



Spring 2019

Course Number: SOWK 679.82 S01	Classroom: Online
Course Name: Social Work in Health Care	
Day & Time: Tuesday 12 to 1:00 pm (online), May 7 – June 18	

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COURSE OUTLINE

Syllabus Statement

This course is designed to provide graduate level social work students an opportunity to apply evidence-based practice models to individuals with health and mental health issues in the context of the Canadian health care system. This course will also contribute to the integration of theory specific knowledge, health policies and practice in the field of health care. Graduate students will also acquire knowledge about social injustices and economic inequities that affect the health and well-being of Canadians.

Course Description

The main objective of this online course is to facilitate the development and integration of engagement skills, psychosocial assessments, and social work interventions for working with the diversity of Canada's population presenting with a range of health and medical issues. This course also aims to provide graduate students with advance practice skills to work with individuals, families, and groups in the health care system. This course will utilize a range of teaching methods including problem based learning, role plays, and interviews with guest speakers.

Learning Objectives

Course Learning Objectives (CLOs)

- 1) To apply and critically analyze the effectiveness of various skills for engaging individuals from across the lifespan (children, adults, and older people) with acute, complex and chronic health issues.
- 2) To apply social work roles to address social determinants of health.
- 3) To write a comprehensive psychosocial assessment for individuals with health issues.
- 4) Execute a range of skills to work with individuals and their families presenting in different segments of the health care system (emergency departments, intensive care, palliative care, etc.).
- 5) To critically appraise the assessment and social work interventions (i.e., advocacy and discharge planning) used from a social justice perspective and incorporate the diversity of perspectives of individuals with health issues and their families.

This course outline is explicitly designed to reflect and adhere to the following MSW Program Learning Outcomes (PLOs) as outlined by the CASWE Core Learning Objectives for Accreditation Standards as well as the Faculty of Social Work, University of Calgary:

1. Professional Identity

- 1.1) Develop professional identities as practitioners whose professional goal is to facilitate the collective welfare and wellbeing of all people to the maximum extent possible.
- 1.2) Acquire ability for self-reflection as it relates to engaging in professional practice through a comprehensive understanding and consciousness of the complex nature of their own social locations and identities.
- 1.3) Develop an awareness of personal biases and preferences to advance social justice and the social well-being of social work service users.

2. Values and Ethics in Professional Practice

- 2.1) Demonstrate knowledge of the relevant social work codes of ethics in various professional roles and activities and institutional contexts, with a particular emphasis on professional responsibilities towards vulnerable or disadvantaged groups.
- 2.2) Demonstrate skills to monitor and evaluate their own behaviours in relation to the relevant codes of ethics.

3. Promote Human Rights and Social Justice

- 3.1) Understand their professional role in advancing human rights and responsibilities and social justice in the context of the Canadian society and internationally.
- 3.2) Understand the role social structures can play in limiting human and civil rights and employ professional practices to ensure the fulfilment of human and civil rights and advance social justice for individuals, families, groups and communities.

9. Engage with Individuals, families, groups and communities through professional practice

- 9.1) Competently perform interactive practices such as engagement, assessment, intervention, negotiation, mediation, advocacy, and evaluation.
- 9.2) Actively promote empowering and anti-oppressive practice.
- 9.3) Acquire skills to practice at individual, family, group, organization, community, and population levels including advocacy and activism. This includes skills in working with Francophone, Indigenous and newcomer populations.
- 9.4) Participate effectively in interprofessional practice, community collaboration, and team work.
- 9.5) Acquire knowledge and develop skills in advanced practice, and/or in specialized practice with individuals, families, groups, and/or communities.

Relationship to Other Courses

This is an elective course. There are no pre-requisites for this course. However, the content covered in this course will be applicable to practicum placements and integrative seminars in the MSW level.

Course Text(s)

There is no required text for this online course. Readings and videos will be assigned on a weekly basis and can be accessed on D2L. Please see the required materials for each Zoom Session on the Class Schedule.

Online Learning Environment and Community

The instructor and the students have a social responsibility to create a safe, collaborative, and inclusive online environment.

