

**THE UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK**

SW 540: Social Work in Health Care Settings

Course Outline
Spring, 2004

Dr. Egan

Phone w/voice mail: 901-448-4480

Office hours: Tuesdays: 4:00pm to 5:15pm & by appt.

SW in HC Settings: Course session schedule, activities, required readings & assignments

Required Readings may be accessed at <http://www.lib.utk.edu>--online electronic reserves for SW 540: Social Work in Health Care Settings

Please note, as indicated in the grading policy statements in this outline, students are expected to participate in each class session & activities and to evidence preparation and reading assigned selections for each class session.

Sessions 1 & 2 **Weeks of January 12th & 19th**

Topics:

Session 1:

- Overview: The overarching framework of the course
 - History of social work in health care settings
 - Context of current health care delivery
- In class Activity: Discussion of grading options & developing annotated Bi, Teaching Moment and the Ethnographic Interview assignments.

Readings:

Berkman, B. (1996). The emerging health care world: Implications for social work practice and education. *Social Work*, 41(5), 541-551.

Dinerman, M. (1997). Social work roles in America's changing health care. *Social Work in Health Care*, 25(1/2), 23-33.

Session 2:

? Societal, political and organizational shifts impacting SW in health:

- Trends in health care consumer population
- The shift from acute to chronic & inpatient to outpatient care
- Managed care & the uninsured

In class Activity: Discussion & **Submission** of Course Grade Contracts

Readings:

*Population trends:

Manton, K., & Gu, K. (2001). Changes in the prevalence of chronic disability in the United States black and nonblack population above the age of 65 from 1982-1999. *Proceedings of the National Academy of Sciences*, 98, 6354-6359.

Readings:

*Families

Bedway, A. J., & Smith, L. H. (1996). "For Kids Only": Development of a program for children from families with a cancer patient. *Journal of Psychosocial Oncology*, 14(4), 19-28.

Berg, W., Rubio, D., & Tebb, s. (2000). The Caregiver Well-Being Scale revisited. *Health & Social Work*, 25(4), 255-263.

Bergman, A., Wells, L., Bogo, M., Abbey, S., Chandler, V., Embleton, L., Guirgis, S., Huot, A., McNeil, T., Prentice, L., Stapleton, D., Shekter-Wolfson, L., & Urman, S. (1993). High- risk indicators for family involvement in social work in health care: A review of the literature. *Social Work*, 38(3), 281-288.

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.

Roberts, C. S., Tumey, M. E., & Knowles, A. M. (1998). Psychosocial issues of adolescents with cancer. *Social Work in Health Care*, 27(4), 3-18.

Telfair, J., & Gardner, M. (2000). Adolescents with sickle cell disease: Determinants of support group attendance and satisfaction. *Health & Social Work*, 25(1), 43-49.

Thompson, S., Auslander, W., & White, N. (2001). Influence of family structure on health among youth with diabetes. *Health & Social Work*, 26(1), 7-14.

Waldrop, D., & Weber, J. (2001). From grandparent to caregiver: The stress and satisfaction of raising grandchildren. *Families in Society*, 82, 461-472.

Williams, S., & Dilworth-Anderson, P. (2002). Systems of social support in families who care for dependent African American elders. *The Gerontologist*, 42(2), 224-236.

*Collaboration & teams

Abramson, J., & Mizrahi, T. (2003). Understanding collaboration between social workers and physicians: Application of a typology. *Social Work in Health Care*, 37(2), 71-100.

Gellis, Z. (2001). Social work perceptions of transformational and transactional leadership in health care. *Social Work Research*, 25(1), 17-25.

Lesser, J. (2000). Clinical social work and family medicine: A partnership in community service. *Health & Social Work*, 25(2), 119-125.

Sessions 8 & 9 & 10

Weeks of: March 1st & 15th & 22nd

[spring break is 3/8-3/12]

Topics:

Session 8:

- Community-based and faith-based organizations in health care
Exemplar: Church Health Center: Health care for the Un-insured

Session 9:

- Women's health care & prevention
- Student Teaching Moments
In class Activity: MCH Social Work module: cultural competence in MCH

Session 10:

- Ethical conflicts in the managed care environment of health care
- Student Teaching Moments

Readings:

*Community, faith-based & emerging settings

Chillag, K., Bartholow, K., Cordeiro, J., Swanson, S., Patterson, J., Stebbins, S., Woodside, C., & Sy, F. (2002). Factors affecting the delivery of HIV/AIDS prevention programs by community-based organizations. *AIDS Education and Prevention*, 14(3/Supp.), 27-37.

