HCSV 489/490 Internship/Internship Seminar Syllabus Spring 2011
Department of Health and Community Services
California State University, Chico
Professor Mark Tomita

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**GRADES**
Grade for the internship and seminar are based on a credit/no credit format.

The internship seminar is required for all HCSV interns. To receive credit for the seminar, you are required to attend each class meeting for the entire scheduled period. A three-page research paper will be assigned for each hour of class missed.

Please note, all assignments and both evaluations should be turned in by the due date to assure that you receive credit for the Internship Seminar. Be diligent in providing your supervisors with ample time to prepare the midterm and final evaluations and be sure to remind them when it is due. If you’re freaking to make the deadlines, let me know and let’s working something out.

**CONFIDENTIALITY**
During this course, the instructor, guest speakers, or students may share information regarding specific organizations or individuals. Such information should be treated as CONFIDENTIAL and MUST NOT be discussed outside of the classroom. If you are in doubt regarding the confidentiality of any information, consult the instructor.

**DISABLED STUDENTS**
If you are a student with recognized disabilities, and you need special accommodations, please inform the professor to work out specialized lessons and tests. Please refer to the Handbook (http://www.csuchico.edu/dss/). The CSUC Disability Support Services Office will contact me officially. Disabled students without proper paperwork are not entitled to special accommodations. You will not have graded assignments and exams retroactively adjusted.
PRIMARY FOCUS AND LEARNING OBJECTIVES

ENVIRONMENTAL HEALTH OPTION

1. Assessment
   a. Information Gathering: The capacity to identify sources and compile relevant and appropriate information when needed, and the knowledge of where to go to obtain the information.
   b. Data Analysis and Interpretation: The capacity to analyze data, recognize meaningful test results, interpret results, and present the results in an appropriate way to different types of audiences.
   c. Evaluation: The capacity to evaluate the effectiveness or performance of procedures, interventions, and programs.

2. Management
   a. Problem Solving: The capacity to develop insight into and appropriate solutions to environmental health problems.
   b. Economic and Political Issues: The capacity to understand and appropriately utilize information concerning the economic and political implications of decisions.
   c. Organizational Knowledge and Behavior: The capacity to function effectively within the culture of the organization and to be an effective team player.
   d. Project Management: The capacity to plan, implement, and maintain fiscally responsible programs/projects using appropriate skills, and prioritize projects across the employee's entire workload.
   e. Computer & Information Technology: The capacity to utilize information technology as needed to produce work products.
   f. Reporting, Documentation, and Record-Keeping: The capacity to produce reports to document actions, keep records, and inform appropriate parties.
   g. Collaboration: The capacity to form partnerships and alliances with other individuals and organizations in order to enhance performance on the job.

3. Communication
   a. Educate: The capacity to use the environmental health practitioner’s front-line role to effectively educate the public on environmental health issues and the public health rationale for recommendations.
   b. Communicate: The capacity to effectively communicate risk and exchange information with colleagues, other practitioners, clients, policy-makers, interest groups, media, and the public through routine activities, public speaking, print and electronic media, and interpersonal relations.
   c. Conflict Resolution: The capacity to facilitate the resolution of conflicts within the agency, in the community, and with regulated parties.
   d. Marketing: The capacity to articulate basic concepts of environmental health and public health and convey an understanding of their value and importance to clients and the public.
GERONTOLOGY OPTION
1. Organization or Program
   a. Primary focus is to provide health services to elders (e.g., skilled nursing facilities, assisted living facilities)
   b. Primary focus is to provide social services to elders (e.g., adult day-care center)
   c. Primary focus is advocacy for elders (e.g., nursing home ombudsman)
   d. Primary focus is education for elders (e.g., stroke rehabilitation program)
   e. Primary focus is working with elders and their families (e.g., respite services)

2. Learning Objectives (must complete at least two of the following)
   a. Help elders and families meet their needs
   b. Initiate positive change in community setting
   c. Plan, implement or evaluate programs
   d. Educate elders, families and agency providers (assess needs, organize, implement, evaluate or coordinate)
   e. Administer programs (budget, personnel, establish linkages)

HEALTH EDUCATION OPTION
1. Organization or Program within an Organization
   a. primary focus is to provide health education to the general public (e.g., voluntary health organization)
   b. Primary focus is to provide health education to specific population groups (e.g., migrant farm worker education program)
   c. Primary focus is to provide health education to specific individuals (e.g., diabetes education center)

2. Learning Objectives: (All internships must include “d” and “f” and at least two of the remaining objectives below)
   a. Assessing individual and community needs for health education
   b. Planning effective health education programs
   c. Implementing health education programs
   d. Evaluating effectiveness of health education programs
   e. Coordinating provision of health education services
   f. Acting as a resource person in health education
   g. Communicating health and health education needs, concerns, and resources
SOPHE Code of Ethics for the Health Education Profession  
(http://www.sophe.org/ethics.cfm)

The Health Education profession is dedicated to excellence in the practice of promoting individual, family, organizational, and community health. Guided by common ideals, Health Educators are responsible for upholding the integrity and ethics of the profession as they face the daily challenges of making decisions. By acknowledging the value of diversity in society and embracing a cross-cultural approach, Health Educators support the worth, dignity, potential, and uniqueness of all people.