- 1) Online community should be free from prejudice and discrimination based on gender, race, ethnicity, class, age, sexual orientation, or religion.
- 2) Similar to field practicum, students are expected to demonstrate professionalism in online discussions.
- 3) Online discussions should provide a forum for students to share emerging ideas related to their professional experiences, field placements, the assigned readings, and assignments.
- 4) The exchange of ideas online should follow the same expectations of students in the classroom and field placements and in professional settings.
- 5) Cooperative and experiential learning experiences are useful ways by which students can learn from one another. The course uses active student involvement and experiential learning; the collegial participation of students is expected.
- 6) Ideas, rather than individuals, are open to challenge in a respectful way. It is likely that there will be a diversity of opinions and ease with the topics discussed. Class participants will be encouraged to establish and maintain an atmosphere of respect that allows all voices to be heard.
- 7) Every person in the class is a potential teacher and learner.
- 8) Participants are responsible for their own learning. To the extent that it is helpful, the instructor will rely on participants to direct and focus class discussions and assignments to meet their own learning needs

Class Schedule

The course will be made available on D2L one week prior to the start day. The entire course will be available on D2L. Students will be required to participate in scheduled Zoom sessions which will take place on a weekly basis (every Tuesday at noon). A total of 6, 60-minute Zoom sessions will be provided and each session will have a theme, pre-recorded interviews with professionals on key topics, specific questions and related readings for discussion.

Date	Topic(s)	Readings
May 7, 2019	<p>Introduction and Overview of Course Assignments</p> <p>Zoom Topic: <i>Social Workers' Scope of Practice in Health Care</i></p>	<p>Bryson, S. A., & Bosma, H. (2018). Health social work in Canada: Five trends worth noting. <i>Social Work in Health Care</i>, 57(8), 1-26. https://doi.org/10.1080/00981389.2018.1474161</p> <p>Craig, S. L., & Muskat, B. (2013). Bouncers, brokers, and glue: The self-described roles of social workers in urban hospitals. <i>Health & Social Work</i>, 38(1), 7-16.</p>
May 14, 2019	<p>The importance of social work assessments in health care</p> <p>Zoom Topic: <i>Social Workers' Scope of Practice in Health Care</i></p> <p>In preparation for this session, please view</p>	<p>Craig, S. L., Betancourt, I., & Muskat, B. (2015). Thinking big, supporting families and enabling coping: The value of social work in patient and family centered health care. <i>Social Work in Health Care</i>, 54(5), 422-443. doi:10.1080/00981389.2015.1017074</p>

		<p>McGuire, J., Bikson, K., & Blue-Howells, J. (2005). How many social workers are needed in primary care? A patient-based needs assessment example. <i>Health & Social Work, 30(4)</i>, 305-313. doi:10.1093/hsw/30.4.305</p> <p>Shanske, S., Arnold, J., Carvalho, M., & Rein, J. (2012). Social workers as transition brokers: Facilitating the transition from pediatric to adult medical care. <i>Social Work in Health Care, 51(4)</i>, 279-295. doi:10.1080/00981389.2011.638419</p> <p>Svärd, V. (2014). Hospital social workers' assessment processes for children at risk: Positions in and contributions to inter-professional teams. <i>European Journal of Social Work, 17(4)</i>, 508-522.</p>
<p>May 21, 2019</p>	<p>Engaging Individuals with Various Health Care Issues: From Emergency Departments to Palliative Care</p> <p>Zoom Topic: <i>Roles of Social Work and Engagement and Relationship Building</i></p> <p>In preparation for this session, please view interview with Jennifer Kuntz on trauma informed practice.</p>	<p>Auerbach, C., & Mason, S. E. (2010). The value of the presence of social work in emergency departments. <i>Social Work in Health Care, 49(4)</i>, 314-326. doi:10.1080/00981380903426772</p> <p>Bright, F. A., Kayes, N. M., Worrall, L., & McPherson, K. M. (2015). A conceptual review of engagement in healthcare and rehabilitation. <i>Disability and Rehabilitation, 37(8)</i>, 643-654. doi:10.3109/09638288.2014.933899</p> <p>Lawson, R. (2012). Palliative social work in the emergency department. <i>Journal of Social Work in End-of-Life & Palliative Care, 8(2)</i>, 120-134. doi:10.1080/15524256.2012.685427</p> <p>Lilliehorn, S., Isaksson, J., & Salander, P. (2019). What does an oncology social worker deal with in patient consultations? An empirical study. <i>Social Work in Health Care, 58(5)</i>, 494-508. https://doi.org/10.1080/00981389.2019.1587661</p> <p>Morris, R., Muskat, B., & Greenblatt, A. (2018). Working with children with autism and their families: Pediatric hospital social worker perceptions of family needs and the role of social work. <i>Social Work in Health Care, 57(7)</i>, 483-501. https://doi.org/10.1080/00981389.2018.1461730</p>

