Specialization in Health Practice

This specialization is designed to prepare MSW-Clinical students for social work practice in health care settings across the continuum of care. The specialization consists of 18 credit hours that include four 3-credit courses in the classroom and two 3-credit practicum courses. In addition the students will participate in an interprofessional team seminar (IPTS) for two semesters. It is recommended that students complete an online medical terminology course.

Required courses: 6 credit hours

- SWRK 5755  Social Work Practice in the Health Care Field (3 credit hours, offered in Fall only)
- SWRK 5758  Clinical Approaches to Chronic Health Conditions (3 credit hours, offered in Spring only)

Elective courses: 6 credit hours (choose 2, extra 3rd course if choosing Health Policy)

- SWRK 5745  Health and Mental Health Interventions with Older Adults (3 credit hours, offered in Fall only)
- SWRK 5786  End of Life Issues and the Interdisciplinary Team (3 credit hours, offered in Fall only)
- SWRK 5791  Pharmacology and Social Work (3 credit hours, offered in Summer only)
- HMP  550  Health Policy (3 credit hours, offered in Fall only) (Requires an additional prerequisite course: HMP 500 Health Care Organization, (3 credit hours, offered in Fall only)

Practicum Requirements:

A two-semester (6 credit hours, 600 contact hours), one-site concentration practicum in a health care setting that provides diagnosis, treatment (inpatient, outpatient or community based), case management, hospice, palliative care, physical rehabilitation, long term care (nursing home, home health, assisted living, adult day care, etc.), or health/wellness prevention or education.

*Student must earn a B or better in the 4 courses and pass the 2 semester practicum.

Additional Requirements:

- SWRK 5731(fall) and SWRK 5732 (spring) Interprofessional Team Seminar (IPTS) (MSW-Clinical students already take these courses as part of Concentration requirements)

Recommended (optional): A medical terminology 0-credit course, such as Medical Terminology Online for Building a Medical Vocabulary

Application and Verification Process:

Students should register in the Specialization as soon as possible upon beginning the MSW degree to make sure the Chair of the Specialization is assigned as their Faculty Mentor. If interested in pursuing this specialization notify the Chair of the Health Practice Specialization prior to taking the required coursework. Students will be acknowledged upon completion of Specialization requirements. For more information contact Rebecca Banks, 314-977-2746 or banksr@slu.edu.

Revised 8/2015 SEM
**Health Practice Specialization**

**NAME:** ____________

**BANNER ID:** __________

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<tr>
<th>COURSEWORK</th>
<th>SEMESTER/YEAR COMPLETED</th>
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<tr>
<td>SWRK 5755: Social Work Practice in the Health Field</td>
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<td>SWRK 5758: Clinical Approaches to Chronic Health Conditions</td>
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Choose **two** (three total if choosing HMP courses):
- ○ SWRK 5745 Health/Mental Health Interventions with Older Adults **OR**
- ○ SWRK 5786 End of Life Issues and the Interdisciplinary Team **OR**
- ○ SWRK 5791 Pharmacology and Social Work **OR**
- ○ Prerequisite: HMP 500 Health Care Organization **AND**
- ○ HMP 550 Health Policy

**CONCENTRATION PRACTICA SITE:** ____________________________________________________________

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<tr>
<th>PRACTICA</th>
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<tr>
<td>SWRK 5842 CLINICAL PRACTICUM II</td>
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<td>SWRK 5843 CLINICAL PRACTICUM III</td>
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**STUDENT AND SPECIALIZATION CHAIR MEET AND SIGN BELOW TO VERIFY COMPLETION OF MSW SPECIALIZATION REQUIREMENTS, THEN SEND TO MSW PROGRAM OFFICE FOR FURTHER REVIEW**

**Signature** of MSW Student attesting to completion of specialization requirements:

____________________________________________________  ____________  ____________

MSW Student signature  Date

**Signature** of Health Practice Specialization Chair:

____________________________________________________  ____________  ____________

Health Practice Specialization Chair signature  Date

**Signature** of Director of Field Education:

____________________________________________________  ____________  ____________

Director of Field Education signature  Date

**Signature** of Director of MSW Degree Program:

____________________________________________________  ____________  ____________

Director of MSW Degree Program signature  Date

Revised 8/2015 SEM