The Code of Ethics provides a framework of shared values within which Health Education is practiced. The Code of Ethics is grounded in fundamental ethical principles that underlie all health care services: respect for autonomy, promotion of social justice, active promotion of good, and avoidance of harm. The responsibility of each health educator is to aspire to the highest possible standards of conduct and to encourage the ethical behavior of all those with whom they work.

Regardless of job title, professional affiliation, work setting, or population served, Health Educators abide by these guidelines when making professional decisions.

Article I: Responsibility to the Public
Article II: Responsibility to the Profession
Article III: Responsibility to Employers
Article IV: Responsibility in the Delivery of Health Education
Article V: Responsibility in Research and Evaluation
Article VI: Responsibility in Professional Preparation

Article I: Responsibility to the Public
A Health Educator's ultimate responsibility is to educate people for the purpose of promoting, maintaining, and improving individual, family, and community health. When a conflict of issues arises among individuals, groups, organizations, agencies, or institutions, health educators must consider all issues and give priority to those that promote wellness and quality of living through principles of self-determination and freedom of choice for the individual.

Section 1: Health Educators support the right of individuals to make informed decisions regarding health, as long as such decisions pose no threat to the health of others.

Section 2: Health Educators encourage actions and social policies that support and facilitate the best balance of benefits over harm for all affected parties.

Section 3: Health Educators accurately communicate the potential benefits and consequences of the services and programs with which they are associated.

Section 4: Health Educators accept the responsibility to act on issues that can adversely affect the health of individuals, families, and communities.
Section 5: Health Educators are truthful about their qualifications and the limitations of their expertise and provide services consistent with their competencies.

Section 6: Health Educators protect the privacy and dignity of individuals.

Section 7: Health Educators actively involve individuals, groups, and communities in the entire educational process so that all aspects of the process are clearly understood by those who may be affected.

Section 8: Health Educators respect and acknowledge the rights of others to hold diverse values, attitudes, and opinions.

Section 9: Health Educators provide services equitably to all people.

Article II: Responsibility to the Profession
Health Educators are responsible for their professional behavior, for the reputation of their profession, and for promoting ethical conduct among their colleagues.

Section 1: Health Educators maintain, improve, and expand their professional competence through continued study and education; membership, participation, and leadership in professional organizations; and involvement in issues related to the health of the public.

Section 2: Health Educators model and encourage nondiscriminatory standards of behavior in their interactions with others.

Section 3: Health Educators encourage and accept responsible critical discourse to protect and enhance the profession.

Section 4: Health Educators contribute to the development of the profession by sharing the processes and outcomes of their work.

Section 5: Health Educators are aware of possible professional conflicts of interest, exercise integrity in conflict situations, and do not manipulate or violate the rights of others.

Section 6: Health Educators give appropriate recognition to others for their professional contributions and achievements.

Article III: Responsibility to Employers
Health Educators recognize the boundaries of their professional competence and are accountable for their professional activities and actions.

Section 1: Health Educators accurately represent their qualifications and the qualifications of others whom they recommend.
Section 2: Health Educators use appropriate standards, theories, and guidelines as criteria when carrying out their professional responsibilities.

Section 3: Health Educators accurately represent potential service and program outcomes to employers.

Section 4: Health Educators anticipate and disclose competing commitments, conflicts of interest, and endorsement of products.

Section 5: Health Educators openly communicate to employers, expectations of job-related assignments that conflict with their professional ethics.

Section 6: Health Educators maintain competence in their areas of professional practice.

**Article IV: Responsibility in the Delivery of Health Education**

Health Educators promote integrity in the delivery of health education. They respect the rights, dignity, confidentiality, and worth of all people by adapting strategies and methods to the needs of diverse populations and communities.

Section 1: Health Educators are sensitive to social and cultural diversity and are in accord with the law, when planning and implementing programs.

Section 2: Health Educators are informed of the latest advances in theory, research, and practice, and use strategies and methods that are grounded in and contribute to development of professional standards, theories, guidelines, statistics, and experience.

Section 3: Health Educators are committed to rigorous evaluation of both program effectiveness and the methods used to achieve results.

Section 4: Health Educators empower individuals to adopt healthy lifestyles through informed choice rather than by coercion or intimidation.