		<p>Preyde, M., & Chapman, T. (2008). Psychosocial profile of elderly patients discharged from a community hospital. <i>Social Work in Health Care, 45</i>(2), 77-95. doi:10.1300/J010v45n02_05</p>
<p>May 28, 2019</p>	<p>Psychosocial Assessments in the Health Care Context</p> <p>Zoom Topic: <i>Developing a Formulation for an Assessment</i></p> <p>In preparation for this session, please view interview with health care professional on psychosocial assessments.</p> <p>Guest lecturer: Brooke Allemang</p>	<p>Dean, R., & Poorvu, N. L. (2008). Assessment and formulation: A contemporary social work perspective. <i>Families in Society: The Journal of Contemporary Social Services, 89</i>(4), 596-604. doi:10.1606/1044-3894.3822</p> <p>Evans, T. (2004). A multidimensional assessment of children with chronic Physical conditions. <i>Health & Social Work, 29</i>(3), 245-248.</p> <p>Garg, A., Toy, S., Tripodis, Y., Silverstein, M., & Freeman, E. (2015). Addressing social determinants of health at well child care visits: A cluster RCT. <i>Pediatrics, 135</i>(2), e296-e304.</p> <p>O'Reilly, L., & Dolan, P. (2016). The voice of the child in social work assessments: Age-appropriate communication with children. <i>The British Journal of Social Work, 46</i>(5), 1191-1207. doi:10.1093/bjsw/bcv040</p> <p>Panos, P. T., & Panos, A. J. (2000). A model for a culture-sensitive assessment of patients in health care settings. <i>Social Work in Health Care, 31</i>(1), 49-62. doi:10.1300/J010v3n01_04</p>
<p>June 4, 2019</p> <p><u>ASSIGNMENT #1 DUE:</u> Engagement and Psychosocial Assessment. The assignment is due on June 4 by 11:59 am.</p>	<p>Assessing Social Determinants of Health</p> <p>Zoom Topic: <i>Indigenous People and Health Care- Interview with experts in Indigenous Peoples' Experiences within the Health Care System</i></p> <p>In preparation for this session, please view the interviews with Heather Hirsch, Les Jerome and Brooke Allemang (on D2L)</p>	<p>Castañeda, H., Holmes, S. M., Madrigal, D. S., Young, M. E. D., Beyeler, N., & Quesada, J. (2015). Immigration as a social determinant of health. <i>Annual Review of Public Health, 36</i>, 375-392. doi:10.1146/annurev-publhealth-032013-182419</p> <p>Craig, S. L., Bejan, R., & Muskat, B. (2013). Making the invisible visible: Are health social workers addressing the social determinants of health? <i>Social Work in Health Care, 52</i>(4), 311-331. doi: 10.1080/00981389.2013.764379</p> <p>Dunn, J. R., & Dyck, I. (2000). Social determinants of health in Canada's immigrant population: results from the National Population Health Survey. <i>Social</i></p>