Mosley, A. (1998). Community partnerships in neighborhood-based health care: A response to diminishing resources. *Health & Social Work*, 23(3), 231-235.

Netting, F., & Williams, f. (2000). Expanding the boundaries of primary care for elderly people. *Health & Social Work*, 25(4), 233-242.

Petrosky, M., Chaffer, C., Devlin, M., & Almog, D. 2000. An on-site social work program in an urban academic dental center. *Journal of Dental Education*, 64(5), 370-374.

Ramos, R., & Ferreira-Pinto, J. (2002). A model for capacity-building in AIDS prevention programs. *AIDS Education and Prevention*, 14(3), 196-206.

Staral, J. (2000). Building on mutual goals: The intersection of community practice and church-based organizing. *Journal of Community Practice*, 7(3), 85-95.

*Ethics

Davidson, J. R., & Davidson, T. (1996). Confidentiality and managed care: Ethical and legal concerns. *Health & Social Work*, 21(3), 208-215.

Galambos, C. (1997). Resolving ethical conflicts in providing case management services to the elderly. *Journal of Gerontological*, 27(4), 57-67.

Gelman, S., Pollack, D., & Weiner, A. (1999). Confidentiality of social work records in the computer age. *Social Work*, 44(3), 243-252.

Evaluation of course work and grading criteria:

1. Written work must be completed and submitted on time; permission to submit a paper later than its official due date & time must be obtained from the instructor PRIOR to one (1) hour before the assignment is due; papers submitted late without prior permission will not be accepted.
2. Assignments must follow the format given in the assignment description/outline.
3. Assignments must demonstrate the ability to integrate theories, concepts and practice approaches/interventions/programs as requested in the description(s) of assignment(s)
4. Written assignments must be identified by Social Security Numbers ONLY.
5. Spelling errors, syntactical errors or verb tense errors: ONE (1) point will be deducted for each.
6. Attendance and participation evidencing preparedness for class discussion is expected.

Grading --Traditional grading for total points accumulated throughout course:

NOTE: All students are expected to come to each class session prepared and to participate evidencing preparedness in class discussions.

95-100 = A

90-94 = B+

84-89 = B

79-83 = C+

74-78 = C

Below 73 = F

Traditional Grading Assignment Point Distribution	
Assign. #1	30
Assign. #2	10
Assign. #3	30
Assign. #4	10
Preparedness & participation	<u>20</u>
	100 points

Alternative Grading-- Contracting for a grade:

NOTE: All students are expected to come to each class session prepared and to participate evidencing preparedness in class discussions.

For an "A" in the course: students will satisfactorily complete a-the Ethnographic Interview Assignment #1 [parts A & B], b-the Internet Assignment #2, and c-the Teaching moment Assignment #3; attendance & preparedness for each course session; all assignments are expected to be of "A" graduate level quality.

For a "B+" in the course: students will satisfactorily complete a-the Ethnographic Interview Assignment #1 [parts A & B], b-the Internet Assignment #2 and c-the annotated Bibliography assignment #4; attendance & preparedness for each course session; all assignments are expected to be of "B+" graduate level quality.

For a “B” in the course students will complete a-the Ethnographic Interview Assignment #1 [parts A & B] & b-the Internet Assignment #2; attendance & preparedness for each course session; all assignments are expected to be of “B” graduate level.

Assignment Descriptions

Assignment #1 Ethnographic Interview DUE Feb. 9th , 2004

Learning Objective: It is expected that by completing this assignment the student will gain an understanding of what it means to "live with" a chronic or serious physical illness from the perspective of a person, also known as an “informant,” who has a chronic or serious illness or who is the primary caregiver of someone with a chronic/serious physical illness.

In ethnography, since informants are living day-to-day with the illness, they are considered the "experts," and you should approach the interview from the position of a naïve learner. It is important to let the informant teach you about his/her experience and to identify what he/she thinks is important for you to learn about the daily life of one who is living with a chronic, disabling or terminal illness.

