TIME & PLACE: TBD

INSTRUCTOR: Susan E. Balinsky, DrPH, CHES

OFFICE HOURS: 8:45-9:45 Monday through Friday and by appointment

OFFICE: Room 319, Silcox Physical Education and Health Center

PHONE/FAX: 953-8242 (direct) 953-5558 (Dept. Office) 843-953-6757 (FAX)

E-MAIL: BalinskyS@cofc.edu

PREREQUISITES: HEAL 216, Junior status

CO-REQUISITE: HEAL 325


COURSE DESCRIPTION: Apply the course material and work on Certified Health Education Specialist competencies in a profit or nonprofit health agency.

COURSE OBJECTIVES: Upon successful completion of this course, students should have experience in at least four (4) of the following competencies: (HEJA)

I.A.E.4 Select valid sources of information about health needs and interests
I.B.E.3 Conduct health related needs assessment
I.C.E.1 Identify diverse factors that influence health behaviors
I.C.E.2 Identify behaviors that tend to promote or compromise health

II.A.E.1 Identify populations for health education programs
II.A.E.2 Elicit input from those who will affect, or be affected by, the program
II.B.E.3 Suggest approaches for integrating health education within existing health programs
II.G.E.2 Identify barriers to the implementation of health education methods

III.C.E.1 Use the Code of Ethics in professional practice
III.C.E.3 Demonstrate skills needed to develop capacity for improving health Status

IV.D.E.1 Use appropriate research methods and designs in health education Practice
IV.E.E.4 Report effectiveness of programs in achieving proposed objectives

VII.B.E.1 Assess the appropriateness of language in health education messages
VII.B.E.6 Use oral, electronic, and written techniques for communicating health education information
VII.B.E.7 Demonstrate proficiency in communicating health information and health education needs

VII.C.E.1 Develop a personal plan for professional growth
REQUIREMENTS:
1. Meet with Dr. Balinsky to complete paperwork
2. Complete a minimum of thirty (30) hours in a health-related setting
3. Complete a diary for each day you volunteer
4. Meet with Dr. Balinsky prior to mid-term to go over completed diaries
5. Submit the Overall Performance Rating form completed by your site supervisor at the end of the semester along with full semester diaries

MID-TERM GRADING:
Mid-term grade will be based on promptness of meeting with Dr. Balinsky at the beginning of the semester as well as mid-semester and the number of hours completed by mid-term.

FINAL GRADING:
The following must be met to achieve the specified grade: (the rating score is based on the Overall Performance rating provided by the site supervisor)

A
Complete at least 30 hours with corresponding diary completed and have at least an Above Average rating

A-
Complete at least 30 hours with corresponding diary completed and have an Average rating

B+
Complete 27-29.5 hours with corresponding diary completed and have at least an Above Average rating

B
Complete 25-26.5 hours with corresponding diary completed and have at least an Average rating

B-
Complete 23-24.5 hours with corresponding diary completed and have at least an Above Average rating

C+
Complete 21-22.5 hours with corresponding diary completed and have at least an Average rating

C
Complete 20-21.5 hours with corresponding diary completed and have at least an Average rating

C-
Complete 20-20.5 hours with corresponding diary completed and have at least an Average rating

D
Complete 15-17.5 hours with corresponding diary completed and have at least an Average rating

F
Complete less than 15 hours

EXPECTATIONS:
Students will:
1. be on time and dressed professionally
2. maintain client confidentiality as required
3. maintain a mature and professional attitude
4. complete tasks independently and seek learning experiences
5. accept and use constructive criticism
6. keep personal life issues separate from field experience
7. take responsibility for personal professional growth
Laboratory Hours Diary

Name ________________________  Site: ________________________

Date: ______________  Hours completed today: ________

Tasks:  Use bullets

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Competencies addressed (see page 1 of syllabus): (write none if none)

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Your signature: ________________________________________________
Health Promotion Lab Assessment

Student: _______________________________  Semester: ____________

Site: _______________________________  Hours completed: ______

Site Supervisor: _______________________________

Site Supervisor contact information:
  Address: ____________________________________________

  Office phone: __________________________  Email: ____________________

Professional Qualities

3 = Excellent  2 = Good (some aspects need improvement)  1 = Needs Improvement

______ Demonstrates reliability and dependability
______ Maintains professionalism regardless of setting
______ Demonstrates good listening and communication skills
______ Displays confidence within the knowledge base without overstepping boundaries
______ Regularly exhibits good time management skills
______ Takes initiative and completes tasks without being asked
______ Willingness to seek and/or accept constructive criticism and assistance
______ Demonstrates ability to adapt and remain flexible
______ Takes responsibility for actions
______ Demonstrates willingness to help with whatever task is needed

Overall Performance Rating

Based on your work with this student, please circle the word that best reflects the student’s overall performance.

Excellent  Above Average  Average  Below Average  Unacceptable

Site Supervisor (print name) _______________________________

Site Supervisor (signature) _______________________________  Date _________

Student Signature _______________________________  Date _________

* Student’s signature indicates student was provided an opportunity to discuss the content of this evaluation with his/her Site Supervisor and with the Lab Instructor, if requested.