		<p><i>Science & Medicine</i>, 51(11), 1573-1593. doi: doi.org/10.1016/S0277-9536(00)00053-8</p> <p>Emerson, E., Madden, R., Graham, H., Llewellyn, G., Hatton, C., & Robertson, J. (2011). The health of disabled people and the social determinants of health. <i>Public Health</i>, 125(3), 145-147. doi: 10.1016/j.puhe.2010.11.003</p> <p>Lacroix, M. (2006). Social work with asylum seekers in Canada: The case for social justice. <i>International Social Work</i>, 49(1), 19-28. doi: unavailable</p> <p>Mendell, A., Dyck, L., Ndumbe-Eyoh, S., & Morrison, V. (2012). Tools and approaches for assessing and supporting public health action on the social determinants of health and health equity. <i>National Collaborating Centre for Determinants of Health</i>. Retrieved from: http://www.ncchpp.ca/docs/Equity_Tools_NCCDH-NCCHPP.pdf</p> <p>Muskat, B., Craig, S. L., & Mathai, B. (2017). Complex families, the social determinants of health and psychosocial interventions: Deconstruction of a day in the life of hospital social workers. <i>Social Work in Health Care</i>, 56(8), 765–778. https://doi.org/10.1080/00981389.2017.1339761</p> <p>Nicholas, D., Fleming-Carroll, B., Durrant, M., & Hellmann, J. (2017). Examining pediatric care for newly immigrated families: Perspectives of health care providers. <i>Social Work in Health Care</i>, 56(5), 335-351. doi: 10.1080/00981389.2017.1292985</p> <p>Pratt, R., Hibberd, C., Cameron, I. M., & Maxwell, M. (2015). The patient centered assessment method (PCAM): Integrating the social dimensions of health into primary care. <i>Journal of Comorbidity</i>, 5, 110–119. doi:10.15256/joc.2015.5.35</p> <p>Sasakamoose, J., Scerbe, A., Wenaus, I., & Scandrett, A. (2016). First Nation and Métis youth perspectives of health: an</p>
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		Indigenous qualitative inquiry. <i>Qualitative Inquiry</i> , 22(8), 636-650. doi: not available
June 11, 2019	<p>Interprofessional Collaboration</p> <p>Zoom Topic: Effective communication with different disciplines <i>Interventions</i></p> <p>In preparation for this session, please view interview with professional on interprofessional practice & discharge planning.</p>	<p>Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges faced by social workers as members of interprofessional collaborative health care teams. <i>Health & Social Work</i>, 41(2), 101-109. https://doi.org/10.1093/hsw/hlw006</p> <p>Cheong, L., Armour, C., & Bosnic-Anticevich. (2013). Multidisciplinary collaboration in primary care: Through the eyes of patients. <i>Australian Journal of Primary Health</i>, 19, 190-197. doi:10.1071/PY12019</p> <p>Connolly, S. (2012). Everyone's business: Developing an integrated model of care to respond to child abuse in a pediatric hospital setting. <i>Social Work in Health Care</i>, 51(1), 36-52. doi:10.1080/00981389.2011.622642</p> <p>Czaplijski, T., Marshburn, D., Hobbs, T., Bankard, S., & Bennett, W. (2014). Creating a culture of mobility: An interdisciplinary approach for hospitalized patients. <i>Hospital Topics</i>, 92(3), 74-79. doi:10.1080/00185868.2014.937971</p> <p>Glaser, B., & Suter, E. (2016). Interprofessional collaboration and integration as experienced by social workers in health care. <i>Social Work in Health Care</i>, 55(5), 395-408. https://doi.org/10.1080/00981389.2015.1116483</p> <p>Hallin, K., Kiessling, A., Waldner, A., & Henriksson, P. (2009). Active interprofessional education in a patient based setting increases perceived collaborative and professional competence. <i>Medical Teacher</i>, 31,151-157. doi:10.1090/014215908022116258</p>
June 18, 2019	Final Assignment due	
Final Assignment		

Due: June 18th, 2019 by 11:59 pm		
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Assignments

Students must contact the instructor if they are not able to attend the Zoom sessions. A make-up assignment is required covering the content related to the Zoom session missed. The Zoom session and the activities designed for student participation aim to enhance student learning.

Assignment #1: Psychosocial Assessment: 50% of course grade

Students will be required to develop a psychosocial assessment on a client with a health issue of his/her choice. This assignment meets PLOs #1.1, 1.2,1.3; 2.1, 2.2, 3.1, 3.2 and 9.1, 9.2, 9.3., 9.4, 9.5 and CLOs #1-5. The paper should be 10 **double spaced pages** in length with 1 inch margins and size 12 font, and briefly provide background information on a client and his/her health issue and the context in which he/she is being seen in the health care system. The following should be addressed:

- 1) Describe the presenting issue or problem of the client
- 2) Describe the skills needed and role(s) of social work with this client
- 3) Identify the bio-psychosocial issues and social determinants of health to be addressed
- 4) Develop a comprehensive formulation of the presenting issue
- 5) Critically appraise how the assessment developed addresses social justice, human rights and structural issues, while recognizing diversity.
- 6) References must be cited in APA format at the end of the paper. References listed at the end of the paper do not add to the page count.

