yet need more attention in the Literature (practice wisdom).

D. Policy, Organizational, and Biotechnological Issues (1-2 pages)
How do policy influences (federal policies, insurance policies, etc.) affect people with this condition? How do innovative technologies (biomedical) influence the care of people with this condition? Include global policy issues (e.g., World Health Organization, U.S (United States) (United States). national policies, reimbursement issues) where appropriate, organizational issues (e.g., agency practice, policy, and procedures), and medical technological issues (availability of high-tech equipment, medications, treatment).

E. Ethical Issues and Dilemmas (1-2 pages)
Describe any ethical issues or dilemmas social workers might encounter regarding this medical condition. Remember to include the moral problems related to the entire client system, coverage of care, work settings, racial/ gender/ class differences in care, or other broad problems of care that create ethical problems.

F. Critical Issues and Future Directions for Medical Treatment, Social Work Intervention and Policy Change (1 page)
Provide a summary of the most critical issues emerging within science and medicine, social work/behavioral medicine intervention and research, and health care policy. What is the new forefront for this condition?

Reference List Instructions:
Follow APA 7ᵗʰ edition Style: Use asterisks to indicate the reference type.
Appropriate citation of the text readings is required. A typical citation format will be:

Rolland, J. S. (2019). Families, health, and illness. In S. Gehlert & T. A. Browne (Eds.), *Handbook of health social work* (3ʳᵈ edition), (pp. 331-357). John Wiley & Sons, Inc.

If a quote is used within the essay, it must be appropriately cited:
"There is substantial evidence for the mutual influence of family functioning, health, and physical illness" (Rolland, 2019, p. 331).
Revised*: *May 2024, JBL

Required Course Readings (minimum 3) *
External Literature (minimum 7) **
    Within the 10: 1-2, legitimate Internet Sites for Patient Support and Information can be included. Information from your interview should be cited in the paper as "personal communication," and "Interview" should be included in the reference list without having the person's name. Note that the identity of your interviewee should be protected, and a pseudonym assigned, but the role/ reason you picked the interviewee should be included.

Final Essay Grading Rubric   ___/ 60
____/10- 10-15 pages that are well-written with appropriate syntax and grammar. Appropriate, well-integrated use of Required Course Readings (minimum 3), External Literature (minimum 7), and legitimate, relevant websites. The interview should be included so that ten references are expected, and more are welcome.
____/50- Essay- broken down by:
    ___/7 Introduction of Biomedical issues related to the condition. Functional physical/cognitive/mobility ramifications.
    ___/10 Psychosocial Issues Common to People Experiencing
    ___/10 Social Work Intervention Strategies
    ___/8 Policy, Organizational, and Biotechnological Issues
    ___/7 Ethical Issues and Dilemmas: any ethical issues or dilemmas that social workers might encounter in their work regarding this medical condition, with the client system, in the work setting, etc.
    ___/8 Critical Issues and Future Directions

•Mini In-Class Presentation is ==Week # 14 & Week #15:==

PowerPoint / Canva or Pecha Kucha: *The Pecha Kucha format helps to standardize each presentation, highlighting key points of your review essay. It is a PowerPoint with a set number of slides (20) where the timing is set to advance every 30 seconds (usually 20 seconds). This means each presentation will be 10 minutes. You do not need to include your references in this format. There should be little text on each slide: pictures, keywords, and design are given preference. You can script yourself or at least have notes to get your points across in the 30 seconds each slide is up.*

Organization: In addition to the six areas of the paper, you should start with a slide on why you chose this topic and why it is essential. The six elements of the essay should include (Biological/ Medical aspects, Psychosocial aspects, social work interventions, Policy/ organizational aspects, Ethical Issues, and Future directions). It should end with the most surprising, hopeful, or exciting thing you learned in your interview or research.

Presentation: (40)
____/20-Inclusion of each of the six areas in the essay with crucial and correct information.
    Intro of significance: 6 areas from the essay, what was most compelling information learned (each about 3 points)

Revised: *May 2024, JBL*

_____/ 20 Final presentation style (Sharing relevant current information; tying to class concepts, staying within period; being engaging- each worth about 5 points).

Authorization/Permission for Taping of Interview

    I _____[print name] permit Rutgers School of Social work graduate student _____to audiotape an interview in which I answer questions about my profession and my work with individuals experiencing certain medical conditions. I understand that I may request that we end the interview at any time. I also understand that I may request that the taping cease, and the student will be turn off the audio recording immediately.

    I understand that this interview is being done solely for educational purposes for the Clinical Social Work: Health course and is not intended to be therapeutic. The audio recording will not be available to anyone other than the student interviewer and their professor/instructor. Confidentiality will be strictly observed by the student interviewer and professor/instructor.

I am aware of the above, have had the opportunity to ask questions, and consent to and taping the interview.

_____.   Date_____
 (hand-written signature or electronic signature is acceptable)

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