PART A: Interview Guidelines:

1. Select an informant who is NOT related to you and is currently experiencing a chronic/disabling or terminal physical illness or is the primary caregiver, relative, or significant other of someone who has a chronic/serious physical illness.
2. 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:
 - (1) the meaning of the illness;
 - (2) the types of strategies used to cope with the illness;
 - (3) the way in which the informant organizes his/her world in the context of the illness.
3. Confidentiality must be upheld and discussed with the informant before the interview occurs; assure the informant that her/his name will not be used in any way in your verbal or written work.
4. Interviews are generally 1 to 2 hours long; you may take detailed handwritten notes during the session IF agreeable to the informant BUT you may not tape record the interview. The interview should be fairly open, yet focused enough so that you can

develop an understanding of what it's like to live with the person's illness/disability/ or terminal illness.

5. Acquaint yourself with the informant's illness PRIOR to the interview [****use the website resource list in this course outline and consult with the instructor; Taber's Medical Encyclopedia may also be useful**].
6. Develop an interview guide to help you during the interview.

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

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

PART B: Written assignment of the Interview

Summarize the informant's experience of being chronically ill as you uncovered/discovered/understood it from your interview in 3-5 double-spaced typed pages (removing all identifying names) including at least 3 direct quotes from the informant, and 3 relevant citations from the social work literature (1993-2004) and address ALL the questions below:

1. What is your understanding of the condition/illness/disease of the informant? List sources you utilized to gain that understanding.

2. Discuss the impact on the psychosocial life of the informant from her/his viewpoint. How does she/he cope with the illness/what strategies does he/she use to cope with/adapt to the illness?
3. What was the most compelling thing you learned about the informant's experience from an insider's perspective? How will you incorporate this learning in your practice as a professional social worker?
4. In retrospect, in general, how well do you think you elicited information from the informant about his/her illness experience/role as caregiver? Looking back, (a) what areas do you wish you had covered in the interview but did not? (b) how "connected" did you feel to the informant and why, and (c) what part of the interview was most difficult for you to "stay with," and why?
5. How were the health care service delivery system(s)/provider agency(s)/managed care system(s) 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.
6. Attach your interview guide to your paper and submit both in to the instructor.

Assignment #2 An internet activity: An in-class assignment

This assignment will be completed during class in the computer lab.

- 1-select a website from the list that follows the description of assignments in this outline
- 2-access the website and find items/topics of interest to you
- 3-compile that information to share with your peers when we return to the classroom
- 4-no written outside assignment is involved; you will label your 'compiled information' notes with the last four digits of your s/s# and turn these in at the conclusion of this class session for acquiring "credit" for this assignment.

Assignment # 3 Student selected topics--"teaching moments"

It is expected that, regardless of the topic you chose:

- a) a written [handout] learning objective for your 'teaching' will be provided by you to your class peers at the beginning of your "teaching moment."

And that your 'teaching moment' will include:

- b) an explanation of the health/illness/disorder/delivery issue/policy issue of your topic
- c) an analysis of the interface of health care delivery systems, managed care systems and the needs of health care consumers with this health/illness/disorder/delivery issue/policy issue;
- d) an application of the 'social work perspective' to your topic;

Census Bureau: www.census.gov

C-SPAN: www.cspan.org

Emory University Medical Library. www.gen.emory.edu/med

Families, USA. (2002). New Census Bureau numbers increase estimates of uninsured for 2000 and 2001. www.familiesusa.org/903censusdatarelease.htm.

Health Care Financing Administration (HCFA). www.hcfa.gov

Hispanic Health Link: www.cossmho.org

Human Genome Project Information: www.ornl.gov/TechResources/Human_Genome/home.html

Human Genome Project: www.ornl.gov/TechResources/Human_Genome

Indian Health Services: www.ihs.gov

Maternal and Child Health Bureau: www.mchb.hrsa.gov

National Association of Social Workers: www.naswdc.org

National Cancer Institute: www.nci.nih.gov

National Center for Chronic Disease Prevention and Health Promotion, Maternal Child Health:
www.cdc.gov