Assignment #2: Interprofessional Team assignment: 50% of course grade

This assignment meets PLOs 1 to 1.3, 2.1 to 2.2, and 9 to 9.5 and CLOs 2, 4 and 5. Develop potential challenges/issues that may arise working with this client and his/her family in the context of an interdisciplinary team in the health care system. This paper should be **10 double spaced** pages in length with 1 inch margins and size 12 font. Address the following in the paper:

- 1) Demonstrate critical thinking about how the role of social work and professional values may create tensions with other disciplines (physicians, nurses, psychologists) working with the same client/family.
- 2) Identify what strategies will be used to facilitate effective communication and collaboration with the interdisciplinary team to respond to the psychosocial needs of the client/family.
- 3) Specifically identify how you will work with different members of a team to apply social work interventions addressing the social determinants of health (i.e., resource finding, advocacy, discharge planning).
- 4) References must be cited in APA format at the end of the paper. References listed at the end of the paper do not add to your page count.

Late Assignments:

All assignments are submitted through D2L. Assignments are to be submitted on time. **NO** extensions will be permitted unless legitimate reasons are provided and supported by official

documentation. Late submissions will **only** be accepted with no penalty if a medical note or official documentation is provided. Otherwise, late assignments will receive a grade of zero.

Recommended Readings

- Anderson, K. K., Cheng, J., Susser, E., McKenzie, K. J., & Kurdyak, P. (2015). Incidence of psychotic disorders among first-generation immigrants and refugees in Ontario. *Canadian Medical Association Journal*, Advance online publication. doi:10.1503/cmaj.141420
- Beaulaurier, R. L., & Taylor, S. H. (2001). Social work practice with people with disabilities in the era of disability rights. *Social Work in Health Care (Special Issue)*, 32(4), 67-91. doi:10.1300/J010v32n04_04
- Blakely, T., & Dziadosz, G. (2015). Application of attachment theory in clinical social work. *Health & Social Work*, 40(4), 283-289. doi:10.1093/hsw/hlv059
- Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: A systematic literature review. *BMC International Health and Human Rights*, 15(1), 15-29. doi:10.1186/s12914015-0064-9
- Brashler, R. (2006). Social work practice and disability issues. In S. Gehlert & T. A. Browne (Eds.), *Handbook of health social work* (pp. 448-470). Hoboken, NJ: John Wiley & Sons.
- Brett, J. (2002). The experience of disability from the perspective of parents of children with profound impairment: Is it time for an alternative model of disability? *Disability & Society*, 17(7), 825-843. doi:10.1080/0968759022000039109
- Brotman, S., Ryan, B., & Cormier, R. (2003). The health and social service needs of gay and lesbian elders and their families in Canada. *The Gerontologist*, 43(2), 192-202. doi:10.1093/geront/43.2.192
- Colborne, M. (2015). Syrian refugees' mental health is top priority. *Canadian Medical Association Journal, News*, 1347; Advance online publication. doi:10.1503/cmaj.109-5183
- Daiski, I. (2007). Perspectives of homeless people on their health and health needs priorities. *Journal of Advanced Nursing*, 58(3), 273-281. doi:10.1111/j.1365-2648.2007.04234.x
- Dorman, K., Bozinoff, N., Redditt, V., Kim, E., Glazier, R. H., & Rashid, M. (2017). Health status of North Korean refugees in Toronto: A community based participatory research study. *Journal of Immigrant and Minority Health*, 19, 15-23. doi: 10.1007/s10903-015-0307-9.
- Eggerston J. (2015, November 16). Optimism for restoration of refugee health care. *Canadian Medical Association Journal*. Retrieved from <http://www.cmaj.ca/content/188/1/E1.extract>
- Fadyl, J. K., McPherson, K. M., & Kayes, N. M. (2011). Perspectives on quality of care for people who experience disability. *BMJ Quality & Safety*, 20(1), 87-95. doi:10.1136/bmjqs.2010.042812
- Findley, P. A. (2013). Social work practice in the chronic care model: Chronic illness and disability care. *Journal of Social Work*, 14(1), 83-95. doi:10.1177/1468017313475381