Section 5: Health Educators communicate the potential outcomes of proposed services, strategies, and pending decisions to all individuals who will be affected.

**Article V: Responsibility in Research and Evaluation**

Health Educators contribute to the health of the population and to the profession through research and evaluation activities. When planning and conducting research or evaluation, health educators do so in accordance with federal and state laws and regulations, organizational and institutional policies, and professional standards.

Section 1: Health Educators support principles and practices of research and evaluation that do no harm to individuals, groups, society, or the environment.
Section 2: Health Educators ensure that participation in research is voluntary and is based upon the informed consent of the participants.

Section 3: Health Educators respect the privacy, rights, and dignity of research participants, and honor commitments made to those participants.

Section 4: Health Educators treat all information obtained from participants as confidential unless otherwise required by law.

Section 5: Health Educators take credit, including authorship, only for work they have actually performed and give credit to the contributions of others.

Section 6: Health Educators who serve as research or evaluation consultants discuss their results only with those to whom they are providing service, unless maintaining such confidentiality would jeopardize the health or safety of others.

Section 7: Health Educators report the results of their research and evaluation objectively, accurately, and in a timely fashion.

Article VI: Responsibility in Professional Preparation
Those involved in the preparation and training of Health Educators have an obligation to accord learners the same respect and treatment given other groups by providing quality education that benefits the profession and the public.

Section 1: Health Educators select students for professional preparation programs based upon equal opportunity for all, and the individual's academic performance, abilities, and potential contribution to the profession and the public's health.

Section 2: Health Educators strive to make the educational environment and culture conducive to the health of all involved, and free from sexual harassment and all forms of discrimination.

Section 3: Health Educators involved in professional preparation and professional development engage in careful preparation; present material that is accurate, up-to-date, and timely; provide reasonable and timely feedback; state clear and reasonable expectations; and conduct fair assessments and evaluations of learners.

Section 4: Health Educators provide objective and accurate counseling to learners about career opportunities, development, and advancement, and assist learners secure professional employment.

Section 5: Health Educators provide adequate supervision and meaningful opportunities for the professional development of learners.
ORGANIZATION DESCRIPTION PAPER

When you start any new job, there are certain things that you’ll want to know about the organizations. Sometimes these are provided to you in a formal orientation and sometimes you’ll have to dig for them. Unfortunately, if you don’t ask these questions early, everyone will assume that you know it and you’ll probably be too embarrassed to ask.

Find out the following about the organization in which you are interning:

1. What is the organization’s name and what are the name and title of your supervisor?
2. How did the organization come into being? Have its goals changed over time? How?
3. What are mission, vision, and goals, of the organization?
4. Who are the clientele/customers of this organization?
5. How is the organization organized? Draw and attach a brief schematic representation of the organization's line of control—who is responsible to whom. Include any boards or advisory groups.
6. How big is the staff and what are the functions of individuals with whom you work?
7. If the organization uses volunteers, how are they recruited, trained, supervised and evaluated?
8. Where does the organization’s funding come from?
9. What is the organization's relationship to other organizations (as cooperators, suppliers, customers, competitors)?
10. Attach any relevant brochures or handouts concerning the organization and its activities.

Papers are to be a maximum of 3 pages (plus attachments).
EXAMPLE OF A LOG

Tuesday 2/23

Today I attended the Child Death Review Team meeting. The purpose of this meeting is to provide representatives from various agencies (Sheriff's Dept, DA's office, Public Health, Catalyst, Human Services) the opportunity to review child death cases and to identify families who had received fragmented services who could have benefited (prevented the child's death) from interagency collaboration from agencies who were aware of the other agencies' services the family was receiving.

The Glenn County DA rep (good old boy with a cowboy hat) had some colorful language and an "interesting" attitude. My supervisor, Debbie, who was facilitating the meeting handled him well.

Wednesday 2/24

Today I observed a presentation on statutory rape at the Gridley High School which was presented by someone from the Butte County DA's office. The purpose of the presentation is to inform the kids that sex with minors is illegal even between two minors and that the DA's office is cracking down on offenders (even minors). The presentator emphasized the problem of teen pregnancy. It was interesting watching the kids - I think at least one of the girls had an older boyfriend - her verbal response were very defensive especially when the presentator emphasized that older guys are with underage girls because they are losers and no one their own age would go out with them.

After the presentation I went to the office and looked through materials Debbie had been collecting in order to start a mailing list for the agency and client questionnaires.

Thursday 2/25

Today I made a color-coordinated poster on which we can record the information we gather regarding community needs and services. Debbie wants to make sure that we keep in mind the MCH Year 2000 Objectives and Butte County's status with these objectives as we assess the community. I enjoyed this project because I like to have visualize materials so I don't have to keep everything in my head where it can get muddled and writing out the objectives (in purple) helped me gain a better understanding of them.