National Institute on Aging: www.nih.gov/nia

National Parent Network on Disabilities (NPND): www.npnd.org

Office of Minority Health Resource Center: www.omhrc.gov

U.S. Department of Health and Human Services: www.healthfinder.com

Additional Recommended Bibliography

- Abramson, J., & Mizrahi, T. (1996). When social workers and physicians collaborate: Positive and negative interdisciplinary experiences. *Social Work*, 41(3), 270-281.
- Bricker-Jenkins, M. (1994). Feminist practice and breast cancer: "The patriarchy has claimed my right breast..." *Social Work in Health Care*, 19(3/4), 17-42.
- Bryne, J. (1999). Social work in psychiatric home care: Regulations, roles, and realities. *Health & Social Work*, 24(1), 65-71.
- Chadiha, L. A., Proctor, E. K., Morrow-Howell, N. M., Darkwa, O. K., & Dore, P. (1995). Post-hospital home care for African-American and white elderly. *The Gerontologist*, 35(2), 233-239.
- Charmaz, K., & Paternite, D. (1999). *Health, illness, and healing: Society, social context and self*. Los Angeles: Roxbury.
- Cook, C. (1997). The role of the social worker in perinatal substance abuse. In *Fundamentals of perinatal social work: A guide for clinical practice*, (pp. 65-83). New York: Haworth Press.
- Cowles, L. J., & Lefcowitz, M. J. (1995). Interdisciplinary expectations of the medical social worker in the hospital setting. *Health & Social Work*, 20(4), 279-285.
- DeMontigny, F., Beaudet, L., & Dumas, L. (1999). A baby has died: The impact of perinatal loss on family social networks. *Journal of Obstetric Gynecologic and Neonatal Nursing*, 28(2), 151-6.
- Dziegielewski, S. F. (1998). *The changing face of health care social work*. New York: Springer Publishers.
- Egan, M., & Kadushin, G. (1998). The social worker in the emerging field of home care: Professional activities and ethical concerns. *Health & Social Work*, 24(1), 43-56.
- Ell, K. O., Mantell, J. E., & Hamovitch, M. B. (1998). Ethnocultural factors in health care delivery: Implications for curriculum in health concentrations. *Journal of Teaching in Social Work*, 2(1), 33-47.
- Fadiman, A. (1997). *The spirit catches you and you fall down*. New York: The Noonday Press.
- Families, USA. (2002). *New Census Bureau numbers increase estimates of uninsured for 2000 and 2001*.
- Fraser, M. (1997). *Risk and resiliency in childhood*. Washington, D.C.: NASW Press.
- Gillman, R. R., & Newman, B. S. (1996). Psychosocial concerns and strengths of women with HIV infection: An empirical study. *Families in Society*, 77(3), 131-41.

Gray, M., & Gant, L. (1997). Orphaned children: A continuing problem in the HIV/AIDS epidemic. *Journal of Prevention and Education for Adolescents and Children*, 1(3/4), 137-143.

Groce, N., & Zola, L. (1993). Multiculturalism, chronic illness, and disability. *Pediatrics*, 91(5), 1048-1055.

Hill, S. (1994). Motherhood and the obfuscation of medical knowledge: The case of sickle cell disease. *Gender and Society*, 8(1), 29-47.

HIV/AIDS: A Factsheet for Practitioners. (1999). NASW On-Line. www.naswdc.org

Hughes, S. L. (1997). Impact of expanded home care models. *Social Work Research*, 21(3), 65-172.

Iglehart, A. P. (1990). Discharge planning: Professional perspectives versus organizational effects. *Health & Social Work*, 15(4) 301-308.

Indyk, D., et al. (1993). A community-based approach to HIV case management: Systematizing the unmanageable. *Social Work*, 38(4), 381-387.

Keller, J. & McDade, K. (1997). Cultural diversity and help-seeking behavior: Sources of help and obstacles to support for parents. In, *The challenge of permanency planning in a multicultural society*, (pp 63-78). New York: Haworth Press.

Lind, R., & Bachman, D. (Eds.). (1997). *Fundamentals of perinatal social work*. New York: Haworth Publications.

Linzer, N. (1999). *Resolving ethical dilemmas in social work practice*. Boston: Allyn and Bacon.

Lynch, V. J. (Ed.) (2000). *HIV/AIDS at year 2000: A sourcebook for social workers*. Boston: Allyn and Bacon.

Mayden, B., Castro, W., & Annitto, M. (1999). *First talk: A teen pregnancy prevention dialogue among Latinos*. Washington, D.C., CWLA Press.