- Gehlert, S., Collins, S., Golden, R., & Horn, P. (2015). Social work participation in accountable care organizations under the Patient Protection and Affordable Care Act. *Health & Social Work, 40*(4), e142-e147.
- George, U., Thomson, M. S., Chaze, F., & Guruge, S. (2015). Immigrant mental health, a public health issue: Looking back and moving forward. *International Journal of Environmental Research and Public Health, 12*(10), 13624-13648.
- Guruge, S., Birpreet, B., & Samuels-Dennis, J. A. (2015). Health status and health determinants of older immigrant women in Canada: A scoping review. *Journal of Aging Research*, Advance online publication. Retrieved from <http://www.hindawi.com/journals/jar/contents/>
- Guruge, S., & Butt, H. (2014). A scoping review of mental health issues and concerns among immigrant and refugee youth in Canada: Looking back, moving forward. *Canadian Journal of Public Health, 106*(2), e72-78. doi:10.17269/cjph.106.4588
- Guruge, T., Thomson, M. S., George, U., & Chaze, F. (2015). Social support, social conflict and immigrant women's mental health in a Canadian context: A scoping review. *Journal of Psychiatric and Mental Health Nursing, 22*, 655-667. doi:10.1111/jpm.12216
- Gwyther, L. P., Altilio, T., Blacker, S., Christ, D., Csikai, E. L., Hooyman, N., et al. (2005). Social work competencies in palliative and end-of-life care. *Journal of Social Work in End of Life & Palliative Care, 1*(1), 87-120. doi:10.1300/J457v01n01_06
- Hewitt, G., Sims, S., Greenwood, N., Jones, F., Ross, F., & Harris, R. (2014). Interprofessional teamwork in stroke care: Is it visible or important to patients and carers? *Journal of Interprofessional Care, 29*(4), 331-339. doi:10.3109/13561820.2014.950727
- Jackson, A., Johnson, B., O'Toole, M., & Auslander, G. (2010). Discharge planning for complex paediatric cases. *Social Work in Health Care, 34*(1-2), 161-175.
- Jefee-Bahloul, H., Barkil-Oteo, A., Pless-Mullooli, T., & Fouad, F. M. (2015). Mental health in the Syrian crisis: Beyond immediate relief. *The Lancet, 386*(10003), 1531. doi:10.1016/S0140-6736(15)00482-1
- Kelly, K., & Caputo, T. (2007). Health and street/homeless youth. *Journal of Health Psychology, 12*(5), 726-736. doi:10.1177/1359105307080594
- Kovacs, P. J., Bellin, M. H., & Fauri, D. P. (2006). Family-centered care: A resource for social work in end-of-life and palliative care. *Journal of Social Work in End-of-Life & Palliative Care, 2*(1), 13-27. doi:10.1300/J457v02n01_03
- Lai, D. W. L., & Chau, S. B. Y. (2007). Predictors of health service barriers for older Chinese immigrants in Canada. *Health & Social Work, 32*(1), 57-65. Retrieved from <http://www.ecald.com/Portals/49/Docs/Publications/Predictors%20Health%20Service%20Barriers.pdf>
- Lee, J., & Harathi, S. (2016). Using mHealth in social work practice with low-income Hispanic patients. *Health & Social Work, 41*(1), 60-63. doi:10.1093/hsw/hlv078
- McKeary, M., & Newbold, B. (2010). Barriers to care: The challenges for Canadian refugees and their health care providers. *Journal of Refugee Studies, 23*(4), 523-545. doi:10.1093/jrs/feq038

- McNeill, T., & Nicholas, D. B. (2009). Our system of health care. In J. C. Turner & F. J. Turner (Eds.), *Canadian Social Welfare* (6th ed., pp. 258-269). Toronto, ON: Pearson.
- Mule, N. J., Ross, L. E., Deeprise, B., Jackson, B. E., Daley, A., Travers, A., & Moore, D. (2009). Promoting LGBT health and wellbeing through inclusive policy development. *International Journal for Equity in Health*, 8(18). doi:10.1186/1475-9276-8-18
- Nicholas, D. B., Picone, G., & Selkirk, E. (2011). The lived experiences of children and adolescents with end-stage renal disease. *Qualitative Health Research*, 21(2), 162-173. doi:10.1177/1049732310382789
- Panos, P. T., & Panos, A. J. (2000). A model for a culture-sensitive assessment of patients in health care settings. *Social Work in Health Care*, 31(1), 49-62. doi:10.1300/J010v31n01_04
- Peter, E., Spalding, K., Kenny, N., Conrad, P., McKeever, P., & Macfarlane, A. (2007). Neither seen nor heard: Children and homecare policy in Canada. *Social Science & Medicine*, 64(8), 1624-1635. doi:10.1016/j.socscimed.2006.12.002
- Pottie, K., Martin, J. P., Cornish, S., Biorklund, L. M., Gayton, I., Doerner, F., & Schneider, F. (2015). Access to healthcare for the most vulnerable migrants: A humanitarian crisis. *Conflict and Health*, 9(16), 1-3. doi:10.1186/s13031-015-0043-8
- Robinson, L. M., Dauenhauer, J., Bishop, K. M., & Baxter, J. (2012). Growing health disparities for persons who are aging with intellectual and developmental disabilities: The social work linchpin. *Journal of Gerontological Social Work*, 55(2), 175-190. doi:10.1080/01634372.2011.644030
- Sim, T., & Cui, K. (2015). Psychosocial needs assessment and interventions in a Chinese post-disaster community. *Health & Social Work*, 40(4), 329-332. doi:10.1093/hsw/hlv061
- Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education*, 46(2), 49-56. doi:10.1080/14635240.2008.10708129
- Webster, P. C. (2015, June 15). Many refugees still denied care despite ruling. *Canadian Medical Association Journal*. Retrieved from <http://www.cmaj.ca/content/early/2015/06/15/cmaj.109-5093>
- Wright, R. (2006). Social support and health outcomes in a multicultural urban population. *Social Work in Health Care*, 43(4), 15-28. doi:10.1300/J010v43n04_02

Grading

A student's final grade for the course is the sum of the separate assignments. It is not necessary to pass each assignment separately in order to pass the course.

The University of Calgary Graduate Grading System will be used.

Grade	Grade Point	Description	Percentage
A+	4.0	Outstanding	95-100
A	4.0	Excellent – superior performance, showing comprehensive understanding of subject matter	95-100
A-	3.7	Very Good Performance	90-94
B+	3.3	Good Performance	85-89
B	3.0	Satisfactory performance. Note: The grade point value (3.0) associated with this grade is the minimum acceptable average that a graduate student must maintain throughout the programme as computed at the end of each year of their program.	80-84
B-	2.7	Minimum pass for students in Graduate Studies. Note: Students who accumulate two grades of “B-” or lower can be required by the Faculty to withdraw from the programme regardless of the grade point average.	75-79
C+	2.3	All grades below “B-” are indicative of failure at the graduate level and cannot be counted towards Faculty of Graduate Studies course requirements.	70-74
C	2.00		65-69
C-	1.70		60-64
D+	1.30		55-59
D	1.00		50-54
F	0.00		Below 50

Course Evaluation

Student feedback will be sought at the end of the course through the standard University and Faculty of Social Work course evaluation forms.

Students are welcome to discuss the process and content of the course at any time with the instructor.

PROFESSIONAL CONDUCT

As members of the University community, students and staff are expected to demonstrate conduct that is consistent with the University of Calgary Calendar <http://www.ucalgary.ca/pubs/calendar/current/k-2.html>. Students and staff are also expected to demonstrate professional behaviour in class that promotes and maintains a positive and productive learning environment.

Consistent with the aims of the Social Work Program, all students and staff are also expected to respect, appreciate, and encourage expression of diverse world views and perspectives. The University of Calgary also expects all to respect, appreciate, and encourage diversity.

All members of the University community participating in the Social Work Program are expected to offer their fellow community members unconditional respect and constructive feedback. While critical thought, and debate, is valued in response to concepts and opinions shared in class, feedback must at all times be focused on the ideas or opinions shared and not on the person who has stated them. Where a breach of an above mentioned expectation occurs in class, the incident should be reported immediately to the Associate Dean or his/her designate. As stated in the University Calendar, students who seriously breach these guidelines may be subject to a range of penalties ranging from receiving a failing grade in an assignment to expulsion from the University.

Students and staff are expected to model behaviour in class that is consistent with our professional values and ethics. Students are expected to comply with professional standards for the Social Work profession as outlined by the Canadian Association for Social Workers, Code of Ethics (2005): <https://casw-acts.ca/en/Code-of-Ethics> and the Alberta College of Social Work Standards of Practice (2013): http://www.acsw.ab.ca/document/1327/final_standardsofpractice_20131104.pdf

Students are expected to ensure they are both familiar with, and comply with these standards.

RESEARCH ETHICS

"If a student is interested in undertaking an assignment that will involve collecting information from members of the public, he or she should speak with the course instructor and consult the CFREB ethics website (<http://www.ucalgary.ca/research/researchers/ethics-compliance/cfreb>) *before* beginning the assignment."