Netting, F. E., & Williams, F. G. (1996). Case manager-physician collaboration: Implications for professional identity, roles, and relationships. *Health & Social Work*, 21(3), 216- 224.

Netting, F. E. & Williams, F. G. (1995). Integrating geriatric case management into primary care physician practices. *Health & Social Work*, 20(2), 152-155.

Oktay, J. S., & Walter, C. A. (1991). *Breast cancer in the life course: Women's experiences*. New York: Springer.

Osman, H., & Perlin, T. M. (1994). Patient self-determination and the artificial prolongation of life. *Health & Social Work*, 19(4), 245-252.

Poindexter, C. C. (1999). Promises in the plague: Passage of the Ryan White comprehensive AIDS resources emergency act as a case study for legislative action. *Health & Social Work, 24*(1), 35-41.

Proctor, E. K., Morrow-Howell, N. M., & Lott, C. L. (1993). Classification and correlates of ethical dilemmas in hospital social work. *Social Work, 38*(2), 166-177.

Purcell, D. W., DeGross, A. S., & Wolitski, R. J. (1998). HIV prevention case management: Current practice and future directions. *Health & Social Work, 23*(4), 282-289.

Reamer, F. (1997). Managing ethics under managed care. *Families in Society: Journal of Contemporary Social Work, Jan./Feb.*, 96-101.

Redman, H. (2001). The health care crisis in the United States: A call to action. *Health & Social Work, 26*(1), 54-57.

Resnick, C., & Tighe, E. G. (1997). The role of multidisciplinary community clinics in managed care systems. *Social Work, 42*(1), 91-98. 85-95.

Roberts, C. (1989). Conflicting professional values in social work and medicine. *Health & Social Work, 14*, 211-218.

Rolland. (1994). *Families, illness, and disability*. New York: Basic Books.

Rosenberg, G. (1994). Social work, the family, and the community. *Social Work in Health Care, 20*(1), 7-20.

Roth, N., & Fuller, L. (Eds.) (1997). *Women and AIDS*. New York: Haworth Publications.

Sands, G., Stafford, J., & McClelland, M. (1990). 'I Beg to Differ': Conflict in the interdisciplinary team. *Social Work in Health Care, 14*(3), 55-73.

Scofield, E. C. (1995). A model of preventive psychosocial care for people with HIV disease. *Health & Social Work, 20*(2), 102-109.

Simmons, J. (1994). Community-based care: The new social work paradigm. *Social Work in Health Care, 20*, 35-46.

Soskis, C. W., & Kerson, T. S. (1992). The patient self-determination act: Opportunity knocks again. *Social Work in Health Care, 16*(4), 74-79.

Taber's Medical Encyclopedia.

Taylor-Brown, S., & Johnson, A. M. (1998). Social work's role in genetic services. NASW On-Line. www.naswde.org/PRAC/genetics.htm.

Zayas, L. H., & Dyche, L. A. (1992). Social workers training primary care physicians: Essential psychosocial principles. *Social Work, 37*(3), 247-252.

What is Chronic Physical Illness?

Chronic physical illness is defined as a serious, ongoing health condition that:

- 1-has a biological, anatomical or physiologic basis
- 2-has lasted or is expected to last at least one year
- 3-either produces or is likely in relation to 'normal' functioning to produce one or more of:
 - a) shortened life expectancy
 - b) disability
 - c) disfigurement
 - d) limitation of function or activities
 - e) necessity for surgical intervention
 - f) requirement for ongoing medical treatments
 - g) dependency on medication and/or special diets
 - h) dependency on technology

Categories of Risk Indicators in Relation to Chronic Illness

? severity & impact of illness:

degree of chronic impairment & adjustment in daily life

? degree of 'grief':

loss of self, body image, abilities, mobility, independence

? duration of impairment:

continuous loss, loss with stabilization, loss with return to near-normal functioning

? type of onset:

acute/crisis vs gradual; differential challenges to 'normative' coping strategies

? the affected person is a child

? prognosis of prolonged hospitalization/transfer from one HC provider to another/frequent readmissions

? living arrangements: support within the home or external to the home; caretakers are family or professionals

? stigma socially or personally associated with illness/disorder

? illness/disorder affects person's primary emotional and/or sexual intimate relationships