WRITING EXPECTATIONS

It is expected that all work submitted in assignments should be the student's own work, written expressly by the student for this particular course. You are reminded that academic misconduct, including plagiarism, has extremely serious consequences, as set out in the University Calendar <http://www.ucalgary.ca/pubs/calendar/current/k-2.html>

All social work students are expected to review the Academic Integrity Module before beginning their program: <https://connect.ucalgary.ca/p8lqb1nucdh/>

A number of programs and services, including writing tutors, are available through the Student Success Centre (SSC) to assist graduate students increase productivity and overcome certain difficulties they may encounter. Additional information and the links for either appointment booking or event registration are available at: <http://ucalgary.ca/ssc/graduatestudent>

IMPORTANT INFORMATION

A number of services are available through the Wellness Centre to support students in distress or those needing wellness supports: <http://www.ucalgary.ca/wellnesscentre/resources>

Wellness Centre 24 hours/day Phone Support (403) 210-9355

If a student requires immediate or crisis support, they can also call the Mental Health Help Line 1-877-303-2642 (toll free within Alberta for mental health advice).

Each individual is responsible to ensure compliance with the University of Calgary copyright policy. Individual questions and concerns should be directed to copyright@ucalgary.ca.

Any research in which students are invited to participate will be explained in class and approved by the appropriate University Research Ethics Board.

Students must use their ucalgary email address as the preferred email for university communications.

Cell phones must be turned off in class unless otherwise arranged with the instructor.

The Social Work representative to the Students Union is to be determined (swsacalgary@gmail.com).

Appeals: If there is a concern with the course, academic matter or a grade, first communicate with the instructor. If these concerns cannot be resolved, students can proceed with an academic appeal, and must follow the process of the Faculty of Graduate Studies Calendar.

The Student Ombudsman's Office can be reached at <http://www.ucalgary.ca/ombuds/> for assistance with any academic and non-academic misconduct concerns.

The Freedom of Information and Protection of Privacy (FOIP) Act indicates that assignments given by you to your course instructor will remain confidential unless otherwise stated before submission. The assignment cannot be returned to anyone else without your express permission. Similarly, any information about yourself that you share with your course instructor will not be given to anyone else without your permission.

STUDENTS WITH DISABILITIES

It is the student's responsibility to request academic accommodations. Discuss your needs with your instructor no later than fourteen (14) days after the start of this course.

If you are a student with a documented disability who may require academic accommodation, please register with the Student Accessibility Services <http://www.ucalgary.ca/access/> (403) 220-8237 or email: access@ucalgary.ca. Students needing an Accommodation in relation to their coursework or to fulfil requirements for a graduate degree, based on a Protected Ground other than Disability, should communicate this need, preferably in writing, to their Instructor or to the Faculty of Social Work's Associate Dean (Teaching & Learning).

Building Evacuations

When the building evacuation alarm sounds, please take your personal belongings, if readily available, leave the building quickly and safely using the stairs and proceed to our primary Assembly Point – the Werklund School of Education Building. Wait there until you have received clearance from the Emergency Wardens to re-enter the building. You are encouraged to download the UofC Emergency App: <http://www.ucalgary.ca/emergencyplan/emergency-instructions/uc-emergency-app>

Assembly points for emergencies have been identified across campus. The primary assembly point for the Professional Faculties building is the Education Block Food Court. The alternate assembly point is Scurfield Hall Atrium.

SAFEWALK (403) 220-5333

Campus security will escort individuals, day or night. Call (403) 220-5333. Use any campus phone, emergency phone or the yellow phone located at most parking lot pay booths.

Supports for Mental Health

The University of Calgary recognizes the pivotal role that student mental health plays in physical health, social connectedness and academic success, and aspires to create a caring and supportive campus community where individuals can freely talk about mental health and receive supports when needed. We encourage you to explore the excellent mental health resources available throughout the university community, such as counselling, self-help resources, peer support or skills-building available through the SU Wellness Centre (Room 370, MacEwan Student Centre, ucalgary.ca/wellnesscentre/counselling/personal/) and the Campus Mental Health Strategy website (ucalgary.ca/mentalhealth).

Sexual Violence Policy

The University recognizes that all members of the University Community should be able to learn, work, teach and live in an environment where they are free from harassment, discrimination, and violence. The University of Calgary's sexual violence policy guides us in how we respond to incidents of sexual violence, including supports available to those who have experienced or witnessed sexual violence, or those who are alleged to have committed sexual violence. It provides clear response procedures and timelines, defines complex concepts, and addresses incidents that occur off-campus in certain circumstances. Please see the policy available at <https://www.ucalgary.ca/policies/files/policies/sexual-violence-policy.pdf>